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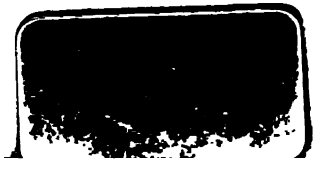

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

EDITED BY

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AND

R. E. DUDGEON, M.D.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

CHOLERA IN BARBADOS,

COMMUNICATED BY DR. CHAPMAN.

BARBADOS, though one of the smallest, is probably the most ancient colony now in the possession of the British crown.

Rebellion, earthquakes, hurricanes, yellow fever, and other calamities have afflicted this gem of the Caribbean Archipelago, but none have been so destructive to human life, as the outbreak there, during the present year (1854), of malignant cholera.

This plague, for such it proved to be, found the island quite unprepared to meet its assault. The many who were under allopathic treatment, and the few who enjoyed the benefit of homœopathy, were alike unprovided with the curative means employed in either system of medicine. The city was in a state of filthy unpreparedness, though a distinct warning had been given, that cholera would probably sweep the island; and there was not only a scarcity of food, but no measures had been taken to supply the deficiency.

It may be observed, parenthetically, that every country, great or small, should produce, according to the measure of its capacity, the food necessary for its inhabitants.

In such a state of things, the cholera pounced on that beautiful island; and there is no reason to doubt that it was *introduced*. A vessel, infected with cholera, arrived in Carlisle Bay: all communication between the crew of the vessel and the inhabitants was prevented; but some of the clothes of the

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suffering seamen were allowed to be taken ashore to be washed. The Cholera, in a few hours after, destroyed the laundress and another dweller in the house. Thence the disease spread like fire.

In the Island of St. Thomas it was introduced from an immigrant ship, with which the authorities refused all communication; but a black man went off to her, surreptitiously, and on his return to the shore, was seized with cholera, and died, and the disease spread over the island.

In Barbados there was evidence that the disease was conveyed from one part of the island to another. Certain it is, that the moment one case appeared in any district, it spread as by contiguity, so as to impress the public mind that the malady partook of the character of plague. In most cases it could be shewn, that an infected person conveyed the disease to a place that had before been free from it.

Similar facts have been recorded during the three visitations of this epidemic in the British Islands. They are now merely alluded to, and may be taken for as much as they may be worth.

Barbados is about the size of the Isle of Wight, and contained, at the time of the outbreak of cholera, 140,000 inhabitants, of whom 20,000 dwelt in the city, Bridge Town. In 13 weeks, 18,000 died; and during a week or ten days, 200 died daily in the city, which is equal to a rate of mortality of 25,000 a day in London and its environs, if the population of that brick Babylon be taken at two millions and a half. This mode of putting the case, will shew the reader how awfully terrific the cholera was in Barbados. It is due to the clergy, the medical men, and the gentry of the island, to state, that they were equal to the emergency, though unprepared and unprovided with adequate means of resistance, and showed a constant and heroic front to the grim foe. Many gentlewomen, gentle, but brave as any heroines on record, were foremost in their ministrations to the sick and dying.

The address of Dr. Goding, its president, on the first public meeting of the Barbados Homœopathic Association, will furnish all the available statistics that can be produced on the present occasion.

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"Gentlemen,—During a period of sickness, unprecedented in the history of Barbados, your association was formed, having for its object the promulgation of the doctrine of Hahnemann, and the encouragement of homœopathic medicine. The confidence evinced on that occasion, in appointing me your president, I fully appreciate; and as I have hitherto had no opportunity of expressing my sense of the honor thus conferred, you will now receive my thanks, with the assurance of my readiness to assume the office, and to unite with you in support of your association.

"If its institution was thought desirable, prior to the visitation of the recent epidemic, the events connected with that dreadful scourge afford additional motives for the furtherance of the designs of its projectors, and strong incentives for the promotion of the society, calculated, I believe, from the very nature of the principles upon which it is founded, to exercise a beneficial influence on the sanitary condition of the people of this island.

"As a key to these motives, and conceiving the subject which has lately engrossed our thoughts not inappropriate or uninteresting, I have selected as the theme of my inaugural address,—the cholera and its experiences. In treating the subject, it is not my intention to consider it *en regle*, as a medical dissertation—the narrow limits of a paper like this not admitting of it. I purpose, rather, to demonstrate the truth of the law of similitude, and the power of infinitesimal doses in curing the rapid and violent disease which has so extensively prevailed amongst us.

"To collect the results of the homœopathic treatment of cholera, wherever it has been adopted in the island, would be a task of no ordinary difficulty, and at the present moment unattainable; if, therefore, in taking a general and retrospective glance of this malady, I may seem to bring the results of my own practice prominently forward, in confirmation of our belief in the system we profess to hold, and of the impressions which have been left upon my mind in becoming lately more familiar with cholera, it is from a sense of what is really due to homœopathy. You must also be fully aware, that to form a

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just estimate of the value of the homœopathic method in healing so dangerous a disease as cholera, comparative results must be sought for. In obtaining these in the fairest manner I can command, I would be distinctly understood, that, in whatever I may have to offer on this head, no personal application has been or is intended, and none must be inferred; as it is not my wish or object to make individual comparisons, but to contrast the general merits of the two modes of cure.

"A protracted drought of nearly six months' duration, with its attendant scarcity of native provisions, ushered in the cholera upon a dense population of 140,000 persons, the poorer classes of whom, with systems impoverished by a very limited consumption of food, and frequently by the use of unwholesome water, were the easy recipients of the miasm, and a ready prey to this fell disease. Avoiding the question of contagion, it cannot be denied, that a mysterious influence operated during the epidemic period, call it by what name you will—that it chose its victims—exercised its deleterious qualities more in some localities than in others, although none, not even the most elevated, isolated, and healthy sites were exempt—often capriciously, and on a sudden, changed the scene of its ravages and evinced its effects—independently of the moral emotion of apprehension, or absolute fear—on almost all persons, by more or less embarrassing the tone and functions of their digestive organs. Many instances of death occurred amongst domestic animals, which were attributed to cholera, or to a disease presenting many of the features of that malady. The malignancy of the epidemic, evidenced in the mortality sustained by the community, nearly twelve per cent of the population, is, therefore, less to be wondered at, when the foregoing considerations are taken in connexion with other collateral circumstances; among which may be mentioned, the excessive crowding in the smaller houses inhabited by the black and laboring class, desertion of the sick, the want of proper nursing and appropriate diet during the states of actual illness and convalescence, and the general ignorance that prevailed of the nature of cholera, leading to the neglect of the important premonitory symptom, diarrhœa. For although every described form of cholera was

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met with, during the reign of the disease, by far the most extensively prevalent and fatal variety was the gastro-enteritic form, or that characterized, independently of cramps, by vomiting and diarrhœa, and almost invariably preceded by more or less profuse alvine evacuations. This latter concomitant, although prominently noticed by the warning voice of the General Board of Health of this island, in its published instructions, was frequently disregarded, until one of the graver forms of the disease manifested itself, and awakened the sufferer to a sense of his error. Thus and then it was, that this drain of the serum of the blood told fearfully upon a people whose diet is chiefly vegetable, and brought numbers to a rapid and lamentable state of collapse, ere assistance and medical aid could be obtained. Indeed, even after the evacuations were checked, and cramps relieved by remedial measures, few among these collapsed cases seemed to possess stamina to rally from the nervous prostration, superinduced by disease insidiously operating upon frames having a peculiar aptitude to its morbific influences from previous adverse circumstances, habits, and mode of living. With such materials to feed upon, the cholera has not been sparing of its victims; and the question naturally arises: What has homœopathy done here in combating so fearful an enemy?

"You who are acquainted with homœopathic literature, and have taken the pains to investigate the subject, and its principle of medication, know, that by a natural and essentially practical law of cure, *similia similibus curantur*—like are cured by like—the homœopathic physician is prepared to encounter the strangest form of disease. This law is his guiding star—an unerring principle, which admits of no vague and uncertain procedure, no conflicting opinion and practice. It permits of no remedy extolled to-day as infallible, and despairingly abandoned to-morrow as ineffectual—nor of a theory entertained at one moment, and discarded in the next. By the aid of this universal principle, the law of similarity, the momentous question, 'What will relieve?' is satisfactorily solved; not only for an individual case, but for all possible cases, and in all possible forms: and it is by this principle, now

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become a great *fact*, regulating the administration of their attenuated medicines, that the homœopathic physicians have been enabled to cope with all acute disorders, and have been eminently successful in all dangerous epidemic diseases. This has been strikingly exemplified in the treatment of the yellow fever in this island, in New Orleans, and the Brazils, and in the treatment of that destructive form of typhus, which broke out in the army of Napoleon in his retreat from Russia, and spread itself through several countries, baffling the skill of all except the homœopathic physicians. In that singular epidemy, to which the name of cerebro-spinal meningitis has been given —an inflammatory affection of the membranes of the brain and spinal chord, which raged in Avignon, in France, during the latter part of 1846, and in the early part 1847, the means employed by allopathy were vain and ineffectual in arresting this severe and fatal malady; and it was not until Dr. Béchet had applied the therapeutic law of Hahnemann to the treatment of the disease, that success attended the intervention of human aid. I will here read an extract from a review of Dr. Béchet's book in the *British Journal of Homœopathy*, for April, 1853:—

"'The epidemy of 1846-7 at first confined its ravages exclusively to the garrison of the palace barracks; it was the 3rd light infantry that especially suffered from it.

"'Many consultations of the most distinguished medical men, both of Avignon and neighbouring towns, were held, with a view to devise some successful method of combating the plague, but, as might have been anticipated, no homœopathist was ever called in to these consultations, nor was the advice of Dr. Béchet attended to by the supercilious authorities of the old system; and yet the success of the homœopathic treatment was infinitely greater than that of the allopathic school, which vainly exhausted all its appliances in the endeavour to stay the fatal malady, whilst the simple means supplied by the therapeutic doctrine of Hahnemann, were crowned by a remarkable but discredited success. In order to enable his observations to be authenticated, Dr. Béchet has given the name and address of every patient treated by him for this affection. This precau-

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tion he adopted because the adversaries of the homœopathic system were not slow at insinuating that the boasted successes of homœopathy were nothing but fabrications. It should be remarked, that the symptoms of the disease were so strongly marked and so severe, that it would have been difficult, even for a non-medical person, to mistake the malady.

* * * * * *

"'The epidemy, the subject of Dr. Béchet's remarks, appeared in Avignon, in November, 1846. It was at first confined exclusively to the soldiers. From the description of its symptoms Dr. Béchet received, he found that the remedies that corresponded best to it in a homœopathic point of view, were *ipec.* and *hyos.* His colleague, Dr. Denis, was of the same opinion, and they soon had an opportunity of testing the accuracy of their views. The wife of the porter of the barracks was seized with the malady, and was successfully treated with these two remedies by Dr. Denis. The same gentleman had a further opportunity of testing the success of this treatment on two other cases, in the persons of two of the labourers employed at the barracks. This success of homœopathy in a disease that was creating such consternation among the garrison, inspired the soldiers with confidence in the homœopathic method, and at a review of the troops, some of the officers publicly proclaimed their confidence in the system, and the soldiers actually refused to go into the hospital where they would be under allopathic treatment. It being contrary to the regulations to receive any other treatment than that of their medical officers, the military chiefs were fain to shut their eyes to an infraction of the rules which was so advantageous to their men. It was accordingly arranged with the homœopathic chemist, that he should deliver gratuitously to those who applied for them, the remedies prescribed by the homœopathic physicians; and in this way, says Dr. Béchet, more than 150 soldiers were treated successfully under the rose with *ipec.* and *hyos.* No doubt, says Dr. Béchet, a number of these cases might have been false alarms, produced by the terror that prevailed, but he knows from the testimony of many of the officers, men of great

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intelligence, who watched the cases closely, that many of them were real cases of the disease.

"'The fact of the efficacy of the homœopathic treatment in these cases was so generally known, that it was the common talk of the town, and it was authenticated by a report of the Governor of Avignon, made to the Minister of State, who addressed an enquiry to that functionary on the subject. The report is given in full in Dr. Béchet's volume, but we need not reproduce it here.

"'Notwithstanding (perhaps we may say in consequence of) the success obtained by the occult homœopathic treatment that was going on at the barracks, the medical officers of the garrison contrived to put a stop to it; homœopathy was blamed for the mortality that continued to decimate the soldiers brought to the military hospital, but it was found that when the secret homœopathic treatment was put a stop to, the mortality, in place of decreasing, augmented in a vast degree.

"'The epidemy, however, soon extended beyond the palace barracks. Other barracks were attacked, and it appeared also amongst the general population, where Drs. Béchet and Denis had ample opportunities of treating the disease without any opposition on the part of hostile medical authorities, until its final cessation in the middle of April following.'

"The loss in the military hospitals of Avignon amounted to 72 in 100, while Dr. Béchet's mortality was 28 per cent. only. Not to multiply other instances of the superior efficacy of homœopathy in acute and dangerous disorders, I ask, could a law, like all other natural laws, universal in its application, be less so here than elsewhere? In our late epidemic it was tested, and results show that, *cæteris paribus*, success has also attended the operation of the law in this island, and will add accumulative evidence to the truth of that fundamental point in the therapeutic doctrine of the Great Master of our Science. You already know that well authenticated and indubitable evidence abounds of the success which has attended the homœopathic method of treating the cholera in Europe and America; and in reply to the inquiry now proposed, 'What has homœo-

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pathy done here?' I am prepared to declare my decided conviction, that, in a large proportion of cases, it has, in this island also, afforded the most efficacious mode of cure.

"Let us first regard the light in which the cholera is viewed by the old school of medicine. With this formidable disease when fully developed, that school stands confessedly impotent. Thus, one of the chief organs of allopathic medicine, after enumerating a list of medicines that had been proposed and tried during the visitation of the cholera in 1831-2-3, in Great Britain, pronounces this discouraging remark:—

"'This long catalogue of suggested remedies is surely sufficient to show, that we are entirely at a loss for any certain principle of treatment.'—*Medical Gazette, Oct.* 15, 1847.

"Subsequently, the same article continues:—'The metropolis (London) was the seat of an amount of mortality only a little inferior to that of other localities where the disease appears to have run its course unchecked.' Considering that in London, which possessed all the advantages of first-rate talent, of medical skill, well regulated hospitals, and the previous experience of the continental allopathic school, this was indeed a very grave admission. The mortality alluded to in London was at that time nearly fifty per cent. Another mouth-piece of the same school, the *Lancet*, has, I believe, endorsed a like opinion, and inculcates—I speak from memory, and therefore under correction, that true Asiatic cholera is incurable. Again if we look to that admirable text book in the schools of medicine, 'Dr. Watson's Lectures on the Principles and Practice of Physic,' we there read the painful though honest confession of the slight reliance to be placed on treatment. 'Never, certainly,' says Dr. Watson, 'was the artillery of medicine more vigorously plied, never were her troops, regular and volunteer, more meritoriously active. To many patients, no doubt, this busy interference made all the difference between life and death. But if the balance could be fairly struck, and the exact truth ascertained, I question whether we should find that the aggregate mortality from cholera in this country was in any way disturbed by our craft. Excepting always the cases in which preliminary diarrhœa was checked, just as many, though not

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perhaps the very same individuals, would probably have survived, had no medication whatever been practised.' Dr. Macintosh, was physician to the Drummond Street Hospital, in Edinburgh, in the year 1831. In this establishment, which I visited to become acquainted with cholera, were received 461 patients, of which 291 died (over 63 per cent.), and of the latter were examined 280 bodies. As an authority then in cholera, we extract the following from his "Principles of Pathology," in which he gives a long chaotic catalogue of medicines recommended for its cure. 'No better evidence can be offered of the ignorance of the profession generally as to the nature and seat of any disease, than the number and variety of remedies that have been confidently recommended for its cure;' and the doctor adds subsequently: 'The above list would be humiliating to the whole profession, were it not remembered how much anxiety and excitement prevailed among medical men at the time, so much so, that several lost their reason and many their lives on the occasion. Many of these remedies are totally opposite in their nature and principles of action, many of them were proposed upon erroneous principles, and many more upon no principles at all.'

"Turning, then, from this disconsolate tone of the old school, and observing the comparative results of the treatment of cholera during its invasion of Europe by the allopathic and homœopathic methods, we find the statistics of the disease so strongly in favour of the success of homœopathy, that we wonder how, in the mind of any liberal and unprejudiced man, there can exist a doubt of the value of the latter mode of treatment, or power to resist the evidence of its superiority. Nor are these statements equivocal; some are from official sources, some are accompanied with the sentiments, and are expressive of the gratitude, of officials in authority, while others are from medical men possessing undeniable qualifications of the first status in society, and whose testimony is at least as good as that of their rivals.

"In illustration of the position I have assumed, I will mention that in Vienna in 1831-2, 4,500 patients were treated allopathically, of whom 1,360 died; 581 were treated homœopathi-

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cally, of whom 49 died. This gives 31 per cent. of deaths under allopathy to 8 per cent. under homœopathy. You are aware that in Austria, some years ago, the ordinances against the practice of homœopathy were very stringent; but the system having been publicly tried in Vienna, under the supervision of an authorized medical censor, its extraordinary success in the treatment of cholera was such that the government rescinded the prohibitory statutes.

"It may be fairly stated, from analysis of the European and American statistics of cholera, that whilst the mortality under homœopathic treatment has varied from 10 to 25 per cent., that under allopathic has been from 30 to 70 per cent.; thus, then, the maximum of mortality under homœopathy is less than the minimum under the old school.

"I now proceed to give the results of my own treatment of the epidemic, premising that the great bulk of the cases occurred along the sea-coast, including the town of Speights. My impression is, and I believe I am not singular, that, with some exceptional localities of the interior, the disease prevailed along the sea border generally in its more severe and intractable forms, although more concentrated upon some sides than others.

"I have recorded 446 cases of cholera, excluding from this number many cases of diarrhœa, which, although occurring in the height of the epidemic, I did not deem of such importance as to designate them cholera cases; but my experience of this insidious disease has taught me that far slighter instances than those omitted of diarrhœa, presenting no other marked characteristic of cholera than this symptom, have rapidly become severe and even fatal cases of well developed cholera.

"Of the 446 cases 66 died, or 14·79 per cent.

"Setting aside a serious impediment to successful practice which every medical man who was overcharged with patients must have met with, namely, the inability of devoting to the sick, from their numbers, that attention in frequent visitation which so rapid a disease demanded, I think it right to call your attention to the following points of interest connected with these cases:—

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"1st. Among the deaths were eight persons from sixty to seventy years of age; and nine children, some of these of sickly habit, their ages varying from two to ten years.

"2nd. That death was occasioned in five detected instances by improper diet during illness, and in the transition stage of convalescence, when there was every reason to believe that the invalids would ultimately do well; in three cases to out-door exposure during actual convalescence—one woman having been jolted in a cart to some distance, contrary to every remonstrance against her removal.

"3rd. That sixteen cases were found in a state of total collapse, and died within periods varying from half an hour to twelve hours after they were seen. It is worthy of remark that some of these cases had the pulse restored prior to dissolution.

"4. That among the recorded deaths, were seven females in various periods of pregnancy. Labour came on in four of the cases, one out of the four being delivered; in three it became suppressed from nervous exhaustion, producing a comatose and torpid state of the brain.

"That five other cases of pregnancy occurred among the recoveries, one of which was found collapsed when first seen, and gave birth to a dead fœtus of five months, during her convalescence. Two other females—exceedingly severe cholera cases—gave birth to their progeny. The remaining two, in spite of horrible cramps, will probably accomplish their unexpired term.

"6. Seventy cases found in actual collapse, or in conditions verging upon it, or becoming cold and pulseless during treatment, have been saved.

"I would not be misunderstood in my application of the term collapse. By it I mean a failure of circulation, marked in many instances by total extinction of the pulse (collapsed pulse), or by a pulse scarcely perceptible even to practised and sensitive fingers, a shrivelled state of the skin, and a coldness which you can only associate with iron or marble. Blueness of the skin may or may not accompany collapse; in white people there is no difficulty in discerning the alteration of hue when it does

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occur, but in the blacks there is; and it is best recognized in the livid lip and the purple colour of the nails, produced by stagnation of the blood in the capillary vessels of those parts; an alteration of the complexion of the skin generally does take place, cognizable, however, to a practised eye only, but which I cannot well describe.

"It is, therefore, gentlemen, quite possible to save these cases, of which there are alive those who, having been in all these states, can verify this assertion. I have witnessed several instances of collapsed cholera patients treated successfully by others than myself; and will narrate one case, as much to illustrate the power of our infinitesimal doses as to encourage the homœopathist, and to caution him against the abandonment of cases which by the old school are considered as incurable.

"A visitor applied to me to see with him, to use his own expression, 'a hopeless case,' which he had just discovered. In a room I found a woman quite alone, and lying on the floor. She looked exactly like a person who had been drowned and just dragged out of the water; and excepting a hoarse, low cry of 'cramp, cramp,' she was indeed, to all appearance, dead. Her garments were saturated with perspiration, and this cold, clammy sweat bathed her face and limbs, both of which were cold as marble and shrivelled. Her eyes, deeply sunk in their sockets, were turned up, her tongue cold, and her pulse no longer perceptible. The alvine discharge was still welling from her. As the visitor, Mr. Farnam, lived very near, he volunteered to give the medicine himself, and to watch the case, if I thought there was the slightest chance of saving her life. Veratrum of the 30 dilution was given, as the remedy best indicated at this moment. The most happy effects followed a repetition of this medicine, and of others when they were successively called for. By the judicious care of the visitor, and the assistance of Dr. Charles Corbin, who afterwards assumed the care of the case, the woman became perfectly restored to health. Nor is this a solitary instance of the brilliant effects of our remedies when properly administered. I saw several not dissimilar cases terminating successfully under the hands of Mr. Thomas and Mr. Allamby, visitors, and Mr. John Jordan.

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"What has been the result generally of the treatment of cholera by Allœopathic means will, probably, not immediately transpire, if at all. It was my intention to have placed in juxta-position what results on either side could be obtained, in order to exhibit the comparative merits of the two modes of treatment; but I regret that my efforts, up to the last moment, in gaining the necessary information are not yet sufficiently successful to accomplish this object satisfactorily. I have, therefore, adopted an Appendix to this paper, reminding you that what information has been, or may hereafter be procured to complete it, has and will come from reliable sources.

"You will thus perceive, on an examination of the per-centages of mortality on both sides, that while Allœopathy ranges from 70 per cent. its maximum, to 28 per cent. its minimum, homœopathy ranges from 23 per cent. its maximum, to 10½ its minimum; thus preserving in this island also its numerical superiority in statistics.

"In the commencement of this paper I alluded incidentally to the salutary influence which your association is calculated to produce upon our population. In conclusion, I repeat more fully my conviction that, in many ways, it is capable by strict adherence to homœopathic principles, of being instrumental in doing good; more particularly in one respect—and I venture to submit it for your consideration—should the cholera revisit our shores. This is an event which the past history of that disease declares not improbable; while it makes us sensible of a fact becoming more and more discernible, and that on each return of the dreaded visitant, it claims other characters than the humble impoverished inmate of the hovel, and stalking among the wealthy and more highly favoured in station and other circumstances of life, not unfrequently numbers the latter amongst its victims. To send out, should occasion require it from your association, whence the means of acquiring information will, no doubt, exist, well appointed and organized auxiliaries, as house-to-house visitors, would, in my opinion, be productive of good. These, under the supervision of a physician of the new school of medicine, whose qualification and testimo-

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nials should place him beyond the reach of all cavil, would effect much in disarming prejudices, in pointing out the necessity of a careful observance of sanitary precautions, and in arresting those premonitory symptoms, a disregard of which not only endangers health, but has too often led to more disastrous consequences.

"APPENDIX A.

"It will not be devoid of interest to give the results of the treatment of the cholera in the town of Speights, containing about 3,000 inhabitants.

"The total number of cases from 30th May to 31st August, was 1,119, and the deaths 324, or a little over 10 per cent. of the population. For this result we have cause for great thankfulness to Divine Providence, when we reflect upon, and contrast it with, the mortality in other places. Thus, at St. Ann's Garrison in our island, rank and file, military labourers, women and children, numbering in all some sixteen hundred, 317 have died—nearly one in five, or about 19 per cent. upon the whole; and in St. Michael's parish, with a population of 38,000, there were over 6,000 deaths, or about 16 per cent.; while in the sister islands of Grenada and St. Lucia the mortality has been still more fearful. In St. Patrick's, Grenada, out of a population of 5,160, the deaths were 1,363, or 26½ per cent. In St. Lucia, in two districts, 25 per cent. of the population died.

"As regards the treatment of the disease in Speight's town, the following statistics, together with the number of cases and of deaths already given, are taken from the police record, which was exclusively confined to the cases of the epidemic occurring in the town.

"The total number of cases, it has been seen, was 1,119, and the deaths 324. Of these

"79 appear to have received no medical advice. Of the remaining cases,

118 were treated allœopathically, and of these died 33, or nearly 28 per cent.

922 were treated homœopathically, and of these

212 died, or nearly 23 per cent.

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"More than half the number of the homœopathic cases (namely, 539) were treated by two practitioners of medicine, Messrs. Lawson and Jordan, who had previously embraced and practised the homœoptahic system, and by several amateurs among the number of house-to-house visitors, who were appointed by the Sanitary Commission of St. Peter. Great praise is due to the visitors, from whose unwearied activity and vigilance the medical men derived much valuable assistance.

"Dr. Charles Corbin and myself treated the remainder of the town cases (383), giving our assistance whenever we could be spared from attendance on our own patients in the town and rural districts.

"APPENDIX B.

"*Results of the Homœopathic Treatment of the Cholera, derived from various sources.*

"LAMBERT'S PLANTATION, ST. LUCY.

"Seventy cases, 12 deaths, of which 2 (children) were taken ill and died in the night unattended.

"Patients treated, 68; recovered, 58; died, 10; or 4.17 per cent.

"SPRING HALL, MOUNT POYER, AND SPRING GARDEN PLANTATIONS, ST. LUCY.—Dr. O. B. Yearwood was the medical attendant on these estates, upon which were located 700 people. S. H. 350; Mt. P. 205; S. G. 145.

"At Spring Hall there were 224 cases and 74 deaths, of which 15 were not seen by Dr. Yearwood.

"At Mount Payer were 99 cases and 23 deaths, of which 8 were not seen.

"At Spring Garden were 87 cases and 17 deaths, of which 5 were not seen.

"Patients treated, 382; recoveries, 296; deaths, 86; or 22.51 per cent.

"CHEQUER HALL, ST. LUCY.

"Treated by Mr. Perkins . . 61 cases . . 6 deaths
„ Dr. Chas. Corbin 9 „ . . 3 „
"Making 70 cases and 9 deaths; or 12.85 per cent.

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"*Return of Dr. Charles Corbin's cases of Cholera, treated in Speight's Town, and other parts of the Rural District.*

"Patients, 265; recoveries, 229; deaths, 36; or 13.58 per cent.

"*Return of Mr. John Jordan.*

"Patients, 360; recoveries, 314; deaths, 46; or 12⅞ per cent.

"At Hopswell, Vaucluse, and Social Hall Plantations, and other places in St. Thomas parish, Mr. James W. Paris, the manager at Hopewell, treated 219 cases, including 88 of diarrhœa and cholerine, and lost 39, or about 17.8 per cent.

"On these cases Mr. Paris writes:—'It must be remarked that of the 39 cases resulting in death, 19 were seen only when they were beyond all hope of recovery, and died from one to four hours after they were seen, and ten had previously taken allopathic drugs.

"In the New Barrack Village—so called from its situation between the new barracks and Hastings, in Christ Church—Dr. Wilton Turner treated, from 25th June to 31st July, 108 cases of diarrhœa and 47 of cholera, of which he lost 5, or less than 10.69 per cent.

"In this village, comprising a population of 619 persons, inhabiting 148 houses, the epidemic made its appearance on 10th June, and from that date to 31st July there were 195 cases of cholera (about 31½ per cent. of the population), of which 117 died, or an average of 60 per cent.

"Of the total number of cases—

"66 had no medical attendance, and of these 59, or more than 89½ per cent., died

70 were treated allopathically by medical men, and of these 49, or 70 per cent., died

59 were treated homœopathically, chiefly by Dr. Turner, and of these 9, or less than 15¼ per cent., died.

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APPENDIX C.

"*Results of Allopathic Treatment, derived from various sources, wherever they could be obtained.*

"HAYMONDS, ST. PETER.

"48 cases and 23 deaths, of which 10 were unattended by the medical man.

"Patients treated, 38; recoveries, 25; deaths, 13; or 34.2 per cent.

"ELLIS CASTLE, ST. PETER.

"67 cases, 31 deaths, or 46.26 per cent. No particulars given.

"SAINT NICHOLAS, ST. PETER.

"58 cases; 46 cholera; 12 diarrhœa; deaths 23; of which five were not seen by the medical man. Including the cases of diarrhœa, and deducting the unseen five cases, the total cases treated will stand thus:

"Patients, 53; recoveries, 40; deaths, 18; or over 31 per cent.

"STEPNEY, ST. GEORGE.

"67 cases; 41 deaths; 61.2 per cent. nearly.

"Of the common gaol in Bridgetown, and the lunatic asylum, no official return has been obtained; but the mortality in both these institutions is understood to have been very high."

It will be seen that Dr. Goding treated 446 cases of malignant cholera, and that the mortality under his treatment was less than 15 per cent. This physician is remarkable for an unostentatious simplicity and integrity of character, and his statements are to be received with the fullest confidence. It is to be hoped that he will furnish us with detailed statistics, not only of cholera, but also of yellow fever which he treated several years ago with remarkable success.*

I was in constant correspondence with several of my friends resident in Barbadoes during the prevalence of cholera: and one of them is now in this country, from whom I have learned

* [We cordially join in the hope expressed by Dr. Chapman, that Dr. Goding would furnish us with the results of his experience of the powers of homœopathy.—EDS.]

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that the comparatively successful homœopathic treatment of this disease had produced a marked impression on the public mind in favour of homœopathy. Some of the clergy, and not a few unprofessional laymen, practised this mode of treatment with a success, in some instances, even more remarkable than that of Dr. Goding. But they probably included cases of severe diarrhœa in their lists of cures. One lady, the wife of a military gentleman, is said to have treated fifty cases, and not to have lost a single case. I have seen two gentlemen who treated a great number of cases, and each with a per centage of cure fully as great as that of Dr. Goding. The remedies chiefly used were Camphor, Veratrum, Arsenicum, and Cuprum. It may be permitted me to add a few remarks on several points connected with this subject.

It appears to me that diseases run in cycles of time, disappear for awhile, sometimes even for centuries, and then return in a somewhat different form, but still retaining some of their original characteristics.

Those who are acquainted with the description of the plague at Athens, and of the epidemics that ravaged Italy during the time of the Roman Republic—and of the diseases of "the middle ages," cannot fail to recognise the truth of this remark. I may mention as an example "the sweating sickness" to which the cholera of to-day seems to me to bear a close affinity. The serum of the blood was in that case wasted by the skin, instead of by alvine discharges. The periods of its recurrence were about the same distance of time as those of our modern cholera.

Again, Sydenham describes a cholera as epidemic several times, during his medical career, not very dissimilar to the disease we have now to deal with.

I have myself seen several remarkable cases of cholera which assumed the form of "the sweating sickness."

We are indebted to Sydenham for the remark that during the prevalence of any epidemic there is a peculiar "Constitution of the Air," which impresses itself on whatever ailments may occur at that time. This is the experience of all of us now: and there have been multiplied instances of it during the present summer and autumn.

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We all know the sagacity with which, by anticipation, Hahnemann pointed out the remedies that would probably be found curative for the treatment of this disease; but there is no evidence that he ever treated a single case of it himself; and it is very probable that he never saw the disease. We have not, therefore, the advantage of knowing what his practice actually was. To judge from the history of his life, it may be inferred that he never had very much to do with acute disease, as a homœopathic practitioner. In that case, his authority on the few vexed questions that trouble us still, can scarcely be appealed to. Some of his followers, it is known, use large doses of medicine, some tinctures of low dilutions, and some "the higher attenuations," in the treatment of cholera, as well as of other acute diseases. *Sub judice lis est.*

It has been asserted that the physician should select carefully one remedy and stick to it. But considering how the *phase* of a disease often changes, this seems to be an impracticable dogma. The rule may be applicable in some cases, but cannot be rigidly adhered to in all or even in many cases, in the present state of our knowledge. All have not the intuitive sagacity, united to the experience of many centuries, of Bulwer Lytton's Rosicrucian. "Art is long, life short," said Hippocrates. But still it is very desirable, if it be possible, to endeavour to come to some conclusion with respect to the dose, the repetition of it, and whether or no medicines should ever be given in what is called "alternation." This last was certainly not the practice of Hahnemann, or of the earlier homœopathists; and their success was great. The practice has, probably, been adopted from the inability of the practitioner to remain with a patient sufficiently long to watch the action of a single medicine.

In a disease that runs its course in a few hours, there is not much time for deliberation. If the medical man could remain by the bed-side during the whole time of the danger of the patient in such a disease as cholera, and if he were calm, self-possessed, patient and entirely trusted, a great advantage would be gained. This was the way Hippocrates pursued as often and whenever he could.

It has been questioned whether Camphor is curative in cho-

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lera, and it has been stated that it acts simply as an antipathic. The multiplied experience of a host of homœopathists, and the new experience of our antagonists, has at once done justice to the sagacity of Hahnemann, and to the immense value of this drug.

I recommended its use to a manufacturing firm, who employ hundreds of men, who live with their families in a district infected with cholera during the present year. Numerous cases of diarrhœa and vomitting with cramp occurred in this hamlet; and in every case Camphor was given with entire success. Not a single case of malignant cholera occurred, and there was not a death among them.

It has been asked what are the true characteristics of malignant cholera. He that has once seen a case of the disease in collapse can tell it at a glance—the pinched features—the choleraic expression of the countenance—the cold parched nose and tongue—the shrunken frame—tell the tale.

Some persons assert that the "rice-water" evacuations constitute the sign—but there is the form of the sweating sickness—there is the *cholera sicca*, the worst of all, perhaps, where there are no such evacuations. My friend Dr. Baikie, who had large experience of this disease in India, states that *there* the suppression of urine was the evidence of real malignant cholera. This, however, was a sign of the intense malignity of the disease, as it is in yellow fever. In this latter malady I have seen persons recover after the coffee-ground vomiting (black vomit); but I never knew a case recover in which there was entire suppression of urine. During the prevalence of the epidemic, the choleraic visage and voice, and the wretched collapse, are evidences enough of the malignity of the disease, whether there be or be not rice-water evacuations, or whether there be or be not entire suppression of urine.

The subject of diet has been also a matter of doubt. It will be in the memory of all your readers that one of our meritorious colleagues was not long since imprisoned on the charge of having starved a cholera patient. He was honourably acquitted; and it is generally allowed that the greatest possible caution

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must be used in administering food to a patient suffering from this disease. But there is a difference between feeding and absolute starvation.

The use of ice is an admitted fact. Nothing seems so much to soothe a patient, and to diminish the præcordial anxiety,

It has not fallen to my lot to see many cases of this terrible disease; and during the present year I have only seen a few: I merely mention several of these, and of cases influenced by the epidemic.

1. A woman, aged 30, in the sixth or seventh month of pregnancy, was taken ill at 1 P.M. She was not seen by any medical man till 4 o'clock. One of our colleagues then saw her and remained with her till her death. I saw her at 7 P.M. She was evidently sinking—the power of voice was lost. She died soon after 8 o'clock. It has been said that very few pregnant women have ever recovered when attacked by cholera. Is this the fact?

2. A woman, upwards of 60. She was in the state of collapse, was very cold, had dysenteric evacuations, blood and mucus. She recovered. The medicines given to her were Veratrum, Merc. corr. and Colocynth. In this case there were the choleraic face and voice, icy coldness, cramps in the legs, a pulse almost extinct, but neither rice-water evacuations, nor suppression of urine.

3. A lady, 50 years of age. Here too was extreme collapse, choleraic face and voice, but dysenteric evacuations, and great coldness. This lady had Veratrum and Merc. corr., and recovered.

4. A lady at the critical period, nymphomanic. She had collapse, great coldness, and cramps in the legs, with great sexual excitement. She recovered with Veratrum and Platina. Her evacuations were whitish, and flocculent.

5. A gentleman, who had severe diarrhœa, with whitish evacuations, and collapse. He was attended by a colleague, and then had the consecutive fever, of a very low and adynamic type, with perpetual tremors, stammering voice, pinched features. I saw him late in his illness. He died about the seventeenth day.

6, 7, and 8. Three children in one family—all in collapse

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followed by fever. Two nurses, in succession, fell ill. The disease in each of these cases partook of the character of what is called abdominal typhus. These cases all did well. I mention them because the typhoid character was predominant: and I have since seen several other similar cases, in which there was the choleraic influence, though there was not pronounced cholera.

Here arises another question whether cholera is communicable or not from the patient to those around him. I believe, under certain circumstances, it is. In short, as Milton said (however unjustly) of Charles I., that he was *Nerone Neronior*, I believe that sometimes cholera is *typho typhior*. The vext question of contagion and infection is a very difficult one. What is called puerperal fever is sometimes an inflammatory disease, and sometimes typhoid; the same remark applies to yellow fever. In the one case the disease is not communicated nor communicable; in the other case, it is.

I have confessed that my own experience of cholora is very small, but as a bye-stander sees, at times, more into a game of chess than the players, so one who reads evidence and considers it, of an epidemic like cholera, may occasionally come to right conclusions as well as those who are in the thick of the fight, however deficient he may be in the data derived from actual experience.

My conclusion is that we must not be too enthusiastic in treating such terrible diseases. A certain number must die; the very fountain of life is in many cases poisoned from the beginning, and man is mortal, and must die when his time is come. There are, there must be, cases occurring, alas! too often, when homœopathy must fail, as any other method has done and must do. We can only claim a comparative superiority over other methods; we cannot claim the power, more than human, of always subduing disease. It is true wisdom to be modest and humble.

The islands of Trinidad, Tobago, St. Lucia, and Grenada, have also suffered, during the present year, very severely from cholera.

There is a curious feature in the history of the epidemic as it occurred in Trinidad; and the circumstance is well worthy of

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our consideration in connexion with the other anomalies of this mysterious disease. The Coolies (immigrants from India) who lived in the town, enjoyed an almost total immunity from the disease, which swept off hundreds of the black and coloured population, both African and Creole. Yet the Coolies are decidedly the worst class of the whole colony, filthy in their persons and in their dwellings, and seemingly totally regardless of what they eat, so long as it is food of some kind or other. Several hunters, who passed through the woods, during the prevalence of the epidemic, found monkies dead under the trees in all directions. They appear to have dropped from the tree overhead, either dead, or in the agonies of death. During the small-pox visitation in the same island, some time ago, the same thing was observed. The local writer, from whence this information is derived, says it is a proof of the close resemblance between the physical constitution of the monkey and that of the human being.

In 1849, canaries were said to have died in great numbers in London, and other places swept by cholera. The potato-blight occurred also at the same time. During the present year the potato has been nearly free from disease, and there have been no reports of the death of canaries.

It has been asserted by some that cholera is now *acclimated* among us, and that henceforth it is always to be expected in Britain, whether periodically, or as an epidemic. There seems, however, to be no reason why it should not disappear as well as the sweating sickness, the black death, the plague, and other forms of pestilence.

During the present year the disease has attacked places of a high elevation, as well as those that are low-lying. Grenada is a lofty, while Barbados is a low-lying isand.

It is satisfactory for us to know that homœopathy has maintained its character for great *comparative* success in the treatment of the disease; and it is also satisfactory that at last there is a chance of our statistics being admitted, by the sanction of a recognised public authority, in conjunction with those of allopathy, as medical facts.

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ON THE SWEDISH GYMNASTICS,

By Dr. Roth.

(Continued from Vol. XII, page 659.)

Case.—*Complete insensibility of the skin, fits similar to epileptic, and congestion to the head.*

Miss * * * 23 years old,* was always more or less ailing, and disposed to hysteric laughing, or crying: although the catamenia appeared at the proper age, they were rather scanty. About the month of June 1853, she suffered some slight agitation, and this was believed to have brought on a course of the most violent fits, with loss of consciousness, contractions, extensions, and contortions of the arms and legs, as well as of the trunk, lasting from a few minutes to a quarter of an hour. After eight months of suffering, this young lady was sent to my institution and examined the 27th of January 1854, in the presence of her physician and of her mother. I was desirous of ascertaining whether there was any particular sensibility in the spine, or whether there existed any deformity in the vertebral column; but I found it impossible to examine the spine, as she was unable to keep upright, when the stays were taken off, and she was very soon seized with a fit. Great mirthfulness often preceded the fits, which had lately been very frequent. She complained of giddiness, heaviness, and fulness of the head: the face was of a greenish-yellow color, very dark circles round the eyes, a slight sardonic smile on the face; the appetite was good, the bowels regular; catamenia scanty, little action of the skin, the forearms, hands, legs and feet cold; the skin of the whole body almost insensible to the prick of a needle; to such an extent was this the case, *that for the amusement of her younger sisters, she would take needle and thread, and stitch away upon the skin of her arm or leg with the most perfect sang froid.* The epigastrium was the seat of almost constant pain and tenderness, and the abdomen would often suddenly swell to a most uncomfortable size.

No beneficial effects having resulted from a lengthened thera-

* In the treatment of ladies, beside the medical man, only female gymnasts are employed.

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peutic treatment, Dr. Dudgeon, whose patient she was, placed her under my care. During the first week of the treatment, she had a fit more or less violent of from ten to twenty-five minutes every day in my operating room; in the second week she had but two fits, and in the third a slight one at home: in the following three weeks there was no fit, and no bad symptoms appeared even during the catamenia. The 16th of March, about six weeks after the beginning of the treatment, this young lady left town in perfect health, and became so much stronger, that she was enabled to dispense with stays, the absence of which however it was impossible to detect, and for the abolition of which injurious article of dress, the lady has become a zealous advocate. She had no fits till some weeks afterwards, when the catamenia *suddenly* ceased, without any known cause, but since this time, notwithstanding all the excitement incidental to her position in life, she enjoyed the best health during the past season.*

The following three prescriptions of movements were used, and with the exception of sponging with cold water, in the morning, no medicinal or hygienic agent was employed, as Dr. Dudgeon wished to give a fair trial to the medico-gymnastic treatment.

The Swedes use symbols, the Germans abbreviations, in their prescriptions, but as both are unintelligible to the uninitiated, I prefer using the names of positions and movements *in extenso*, as I have no wish that the prescriptions should not be understood.

30th January, 1854.

FIRST PRESCRIPTION.

1. Half lying, double hand-rotation (passive).
2. Half lying, double hand-flexion (P.R.) and extension (G.R.)
3. Half lying, double foot-rotation (passive).
4. Half lying, double foot-extension (G.R.) and flexion G.R)
5. Half lying, double forearm-extension (G.R.) and flexion (G.R.).

* Since this was written, she has had twice, while the catamenia appeared, a slight fit, but without any consequent prostration of strength, and although this case is not a perfect model of a cure, it will serve as an instance of the utility of medical gymnastics rationally applied in similar nervous derangements.

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6. Half lying, alternate stride- (or hip) rotation (passive).
7. Wing, high stride sitting, trunk-twisting (G.R.) and (P.R.).
8. Half lying, double leg-flexion (P.R.) and extension (G.R.).
9. Rack-, half lying, arm extension (G.R.) and flexion (P.R).
10. Half lying, leg-abduction or separation (G.R.) and adduction or bringing together (P.R.).
11. Half lying, double arm-fulling and stroking.
12. Half lying, loin-lift-stroking.

All the movements of the first prescription were made with the exception of No. 7, in a half lying position, because the patient was weak, and consequently a support was necessary. I acted principally on the limbs, to draw off the superabundance of nervous fluid from the brain, and to increase the capillary circulation in the forearms, hands, legs and feet, which were constantly cold; therefore most of the movements were directed to the extremities. The *passive* movements on the hands and feet, although momentarily retarding the circulation, increase it in their secondary action, as well as the temperature of these parts. The *half-active* movements, by the more copious afflux of nervous fluid and arterial blood, accelerate directly the capillary circulation in the parts most remote from the internal organs, and more blood being necessary in the extremities, its quantity in the central organs is diminished. By the attention directed in these half active movements to the limbs, and by the efforts of executing them, more nervous fluid is brought to the surface, and thus the temperature of these remote parts is raised. The *twisting movement* (No. 7) acted on the obliqui abdominales and abdominal organs very powerfully, and contributed to the improvement of the abdominal circulation; the *leg-separation* was used to throw the blood into the muscles of the thighs, and to produce a more copious menstruation.

The following engravings and descriptions of the single movements will show the reader clearly how they were done, and if he takes the trouble of executing them, as the operating gymnast, or the patient, he will feel the sensations and effects produced by the various movements, allowing an interval of from two to five minutes between them.

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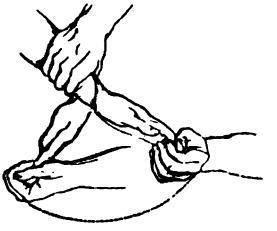
1. ***Half lying, passive hand-rotation*** **(fig. 91).**

(91)

The patient is in ***half lying*** position; two gymnasts stand one on each side, and make simultaneously the rotation, or a kind of circular movement of the hands in the wrist joints while the patient is passive. The engraving represents the perfectly passive left forearm of the patient, which is fixed above the wrist by the right hand of the gymnast, who stands to the left of the patient, and with his left hand takes hold of the patient's passive left hand, in order to make with it the circular movement, indicated by the dotted circle: he makes ten or twelve circles in the direction from right to left, and after an interval of a few seconds to half a minute, the same number of circular movements in the opposite direction; and this operation with the necessary intervals is repeated once or twice more, so that the whole number of rotations amounts to 36 or 48. These ***hand-rotations*** generally precede and follow the ***hand-flexion and extension.***

2. ***Half lying, double hand-flexion*** **(P.R.)** ***and extension*** **(G.R.) (fig. 92).**

The patient and two gymnasts are in the same commencing position as in the previous movement, with this difference, that the hand and fingers of the patient are perfectly stretched, and the gymnasts bend them, or vice versa. The engraving shows two positions of the patient's left hand; in the upper the hand and fingers are stretched, and form a ***straight*** line with the forearm; the left hand of the gymnast takes firm hold of the fingers, and tries, whilst bending the hand at the wrist joint, to pull it also slightly, so that there is during the whole flexion, in which the patient resists, a ***pulling*** of the hand combined with the flexion.



(92)

The hand bent at the wrist joint (the lower position in the engraving) is the final position. After an interval of a few

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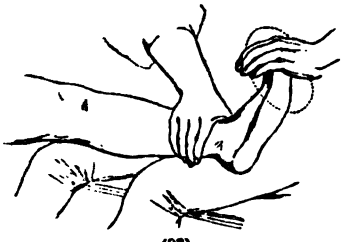
seconds, during which the hands of the gymnast as well as that of the patient, remain in the final position, this becomes the commencing position of the movement *hand extension* (G.R.), in which the patient stretches the hands, while the gymnast resists. During both the flexion and extension, the gymnast fixes firmly with his right hand the patient's forearm. The hand flexion (P.R.), and extension (G.R.), are done alternately, with an interval of a few seconds, four to six times.

The word "*double*" before the name of the movement, indicates that the movement is done simultaneously on both hands by two gymnasts; but should the patient be very weak, or unable to act with both hands at the same time, the movement is done alternately on each hand.

3. *Half lying, double foot-rotation* (passive) (fig. 93).

The patient is in *half lying position*, his legs in stride position, instead of resting with their whole length on the couch (as in fig. 71), are supported from the knee downwards on the knees of two gymnasts, who sit obliquely outwards before the patient: the one on the left of the patient with his right side, the other on the right of the patient with his left directed toward the patient, and the two nearly facing each other.



(93)

The engraving illustrates the commencing position of the patient's left leg, stretched only at the knee joint, but perfectly passive at the ancle joint, resting with the lower part of the knee joint on the upper part of the gymnast's right knee, and with the lower part of the calf on the left knee of the gymnast, whose knees are placed apart at a convenient distance, depending upon the length of the patient's leg. The gymnast fixes the leg by grasping it near the ancle joint, so as to allow a free rotatory movement in the foot joint, analogous to the rotation of the hand, and which he executes with his left hand placed on the joint of the foot. The rotations of the foot are rather elliptic

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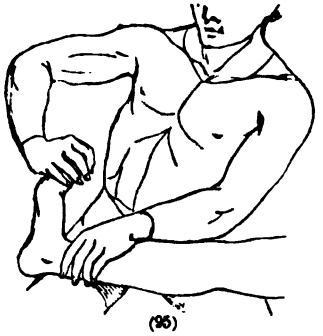
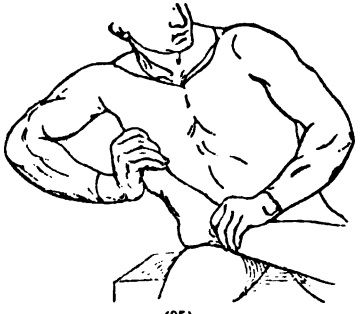
than circular. It is understood that the gymnast engaged in the execution of the movements on the right foot, makes use of his hands in a reversed manner. With regard to the execution of the foot rotation and the number of rotatory movements, I refer to the description of the ***hand rotation.****

4. *Half lying, double-foot-extension* (P.R.) *and flexion* (G.R.) (fig. 94 and 95).



(95)

The patient and gymnast are placed as in the preceding movement, as far as regards the legs and knees. The diagram shows the commencing positions of *the foot-extension* (G.R.) and the patient's right foot resting on the knees of the gymnast, who sits on the right; the foot of the patient is bent at the foot joint, and his toes stretched; the left hand of the gymnast fixes the foot above the ancle by a firm grasp, his right arm is bent at the elbow joint, while his right hand grasps the toes and presses firmly on the joint of the toes and the upper part of the sole; the upper part of the gymnast's body is obliquely bent to the left, in order to resist not only by the power of the arm but also by the weight of the body during the action of the extensors of the patient's foot; during the extension of the foot, the position of the arms and hands of the gymnast with respect to his own body should not change, to which end he gradually bends in the lowest part of the spine



(95)

* Whole-length engravings of the patient's and gymnast's positions in half lying foot-rotation, in foot-extension (G.R.) and in foot-flexion (G.R), are published page 178, 179, 180, of my book, "The Prevention and Cure of many Chronic Diseases by Movements."

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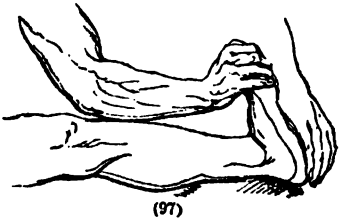
till he assumes the position shown by the diagram (fig. 95). Remaining with his body thus bent to the right, he changes the position of his arms, and places the hand by which he had fixed the leg near the ancle joint on the anterior and upper surface of the foot and toes, (as in the commencing position of the next movement (fig. 96), which represents the hands of the gymnast placed on the left foot of the patient,) and with the hand which had grasped the toes, he takes hold of the heel in order to resist the flexion of the patient's foot, in which he is again assisted by the weight of the body.

Fig. 96 illustrates the commencing position of *foot-flexion* (G.R.) The left foot of the patient is stretched at the ancle joint, the right hand of the gymnast, who sits to the left, is placed on the upper and anterior part of the foot and toes, while his left hand takes hold of the patient's heel; the gymnast resists till he comes into the final position represented in the diagram (fig. 97), where the patient's foot is seen at its greatest flexion. The *foot-extension* (G.R.) and *flexion* (G.R.) are done alternately, preceded and followed by the *foot-rotation*, in the same manner, and to the same extent with regard to their repetition, as the hand-flexion and extension.

(96)



(97)

5. *Half-lying, double forearm-extension* (G.R.) *and flexion* (P.R.).

The patient is in half lying position, both forearms bent, and with the stretched hands directed towards the chest. Two gymnasts stand near the patient, one on each side; with the arm next to the patient, they take hold of his upper arm, which they fix, while they grasp with the hands of the other arm the forearms above the wrist joint, and resist the patient extending

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the forearms. The commencing position is similar to the engraving (fig. 6) with this difference, that the gymnast's left hand must be placed on the outside of the patient's forearm; then follows the *forearm-flexion* (G.R.), which is described as *active-passive forearm flexion* (see figs. 5 and 6). The flexion and extension are done alternately three to four times.

6. *Half lying, passive alternate stride (or hip) rotation.*

The patient is in half lying position: a gymnast standing sideways takes hold, while one leg is bent in the knee and placed with the foot on the floor, of the other perfectly passive leg, which he bends in the knee and hip joints, and moves it so that the knee describes a circle. The engraving (fig. 98) represents the passive left leg of the patient bent at the knee joint, the right hand of the gymnast who stands at the left, making the rotatory movement of the hip-joint, while his left hand is supporting and carrying the foot by a grasp at and round the heel. The dotted circle is that which the knee describes, and which by degrees is made to sweep a larger and larger circle.

(98)

After the rotation of one hip joint, which comprises thirty to forty circular movements, done with the necessary intervals, partly to the right and partly to the left, the same operation is performed on the other leg. It is desirable that a second gymnast, standing in a bent position before the patient, should fix the patient's hips, and the leg which is on the floor; the first he does by his hands, while he fixes with both his knees and legs the patient's knee and leg placed between them as seen in the dotted lines of the gymnast in fig. 116, with this difference, that the gymnast places his hands on the patient's hips, while the arms of the patient are passive, instead of being in wing-position, as shewn in that diagram.

7. *Wing, high-stride sitting, trunk-twisting* (G.R.) and (P.R.).

The patient with the hands on the hips (*wing*) is sitting with

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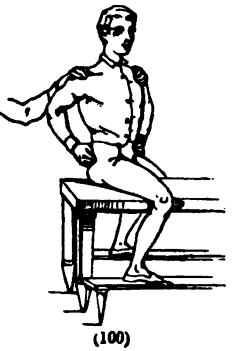
the feet apart (*stride*) on a *high* operating chair provided with two narrow boards on each side, on which the feet rest, and are prevented from slipping by a half circular strap fixed on the boards. In this position the patient twists his body first to one side, while the gymnast resists by placing his hands on the patient's shoulders, so that while he pushes against the shoulder which is moving backwards, he always pulls slightly with his other hand the shoulder which is moving forwards.

(99)

The engravings 99 and 100 show more distinctly how the movement is done. The first represents the patient in *wing-high-stride-sitting position*, with the upper part of the body twisted to the left; the right hand of the gymnast, who is supposed to stand behind him, is


(100)

placed on the upper and posterior part of the patient's right shoulder, against which it pushes, while the left hand of the gymnast is placed on the upper and anterior part of the patient's left shoulder, which it pulls or rather holds back, when the patient twists from the left to the right. In fig. 100 the right shoulder, which was previously directed forwards, is now directed backwards, because the body is twisted to the right. The *twisting* is done three times alternately to the right and left while the gymnast resists, and as often by the gymnast while the patient resists. The resistance either on the part of the gymnast or the patient, must in no case be too strong, but always in proportion to the strength of the patient, whom I advise to breathe deep after each half-active movement, that he may not be fatigued.

8. *Half-lying, leg-flexion* (P.R.) *and extension* (G.R.).

The patient in half lying position rests on the couch, only to the knees. While his legs are stretched, two gymnasts stand

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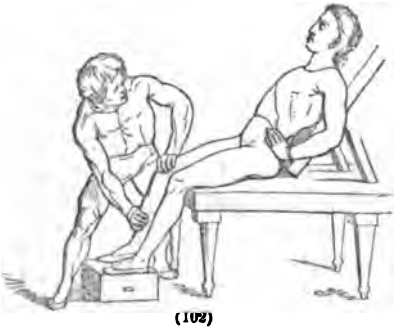
in walk position, one on each side of the patient's legs protruding beyond the couch, and fix the lower part of the thighs above the knee-joint by the hand nearest to the patient, while they bend his knees, with the other hands grasping the patient's legs above the foot-joint, which they press gradually down while the patient resists: the gymnasts are consequently stooping when the final position of *leg-flexion* (P.R.) is attained; they then resist without any change of their hands while the patient again stretches his legs, and thus the *leg-extension* (G.R.) is executed. The engraving (fig. 101) illustrates the commencing position of *right leg-flexion* (P. R.), and fig. 102 the final position, which is also the commencing position of *right leg-extension* (G.R.) while fig. 101 is its final position. The movements are done alternately three times.

(101)



(102)

9. *Rack-half-lying, arm-extension* (G.R.) *and flexion* (P.R.)

The commencing position of the patient with his arms stretched forwards (rack) as clearly shown in the engraving fig. 103. The gymnast standing in walk position, (in order to be more firm), takes hold of the patient's stretched arms near the hand joints, and resists while the patient moves the stretched arms in a horizontal line backwards, and in the shoulder joints only till the position of fig. 104 is attained,

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(103)

where the gymnast, whose feet must not move, is seen very much bent forwards. From this position the gymnast pulls the stretched arms of the patient, who resists again into the first position, the bending taking place only in the shoulder joints, which movement constitutes *arm flexion* (P.R.). The two movements are alternately repeated three to four times, and if done with the help of two gymnasts, one stands on each side of the patient, and takes hold with one hand of the patient's arm near the hand joint, while he fixes the shoulder on his side with the other hand.

(104)

(105)

The engraving, fig 105, represents also the two positions of *arm-flexion* and *extension* in *right walk-standing position* of the patient, and as the drawing was taken in front, the forward stretched arm of the patient is seen fore-shortened, but the two positions of the gymnast's left arm in the two actions are distinctly seen, while his right hand fixes the patient's hip. Two gymnasts are wanted in the standing position, in which the movement is considerably more difficult for the patient than in the sitting position.

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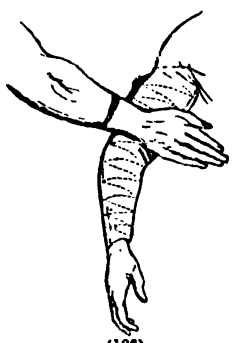
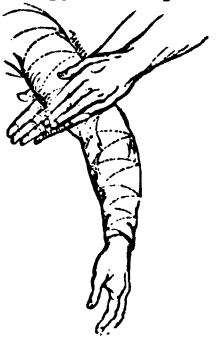
10. *Half-lying, double leg-separation or abduction* (G.R.) *and adduction or bringing together* (P.R.).

The patient is in half lying position, his stretched legs touching each other in their whole length, while the knees and toes are turned outwards, and are kept by a gymnast, who stands before him in walk position, as shown in fig. 86. The patient separates the stretched legs while the gymnast resists, as far outwards and horizontally as possible, in which positions, after a few seconds employed in breathing, the opposite movement *leg-adduction* (P.R.) is done by the gymnast, while the patient resists. The two movements are done alternately three or four times. The patient may have the arms in *wing position*. When two gymnasts execute the movement, as the patient gains strength, one stands on each side, takes hold of one leg with one hand at the foot joint, and assists with the other placed above the knee-joint to stretch the leg of the patient, who during the movement is frequently disposed to relax the knee. The abduction and adduction alternately done are also called division, and executed three or four times.

11. *Half-lying, fulling of the arms.*

This passive movement is done by two gymnasts standing one on each side of the patient, and is performed simultaneously on the patient perfectly passive, arms hanging down at the side, the patient being in half lying position. The gymnasts place the palms of both hands on the opposite sides of the arm, which they slightly press, as seen in fig. 106, representing the right arm of the patient; he then slides one hand forwards and the other backwards, and so on as seen in fig. 107, representing the patient's left arm. The dotted lines indicate


(106)


(107)

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the to and fro direction, as the hands progress slowly from the upper part of the arms to the hands and fingers, which are thus put into a quick vibration, if the patient's arms are perfectly passive. The number of to and fro movements varies from 20 to 30, from the upper arms to the fingers. The fulling is repeated three or four times, so that the gymnast moves his hands in the course described from 60 to 80 or 90 to 120 times. This movement is generally finished with a *longitudinal stroking* from the shoulder to the hand, for which purpose the gymnast takes hold with both hands, his fingers being stretched at the highest parts of the patient's arm, and while pressing gently makes a stroking movement similar to mesmeric passes, but differing from them, inasmuch as the slightly pressing hand is in contact with the arm. The *arm-stroking* is done three or four times, and it each time begins at the highest point of the arm.

NOTE—*Stroking* is the moving of a gymnast's hand or hands near to or in contact with the surface of different parts of the patient, so that larger or smaller surfaces are fanned by the hand of the gymnast, or are in mediate or immediate contact with it, according as the parts are or are not covered with clothing. The first kind of stroking is called *near-stroking;* the second, *contact-stroking:* of the latter there are two kinds, the *slighter* and the *stronger*, according to the degree of pressure made during the movement.

12. *Half-lying, loin-lift-stroking.*

The patient is in half lying position with the feet placed apart on the floor. The gymnast standing before him in a walk position, places the hands in such a manner that they touch each other with the tips of the fingers, or cover each other in the region of the loins of the patient. The gymnast then lifts the middle part of the trunk a little upwards, so that the pit of the stomach projects, the shoulder blades and the posterior surface of the thighs with the seat still remaining on the chair. As soon as the patient is a little raised, the gymnast pulls him still more forwards, while his arms are placed round the body of

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the patient; he then brings his hands in front by a stroking movement till his wrists almost touch each other on the anterior side of the patient's abdomen, on which the patient falls softly back and down on the chair. Such stroking is done five or six times, and after a little pause is sometimes repeated. In the present case the patient's abdomen was so tender, that the hands were brought down sideways to the thighs.

The movements were well borne by the patient, with the exception of the *half-lying leg-abduction* (G.R.) and *adduction* (P.R.), which produced such a disagreeable and uncomfortable sensation, that I substituted for it the movement

Trunk lying, pelvis-rotation,

which is a passive movement analogous to the above described rotations, and which is done while the patient is in *trunk-lying position* (fig. 64, representing the patient and one gymnast fixing the body); a second gymnast takes hold of the patient's stretched legs, puts the pelvis and legs into a circular motion describing a cone, the point of which is at the lowest part of the spine, while the basis is formed by the patient's feet. After eight to ten rotations or rollings to the right, the same number is done to the left, and the whole operation repeated after a short interval. This last movement was done principally to accelerate the abdominal circulation, and to increase the menstrual secretion, on which I could not act by the prescribed *half active leg-division*, in consequence of the uncomfortable feeling which it produced.

The movements of the first prescription were continued to the 19th of February, amounting to fourteen times only, the patient having been absent from the institution for three days, in consequence of some slight indisposition. The improvement attained in this short period induced me to change the prescription to another, which contained the following movements.

19th Feb. 1854. SECOND PRESCRIPTION.

1. Half lying, longitudinal arm-and-leg-down-stroking.
2. Rectangular high-standing, foot-flexion (G.R) and extension (P.R.).

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3. Lean,-stride-standing,-double forearm-flexion, and extension (P.R.) and (G.R.).
4. High-stride-wing-sitting, trunk-twisting (G.R.) and (P.R.).
5. Wing-arch-(supported) squat-standing, leg extension (G.R.) and flexion (P.R.).
6. Stretch-grasp-inclined-reclined-squat-lean-standing, knee-down-pressure (P.R. and knee-raising (G.R.)
7. Wing-stride-toe-curtsey standing, knee-extension (G.R.) and flexion (P.R.).
8. Yard-ledge-standing, trunk-twisting (G.R.) and (P.R.).
9. Half-lying,-double-leg-separation (P.R.) and (G.R.)
10. Wing-stride-toe-standing,-trunk-twisting (G.R.)
11. Half-lying,-loin lift-stroking.

This prescription contains several movements in standing position, which the patient was now capable of, in consequence of increased strength.

1. *Half-lying, longitudinal-arm and leg-down-stroking.*

The arm-stroking was done as described after the arm fulling, about eight or twelve times, and as often on the legs. The gymnast standing before the patient, places the hands on the hips, and makes the stroking movement on both legs simultaneously, by moving the hands which are in contact with the patient, down the thighs, the bent knees, legs, and feet.

2. *High rectangular, standing, foot-flexion* (G.R.) and (P.R.).

The patient stands on a chair, or some elevated level place, in front of a vertical plank from 12 to 15 inches wide, his feet at a right angle with each other, and the heels a few inches apart. The heel of the foot which performs the movement is about two inches within the edge of the chair, so that the foot projects and is then free to move. The patient bends his arms at the elbow, and fixes himself by grasping the plank on each side with one hand at the height of his elbow. The gymnast standing at the side of the patient, fixes with the hand which is nearest the patient, the heel, and resists with the other hand

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placed on the upper part of the foot and toes, while the patient bends the foot upwards. This is *foot-flexion* (G.R.), and when the foot is bent to the utmost, the gymnast after a pause of a few seconds without changing the position of his hands, presses down, that is extends the foot, while the patient resists, and this is *foot-extension* (P.R.). When the foot is to be bent by the gymnast from the last position (extension), then he must place his hand *under* the foot and toes, and pull these parts up while the patient resists: this is *foot-flexion* (P.R.) From this position, without any change, the *foot-extension* (G.R.) is made by the patient stretching the foot while the gymnast resists: these four different foot movements may be executed also in the following way:

1. Foot-flexion (P.R.)
2. Foot-flexion (G.R.)
3. Foot-extension (P.R.)
4. Foot-extension (G.R.)

In this case the gymnast must change his operating hand after each movement, which is repeated at least three times, so that the number of actions in these movements amounts at least to twelve to each foot. Both the flexors and extensors of the foot are acted upon in a high degree in this position, in which a great part of the muscles of the trunk and of the other leg are brought into activity, in order to keep up the position during the movement.

3. *Lean-stride-standing, double forearm-flexion and extension.* (P.R.) and (G.R.)

The patient is in stride-standing position, and leans with the back against a vertical plank or post, 12 or 15 inches wide. Two gymnasts in walk position stand one on each side of the patient, and take hold of his forearms which are bent forwards, while the upper arms in yard-position are fixed. The gymnast on the right fixes the patient's right upper arm with his left hand, while the gymnast on the left fixes the patient's left upper arm with his right hand; while they both resist or pull with the other hands, grasping the patient's forearm. Having given the details of the *forearm-flexion* (P.R.) and *forearm-flexion* (G.R.), with the illustration belonging to them, I will only mention, that in the *forearm-extension* (P.R.), the gymnast pulls the patient's forearm from the bent position, till it is

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stretched, and in the same horizontal line as the upper arm, while the patient resists. The *forearm-extension* (G.R.) is also in the same direction done by the patient, while the gymnast resists. The four different movements are done twice or thrice each ; and with regard to the order in which they follow each other, I refer to the preceding movement.

4, *High-stride-wing-sitting, trunk-twisting* (G.R.) and (P.R.). This movement is described in the first prescription.

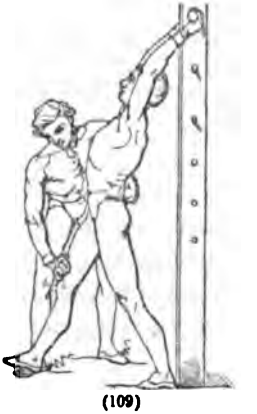
5. *Wing-arch-squat-standing leg-extension* (G.R.) *and leg-flexion* (P.R.)

The patient is standing with the hands on the hips (*wing*) and the chest well vaulted (*arch*), with his knee bent, (see the position of the left leg, fig 30) ; but instead of keeping it freely up, the thigh is supported by a horizontal padded bar, while a gymnast standing behind the patient fixes him by holding the hips. The operating gymnast stands on the other side of the bar, and executes the movement exactly as described in the first prescription, with-this difference, that the *leg-extension* (G.R,) precedes the *leg-flexion* (P.R.)*

6. *Stretch-grasp-inclined-reclined-squat-lean-standing- knee-down pressure* (P.R.) *and knee-raising* (G.R.). figs. 108, 109.

(108)

The patient stands in inclined - reclined position : his arms are extended upward, and the hands grasp a high peg protruding on each side of the vertical plank, against which one leg presses (leans) with the heel, while the other leg is in squat position. Two gymnasts standing one on each side of the patient, place each one



(109)

* At page 181 of my book, the *Cure of Diseases by Movements*, is a larger engraving of this position of the patient and operating gymnast in this movement.

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hand on the sides of the lowest part of the patient's spine (the loins) and pull the body so forwards that the stomach is the most protruding part. The gymnast on the right, as seen in the engraving (fig. 108), standing in right-walk position, places his right hand on the patient's right raised knee, and presses it down while the patient resists. Of the gymnast on the left only the right hand on the patient's loin is seen: this gymnast places his left hand covering the right hand of the other gymnast also on the patient's knee, and assists in the operation, which is done three times alternately with the raising of the knee (G.R.) on one leg, and then as often on the other. The other engraving (fig. 109), illustrates the final position in which the leg of the patient is stretched and the gymnast is bent, and from which attitude the *knee-raising* (G.R.) begins, which is done by the patient while the gymnast resists.

7. *Wing-stride-curtsey-toe-standing-knee-extension* (G.R.) *and flexion* (P.R.).

The commencing position of the patient in this movement is indicated by the dotted lines of fig. 50, which show the hands on the hips (*wing*), the knees bent very much outward (*curtsey*), the feet placed apart (*stride*), and the whole body on the toes (*toe-standing*). Two gymnasts stand, the one before, the other behind the patient, and place their hands upon the patient's hands on the hips, in such a way that the right hand of one gymnast covers the left of his colleague. The patient then still on his toes, gradually stretches his legs, while the gymnast resists till the wing-stride-toe-standing position is attained. The gymnasts afterwards press, or rather pull down the hips to make the patient's legs bend, although he resists, and this is called *wing-stride,-toe-standing, knee-flexion* (P.R.).

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8. *Yard-ledge-standing-trunk-twisting* (G.R.) and (P.R.). Figs 110 and 111.

(110)

The diagrams represent the twisting of the standing patient, whose arms are stretched out (*yard*), while the feet placed two or three inches apart, are prevented from slipping by two small ledges at the edge of a fixed board, sufficiently wide to receive the two feet of the patient and a third one of a gymnast placed partly between the two former. The gymnast standing behind the patient in *walk-position*, places the anterior part of one foot between those of the patient, and thus presses them slightly against both ledges: he takes hold of the patient's upper arm by a grasp near the elbow joints, and pushes with one hand against one arm, while with the other he slightly pulls the other arm of the patient, who during the movement holds his arms perfectly horizontal in the height of the shoulders, and so inflexible at the shoulders that as the arm moves the trunk moves. The twisting is done as described in the first pre scription, but differs in this, that here the legs also participate in the twist movement, and only the feet remain perfectly still. Fig 110 illustrates the commencing position, and fig 111 the final position of *yard-standing,-trunk-twisting to the right* (G.R.).

(111)

9. *Half lying, double-leg-separation* (G.R.) and (P.R.)

The commencing position of the first movement, viz. with the resistance of the gymnast, is illustrated by fig. 86. The

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leg-separation (P.R.) is done while the legs of the patient who is in *half-lying position*, are placed near each other. Two gymnasts, one on each side of the patient, stand near the legs in *crooked-walk position;* with one hand they grasp the leg above the foot-joint and pull it towards themselves, thus separating the legs while the patient resists; the other hands of the gymnasts are placed above the knees to assist them in remaining stretched.

Leg-separation (P.R.) acts very strongly on the abductors of the legs, and thus differs entirely from the first part of the movement in which the abductors are brought into activity; the two movements are done one after the other, and the adduction of the legs which precedes each action, is done actively, that is merely by the patient.

10. *Wing-stride toe-standing-trunk-twisting* (G.R.)

This is a twisting of the body, alternately on both sides, with resistance of the gymnast on the shoulders of the patient, whose hands are on the hips, and the feet apart on the toes. The movement is done three times on each side.

11. *Half lying-loin-lift-stroking* is mentioned in the first prescription.

The movements of the second prescription were done till the 6th of March, but only ten times, as a violent cold prevented the patient's attendance at the Institution for several days, but notwithstanding this the improvement continued at increased speed.

6th March, 1854. THIRD PRESCRIPTION.

1. Half-lying, longitudinal arm-, leg-, and loin-lift-stroking.
2. Half-stretch-, reclined-, walk-standing-, upper- and fore-arm-flexion (G.R.)
3. Stride-toe-standing, arm-extension out and up (G.R.)
4. Half-stretch-, high-stride-sitting, trunk-twisting (G.R.) and (P.R.).
5. Toe-opposite-fall-standing-, posture and raising (P.R.).
6. Rack-, crooked-, thigh-opposite close-standing, trunk-raising (G.R.) and bending (P.R.).

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7. Stretch-grasp-, inclined-reclined-, squat-, lean-standing, knee-down-pressure (P.R.) and raising (G.R.).
8. Wing-, jump-, half-lying, leg-extension (G.R.).
9. Wing-, long-stride-, fall-sitting, trunk-twisting (G.R.) and (P.R.).
10. Stride-standing, head-raising (G.R.) and flexion (P.R.).
11. Half-stretch-, hip-lean-, walk-standing, trunk-sideways-flexion (G.R.) and raising (P.R.).
12. Opposite-, inclined-reclined-standing, transversal-loin-stroking.

1. *Half lying, longitudinal arm-leg and loin-stroking* was mentioned partly at the end of the first and partly at the beginning of the second prescription.

2. *Half-stretch-, reclined-, walk-standing, upper and forearm flexion* (G.R.) (fig. 112).

(112)

The patient stands with one leg placed forwards (*walk position*), and one arm stretched up (*half-stretch*), while the other is either in *wing* position or passively hanging down; the body is slightly bent backwards (*reclined*). The gymnast standing behind the patient on a slight elevation, takes hold of the stretched arm at the wrist joint, and resists while the patient bends the arm simultaneously at the shoulder and elbow joints till the elbow is brought near the side of the body; the other hand of the assistant fixes the other shoulder of the patient, where there is no movement. The engraving shows the patient's right leg in *walk*-, and the right arm in *stretch*-position. This position may be changed so that the arm of one, and the leg of the opposite side are used in the commencing positions, but in this case the effects differ considerably on the two sides of the body. The dotted arms in the engraving shew one of the intermediate positions of this

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movement, which was done three times on one side, and as often with change of the arm and leg on the other side.

The following two engravings show also an *upper- and fore-arm-flexion* (G.R.) done on both arms, while the patient is in *stretch-, fall-, stride-full-sitting* position, as seen in the figure (113), one gymnast standing behind the patient on the chair in *stride-left-twist* position, supports with the external side of his left leg the patient's body, and resists by taking a firm hold of both arms; a second gymnast standing or kneeling in front of the patient, fixes the knees; the patient's hands are stretched and do not grasp the gymnast's arms in order to prevent the action of the flexors of the hand and fingers.

(113)

The second engraving (114) shews one of the intermediate positions; the thorax of the patient appears more protruded, while his arms are bent sideways and downwards. The gymnast is in *crooked* position.

(114)

3. *Stride-toe-standing, arm-extension-out and up* (G.R.)

The patient was placed with the feet apart, on the toes, as the strength now admitted of this attitude.

The patient makes the movements of first bending up the forearm and then stretching it out (*yard*) or up (*stretch*) position, as seen in the stretch-and yard-position (figs. 9 and 40) while a gymnast standing behind takes hold of both forearms near the wrist joints and resists during the movement. The *stretching up* as well as *out* are done each three times.

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11. ***Half-stretch-, high-stride-sitting, trunk-twisting*** (G.R.) and (P.R.)

Is done as the movement of the same name in the two first prescriptions, from which it differs in this that the patient has one arm stretched up, while the other is either in *wing* position, or freely hanging down; the gymnast takes hold of the patient's stretched arm, at the wrist joint, and resists the twisting, but at the same time assists by a slight pull upwards the stretching of the arm; the other hand of the gymnast is placed on the shoulder where the arm is not stretched.

5. ***Toe-opposite-fall-standing, posture and raising*** (P. R.)

The patient leans with the points of both his feet touching each other against a wall, or any vertical surface, his whole body with the arms stretched down near it, is kept stiff by his own muscular force; and when in *fall position* supported by a gymnast standing behind him, who places one or both his hands on the part where the back of the head joins the neck (occiput); the patient remains in this position from some seconds to half a minute, and this is called *holding, or posture;* after this time the patient's perfectly stiff and resisting body is raised by the gymnast, so that with the exception of the flexion of the foot-joints, no movement in any other joint of the body of the patient is visible, who must endeavour, as far as his strength permits, not to bend the body at the spine, hip, or knee joints. *The holding and raising* (P. R.) are alternately done each three times.

6. ***Rack-, crooked-, thigh opposite-close-standing, trunk-raising*** (G. R.) ***and bending*** (P. R.)

The positions of these two movements are illustrated by fig. 90.

The *trunk raising (G. R.)* and bending *(P. R.)* are done alternately each three times.

7. ***Stretch-grasp-inclined-reclined, squat-lean-standing knee-down pressure*** (P. R.) ***and raising*** (G. R.) is described in the second prescription.

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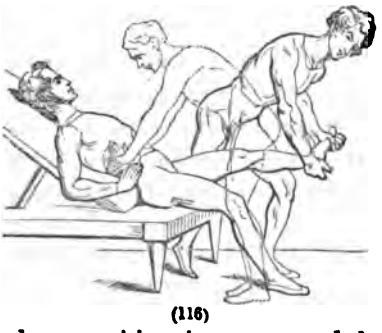
8. ***Wing-jump-, half-lying, leg extension*** (G. R.)

The patient with his hands on the hip, is in half-lying position, one of his legs bent on the hip and knee joints similar to the *jump position*, so that the anterior surface of the thigh is directed towards the abdomen; the bent leg is kept at the foot by a gymnast standing at his side, who resists, while the patient stretches his leg. The commencing position, figure 115, shows the gymnast standing at the left of the patient, whose left bent leg he holds at the foot by grasping the heel with his right hand, and the toes with his left; the feet of the gymnasts are placed at right angles to each other, and the left foot (at an interval of at least the double length of his foot) forwards, and parallel to the direction of the left leg, the extension of which he resists. Figure 116 exhibits the final position of the movement, the patient's leg is perfectly stretched, the gymnast's body and left knee bent, while his arms are still as stretched as they were in the beginning; the other leg of the patient and his hips are fixed by a second gymnast, whose position is represented by the dotted line in the engraving. This latter places his hands on the patient's hands, in order to fix his hips, and prevents the patient's leg kept between his knees from moving.*

115.



(116)

* The hands of the assisting gymnast who fixes the patient's hips and one leg are differently drawn in this engraving, which represents the manner in which the hands are applied for making a passive movement, called *abdominal concentric stroking*, in which both hands of the gymnast make simultaneously two concentric circles on the abdomen.

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9. ***Wing-, long-, stride-, fall-sitting, trunk-twisting*** (G. R.) and (P. R.)

The patient with his hands on the hips is in a commencing position, similar to fig. 71; the execution of the movement is similar to other trunk twistings.

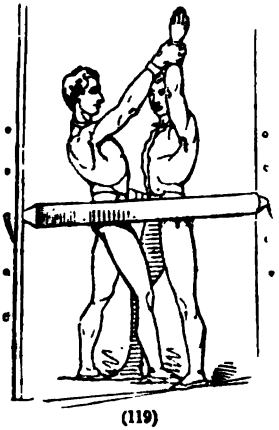
Stride-standing-, head-raising (G. R.) ***and flexion*** (P. R.)

Figs. 117 and 118.

(117)

(118)

The feet of the patient are in ***stride-***, and the hands either in ***wing-***position, or perfectly stretched down as indicated by the dotted lines, and downwards directed forearms in ***the position***, (fig. 9,); the head is bent forwards, the gymnast stands a little elevated in front of the patient, on whose neck and occiput he places his hands with the fingers interlaced, while his forearms near the elbows rest on the patient's shoulders as in fig. 117; the patient then raises his head without any change of the position of his body, till the head is somewhat backwards bent, (fig. 118) and must avoid the protruding of his chin during the whole movement, which is resisted by the gymnast; from this position (fig. 118) the head is slowly bent forwards, while the patient resists; the flexion and raising are done alternately three times, with the necessary intervals.



(119)

11. ***Half-stretch-, hip-lean-, walk-standing, trunk-sideways flexion*** (G. R.) ***and raising*** (P. R.).

Figs. 119 and 120.

This is a flexion of the trunk, done sideways by the patient, while the gymnast resists on the stretched arm, which is vertical and inflexible, so that it does not move except simultaneously with the body. Figure 119 shows the patient's left arm stretched, his left hip leaning against a horizontal pad-

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ded bar, his right leg in walk position; the gymnast in front of the patient is in right-walk-position, his left hand on the patient's right hip fixes the body, while he takes hold with his right of the patient's stretched arm and resists as long as the patient bends his body to the left; from this position (fig. 120) he raises the patient who resists, again into the commencing position. After a short interval the two movements are alternately repeated three to four times, and as often on the other side. The operator as well as the patient must move only in the spine, while their feet and legs remain immovable.

(120)

12. *Opposite-reclined-, inclined-standing-, transversal-loin-, stroking.*

The patient is in the position illustrated by fig. 22; the gymnast in walk position stands behind him, and places both his hands with the fingers directed outwards on the loins, and with the palms makes strokings from the spine forwards, at the same time pressing forwards, so that the patient's abdomen is rendered very tense, and protrudes considerably forwards; the stroking is done from twelve to fifteen times, and sometimes repeated after a short interval.

SECOND CASE.—*Double Spinal Curvature.*

Miss ——, twenty-six years old, has been affected with double curvature of the spine for many years, and continual pain in the back. She cannot sit or walk without pain; the head turned to the left, and bent forwards and downwards; the shoulders so much drawn up towards the head that there is scarcely any neck to be seen; impossibility of breathing deep. This lady thought that nothing could be done for her, because she was so far advanced in age, and her complaint of such long standing. She

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began the treatment only to please her parents. After three months, although the treatment had been interrupted for ten days on account of a violent cold, her figure had entirely changed. She could sit two hours in church without pain, and walk more than an hour; her spirits were much better; and she felt herself quite different. This lady, who was sent to me, I may observe, by Dr. Black, of Clifton, expresses herself in the following manner upon her present state:—"I asked Dr. Black to spend an evening with us, on purpose that he might have an opportunity of seeing me at leisure, and talking over the system. He seemed very much struck, indeed, with my greater ease of carriage, and look of health, and the marked improvement of my figure. You would, I think, be gratified could you hear the remarks made on the improvement of my figure, and especially on my walking. I feel so much more sensible of this; and find I am quite able to take walks that were quite impossible for me to think of last year. I am very thankful for this, and also that I never have any pain between my shoulders; and my general health is better than it has been for years."

This patient, who suffered from general weakness, and was incapable of any exertion, began her treatment the 12th November, 1852, and continued it at the institution to the 16th of February, 1853, during which time she was sixty-eight times under the prescribed gymnastic operations. The great benefit she derived from the movements induced her to re-visit the institution in March, 1854, about twenty times. Since last year she has not been troubled with a cold, though previously she was subject to that complaint; and enjoys such health as has been unknown to her for many years, and I may add, was married last autumn. The majority of the movements of the two first prescriptions were done either in a lying or half-lying position; the more contracted right shoulder, right hip, and left ankle-joints were acted upon by passive rotations; the cold hands and feet were influenced by movements analogous to those in the previous case. Several active arm and leg movements were used to give more vigour to the limbs while the body in high-stride-sitting position, supported by two assistants, was actively moved forwards, backwards, and sideways.

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The 6th January, 1853, began

THE THIRD PRESCRIPTION.

1. Wing-half-squat-lying, alternate leg extension (G.R.)
2. Right yard-left stretch-right twist-stride sitting, right arm extension (G.R.) and flexion (P.R.)
3. Lying, right (stretched) leg-raising (active), and pressing down (G.R.)
4. Stretch-lying, right upper and fore arm flexion (G.R.)
5. Wing-high-stride-long sitting, trunk raising (G.R.), and twisting to the right (G.R.)
6. Trunk lying, double leg and chine left-rolling (passive).
7. Right yard-left wing-curtsey standing, knee-extension (G. R.) with pressure on the right wrist joint.
8. Back grasp-stride standing, head back flexion (G.R.) and forwards flexion (P.R.)
9. Left stretch-right wing-left hip lean-right walk standing, left sideways trunk flexion (G.R.), and raising (P.R. with pressure on the left wrist joint, right hip, the spine, and both knees).
10. Climbing backwards with assistance.
11. Right walk standing, arm extension, out and upwards (G.R.)
12. Right yard-left stretch-right twist-close standing, forwards flexion (active), and back flexion (G.R.)
13. Half-lying, arm fulling.
14. Half-lying, longitudinal back stroking.

3rd February, 1853. FOURTH PRESCRIPTION.

1. Half squat lying, right knee down pressure (G.R.)
2. Lying, left leg raising (G.R.)
3. Left rest-right angle-crooked-thigh opposite standing trunk, raising (G.R.)
4. Right rack-left stretch-lying, right arm extension (P.R. and G.R., with fulling of the left arm).
5. Right yard,-left stretch,-left oblique-chine lean-stride-standing, trunk right twisting (G.R.)
6. Right yard-left stretch-right twist-right step-left toe-curtsey standing, knee extension (G.R.)

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7. Rest-right twist-tibia opposite-standing, trunk raising (G.R.)
8. Stretch-left oblique-right walk-kneeling, right upper and fore arm flexion (G.R.)
9. Right yard-left span-stride sitting, trunk left twisting (G. R.), and right-twisting (P.R.)
10. Stretch grasp-inclined-standing, head forwards flexion (active), and back flexion (G.R.)
11. Span-forwards lying, trunk raising (active), and trunk down pressure (P.R. with head, and wrist-joint pressure).
12. Wing, fall-toe-opposite-standing, trunk raising (P.R.)
13. Half-lying, longitudinal back stroking.
14. Half-lying, loin lift stroking.

12th February, 1853. FIFTH PRESCRIPTION

contained the majority of the preceding movements, and the following were substituted for those which were left off.

1. Left rest-right angle-reclined-stride-standing, trunk forwards-pulling (P.R.) with abdomen, and head pressure.
2. Span-stride-standing, hip-left-twisting (G.R..)
3. Forwards-leg-lying, trunk raising and twisting to the right (active).
4. Left pass standing (left toe), arm-extension in different levels.
5. Left balance standing, arm rotation (active).

The three last active movements, and many others which I thought suitable to preserve the improvement hitherto obtained, were assiduously continued by the lady for a long time at home; and when she returned in March, 1854, the following movements were prescribed:

1. Inclined-thigh-opposite standing, trunk raising (G.R.)
2. Left yard-right stretch-chine lean standing, trunk right twisting (G.R.), and trunk left twisting (P.R.) with left arm pressure).
3. Left yard-right stretch-stride standing, right upper and fore-arm flexion (G.R.), and extension (P.R.)

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4. Wing-half-lying, leg separation (G.R.)
5. Left yard-right stretch-inclined-high-stride-standing (on two pegs), trunk raising (G.R.)
6. Hanging-leg-abduction (G.R.), and adduction (P.R.)
7. Right stretch-right twist-high stride sitting, trunk left flexion (G.R.)
8. Left yard-right span-grasp close-standing, hip-left-sideways guiding (G.R.)
9. Stretch grasp-right squat standing, right knee down pressure (P.R.)
10. Fore arm support high stride kneeling, alternate back-transversal stroking.
11. Half-lying, loin-lift stroking.

THIRD CASE.—*Sleeplessness, Low Spirits, Cold Hands and Feet.*

Mr. ———, age forty-two, an artist of eminence, suffered for three months from the above symptoms, and was unable to paint, partly in consequence of the want of sleep, the weakness of his eyes, and inability to hold the brush steady when painting. This inability to work added to his sufferings, which appear to have been at first produced by some mental emotion (grief). Being rather predisposed to hypochondriasis, he had suffered about two years ago from an abdominal complaint. Having tried other medical treatment for several months without any result, he began to attend my institution the 22nd June, 1854, and at the end of the first week, already felt a slight improvement, which continued till his health was perfectly restored. The treatment lasted about six weeks, during which time the following movements were used, in combination with two Russian baths per week. The suitable directions as to regimen were strictly followed by the patient.

22nd June, 1854. FIRST PRESCRIPTION.

1. Half-lying, foot rotation (passive), foot flexion, and extension (G.R.)
2. Elbow support, half-lying, fore arm flexion, and extension (G.R.)

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3. Yard-high-stride sitting, trunk twisting (G.R., P.R.)
4. Half-lying, knee extension (G.R.), and flexion (P.R.)
5. Lean-rack-stride standing, arm extension (G.R.), and flexion (P.R.)
6. Stride-curtsey-lean standing, leg extension (G.R.)
7. Half-lying, arm-fulling.
8. Lean-grasp-half-standing, leg forwards guiding (G.R.), and backwards guiding (P.R.)
9. High-stride sitting, trunk forwards and backwards swinging (passive).
10. Half-lying, longitudinal back stroking.

19th July, 1854. SECOND PRESCRIPTION.

1. High-opposite standing, foot flexion (G.R.), and extension (P.R.)
2. Rack-right-walk standing, arm extension (G.R.), and flexion (P.R.)
3. High-stride sitting, trunk sideways flexion (G.R.)
4. Climbing, and deep breathing.
5. Yard-high-stride-inclined sitting, trunk twisting (G.R. and P.R.)
6. Wing-thigh supported-half standing, knee extension (G.R.) and flexion (P.R.)
7. Yard-inclined-tibia-opposite standing, trunk forwards flexion (active), and raising (G.R.)
8. Lean-grasp standing, leg forwards guiding (P.R.), and back guiding (G.R.)
9. Wing-thigh-opposite-crooked standing, trunk raising (G.R.)
10. Opposite-inclined-reclined standing, loin forwards stroking.

FOURTH CASE.—*Sequelæ of Chronic Rheumatism.*

(The history of this case was written by the patient.)

This case of rheumatism was brought on by sleeping in the bush, standing for hours in cold water, washing sheep, and generally great exposure to cold and wet during six years.

The writer was first attacked in 1845. Symptoms: the knee joints got suddenly inflamed and swollen. The pain and

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stiffness increased to such a degree that he was obliged to keep his bed.

The disease then attacked the other joints and the trunk of the body, the jaws also being fixed.

These symptoms were accompanied by high fever, and the writer could not move or breathe without great pain.

Treatment—large doses of calomel, followed by purgatives; leeches were frequently applied to the joints.

When pain had abated, turpentine and hartshorn were also applied. These having failed to remove the pain, mustard and fly-blister were frequently applied to the body and limbs, also croton oil; a state of perspiration being constantly kept up by heaps of blankets and warm drinks.

Diet—chicken broth and gruel.

Sleep was procured by large doses of laudanum. After suffering under the disease for six months, the writer was very much reduced in flesh and strength, but pain being nearly gone, was able to sit up in his room.

He, however, never completely recovered from the effects of the attack, but continued for many months to suffer from pains in the back, chest, and loins; great oppression and difficulty in breathing.

In August, 1846, the writer experienced a second attack, which confined him to bed during September, October, and November of that year. The symptoms were similar to those of the first attack. Treatment—calomel and purgatives, stimulating liniment, and blisters. The diet was light; sleep was with difficulty obtained by means of opiates.

During December, 1846, and January, February, and March, 1847, the writer continued to suffer from chronic rheumatism, till January, 1848, at which time he experienced a third attack, which proved to be more serious than any of the preceding ones. Treatment—calomel and purgatives, Colchicum hydriodate of potash, mustard, and turpentine poultices and blisters, and leeches were applied to the knee and toe joints for months together. The joints were then frequently painted with tincture of Iodine, and bandaged, all to no purpose. During this attack the whole system seemed to be affected with the disease.

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In consequence of excruciating pain, loss of blood, want of sleep, low diet, and the constant use of opiates for such a length of time, the writer was reduced to a state of extreme debility.

After the fever and pain had abated, hot water and vapour baths were frequently given.

He then began slowly to recover, being able to walk about the house on crutches, after a confinement of five months on this occasion, and suffering under chronic rheumatism, and great debility and depression. In June, 1848, with the advice of his physicians, the writer went to Germany, and took a course of hot mineral baths at Aix la Chapelle, and also at Wiesbaden, without any good effects. He returned to Glasgow in August, 1849; and in October of that year, acting on the advice of his physicians, he sailed for Madeira, and during the passage (thirty-one days) was constantly confined to his cabin, suffering from pain in the joints and back, inflammation and swelling of the feet and ankles, being unable to walk, or even to sit, without support. During his residence at Madeira, from November, 1849, till April, 1850, notwithstanding great attention to diet, air exercise, and a course of galvanic treatment, *the chronic effects of the disease still remained.*

In May, 1850, having been nearly six months in Madeira, he returned to Glasgow, in better health, although still suffering from stiffness and general debility; but he began to get rapidly worse towards the end of October, 1850, when, as a last resource, he went to Rothsay, almost without hope, put himself under Dr. Paterson's care, and was under the water treatment till the end of April.

During these six months no crisis appeared; and he left Rothsay in good health; and throughout the whole summer, autumn, and part of the winter of 1851, the writer continued the water system at home, taking the pack, cold hip bath, &c., and occasionally a vapour bath, and walking generally from six to eight miles daily. Under this system the chronic symptoms continued gradually to disappear, and he rarely experienced pain or inflammatory action, his strength increased, and he was altogether in a better condition than he ever had been subsequently to the first attack of rheumatism.

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In February, 1852, he was again suddenly seized with violent inflammation of the eyes; was obliged to exclude light altogether. Treatment—caustic and fomentations.

This was quickly followed by contraction of the knee joint, great pain and stiffness, which was somewhat abated by hot slops. This was followed by violent inflammation, excruciating pain in the hands and wrists, which continued for several weeks. This pain was somewhat mitigated by *wet stupes* constantly applied.

After several weeks' suffering the pain abated, and settled down in one hand into permanent contraction of the finger-joints. Although the inflammatory symptoms began to abate, the chronic ones continued till July, when the writer was so far recovered as to be able to undertake the journey to Dr. Barter's water establishment at Blarney, County Cork, where he remained ten months, under the following treatment.

For the morning a rubbing sheet; at noon a vapour bath, followed by cold plunge. This was continued every day except Sunday.

The result of this treatment was a gradual disappearance of the inflammatory symptoms; then the chronic symptoms gave way, and a rapid improvement of the whole system followed by increased strength, appetite, &c.

During the last month of his residence at Blarney, the writer had begun to use the wave and perpendicular douche with excellent effect; and left Ireland in the very act of rapidly throwing off all symptoms of rheumatism.

During the past two months he has taken a rubbing sheet in the morning, and four vapour baths per week; and has gained 14 lbs. in weight in ten months.

So far the patient's description of his sufferings. I noted the following in this case:—

1st September, 1853: Mr. T——, about thirty-eight years old, had suffered for the last nine years from rheumatic gout, was sent to me by Dr. M'Leod, of Ben-Rhydding, where he had been considerably relieved from his painful symptoms. Present state: both shoulders considerably raised, the head stiff, impossibility of raising his right arm without assistance further

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than into *speak* position, (fig. 14,) the right shoulder more drawn forwards than the left; right hip joint very stiff; both sides of the groins contracted, which gives the appearance of the so-called cock's walk, especially as his spine is almost immoveable, and can scarcely be bent or twisted in any direction; left knee cannot be bent more than 30 to 35 degrees; right ankle joint very stiff; muscles rather rigid, but general strength good. He left for Australia, ten weeks later, in perfect health, having entirely recovered the free use of his limbs. When he began to use his right arm, a sensation of tickling was produced, and consequently a kind of irresistible laughing followed, which I have not yet seen in any other case.

2nd September, 1853. FIRST PRESCRIPTION.

1. Lying, right arm rotation (passive).
2. Half-lying, right hip rotation.
3. Forwards lying, left knee flexion (G.R.)
4. Lying, arm extension (P.R.)
5. High stride sitting, trunk-bending sideways (G.R.)
6. High opposite standing, alternate leg sideways raising (G.R.)
7. Abdomen opposite crooked standing, trunk raising (G.R.) (with pressure on both shoulders).
8. Yard grasp squat standing, alternate knee down pressure (P.R.)
9. Trunk lying double leg rotation (passive).
10. Stride standing double knee flexion (active) and extension (G.R.)
11. Half lying, loin left stroking.

5th October, 1853. SECOND PRESCRIPTION.

1. Half lying, right arm rotation (passive).
2. Half lying, right arm extension (P.R. and G.R. obliquely forwards and upwards).
3. Lying, right hip rotation.
4. High opposite grasp half standing, left knee flexion (G.R.)
5. Abdomen opposite standing, trunk twisting (P.R. and G.R.)
6. Thigh opposite standing, trunk forwards flexion (active), and backwards flexion (G.R.)
7. Hip-lean walk standing, trunk sideways flexion (G.R.)

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8. Span lying, arm walking.
9. Trunk squat lying, alternate knee down pressure (P.R.)
10. Yard standing, trunk twisting, with assistance on the right arm (P.R. and G.R.)
11. Lying, right arm (obliquely out and up) rotation (passive).
12. Walk and pass positions (active).
13. Opposite inclined reclined standing, chine knocking.
14. Half-lying, transversal loin forwards stroking.

1st November, 1853. THIRD PRESCRIPTION.

1. Right speak standing, right arm in and outwards turning from the shoulder (G.R.)
2. Inclined leg opposite standing, trunk raising (G.R.)
3. Right yard left sideways lying, right arm rotation (active with assistance).
4. Jump trunk lying, alternate knee down pressure (P.R.)
5. Yard trunk lying, leg abduction (G.R.), and adduction (P.R.)
6. Lying, right leg rotation outwards (active).
7. Span lying, posture.
8. Swim hanging, double elbow flexion (active), and arm extension (P.R.)
9. Right heave-right pass standing, right arm extension upwards (G.R.)
10. Yard stride curtsey standing, arm movements (active).
11. Yard curtsey standing, trunk fore and back flexion (active).
12. Half lying, transversal back and loin stroking.

I have selected the preceding four cases, with the prescriptions of the movements which effected their cure, partly to show practically the effects of medical gymnastics when scientifically applied, and partly to awaken more interest for this most important branch of medical science, hitherto almost entirely neglected because not sufficiently known. The engravings and minute descriptions of each gymnastic operation in the treatment of the first case will suffice to prove that much more study and skill are required in the practice of this method of cure than is generally supposed.

The prescriptions of the three other cases can be understood

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only by those of my colleagues who will take the trouble to study the descriptions of the various movements, which I shall submit to their notice, if the editors of this journal accord me the opportunity. It is Dr. Neumann's merit to have assiduously collected the movements during his mission to Sweden, where he was sent by the Prussian Government to study Ling's medical gymnastics.

FLEXION AND EXTENSION.

Also called bending and stretching, are movements in which two or more parts of the limbs or body approach each other (flexion), or are removed from each other (extension) by a change in the angle formed at the joint by the moved parts. The farther the flexion is carried, the more acute the angle becomes, and thus the bent parts assume a more crooked or angular form; the contrary takes place in the extension. In the limbs there is a bending and a stretching side perfectly defined, which is not the case with the trunk and head. Here each bending forwards, backwards, or sideways, is designated as flexion, and still further specified by the addition of forwards, backwards, sideways, oblique, oblique-backwards, oblique-forwards, right side, left side, right oblique forwards, right oblique backwards, left oblique forwards, and left oblique backwards, to the word "flexion."

Generally, all the movements classed under flexion and extension, are half-active movements; while similar movements, but executed passively, have also different names. In the half-active flexions of the head and trunk, we suppose that the patient makes the movement, and the gymnast resists; but if these movements are done by the gymnast, while the patient resists, they come also under the heads of pulling, pushing, and pressure movements. In the half-active movements of the arms and legs, the movement is generally done by the patient, while the gymnast resists, but as this is not always the case, it is necessary to add in the prescription the letters (P. R. or G. R.).

(To be continued.)

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OBSERVATIONS ON THE CHOLERA EPIDEMIC, WITH ILLUSTRATIVE CASES AND REMARKS.

By John Anderson, M.R.C.S., L.A.C.

(Read before the British Homœopathic Society and the Hahnemann Medical Society, November, 1854.)

In the following communication it is proposed to offer some observations on the cholera epidemic with illustrative cases and remarks, the only value of which arises from the fact that they are neither copied from books nor borrowed from the experience of others; but, right or wrong, the result of personal experience and observation.

There were four aspects or types under which the cholera epidemic presented itself to my notice, each one manifesting special and characteristic symptoms.

I. The first type or aspect of the epidemic was chiefly marked by a rumbling or griping pain in the abdomen, accompanied by diarrhœa more or less watery and frequent, the evacuations varying in colour, occasional sickness or nausea; in some cases much constitutional disturbance and accompanying fever, in others the general health scarcely at all affected, the attack lasting from two to four or eight days, and being essentially different from an ordinary diarrhœa. In these cases (a few doses of Camphor having generally been taken by the patient himself) Veratrum did the most good, the mode of administration being 2, 3, or 4 drops of the 1st or 3rd dilution as a single dose, followed by drop doses at intervals of one, two, or four hours, according to the urgency of the symptoms. When sickness was very prevalent, Ipecacuanha 1 was very serviceable, and in some cases where there was much abdominal pain, but no diarrhœa, Nux did good, and in a few cases where there were some dysenteric symptoms, Mercurius Corrosivus was of use. One hundred cases of this type of the epidemic came under my care; they occurred in the young and the aged, the rich and the poor; some were slight, others very severe and protracted, but all happily recovered. The following are selected as illustrations:

Case 1. September 30, 1853. Mrs. P., æt. 44, Clapham, seized with vomiting, diarrhœa, and cramps, which had continued

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at intervals for four days. Arsenicum and Veratrum produced immediate relief. Well in three days.

Case 2. October 31, 1853. Lewis L., æt. 3 months, Clapham. Diarrhœa two days, evacuations watery and frequent, no sickness. Arsenicum checked the diarrhœa but the next day there was evidence of much pain. Veratrum gave relief, and in four days the child was well.

Case 3. September 5, 1854. Mr. B., æt. 50, Stockwell. Seized rather suddenly with griping pains and continued watery diarrhœa. A single full dose of Veratrum was given and smaller doses subsequently at frequent intervals. Well in three days.

Case 4. September 6, 1854. Mrs. A., æt. 37, Clapham. Obstinate and continued diarrhœa, evacuations watery or thin and feculent, occasional pain. Camphor, Arsenicum, and Veratrum did no good, Mercurius did some good, China cured at once.

Case 5. September 7, 1854. Miss L., æt. 50, Clapham. Continued watery diarrhœa with occasional sickness, and much abdominal pain, tongue furred, fever, loss of appetite, prostration: these symptoms continued, more or less, for some days. Arsenicum, Veratrum, Chamomilla, and Secale, were given according to the indications. Recovery complete, but gradual.

Case 6. September 9, 1854. Harriet F., æt. 20, Newington. Vomiting and diarrhœa; cramp in legs; some prostration. Camphor was given which stopped the sickness at the second dose, afterwards Arsenicum and Veratrum in alternation. Well in three days.

Case 7. September 18, 1854. Mr. H., æt. 30, Clapham. Seized rather suddenly with griping pain; no diarrhœa. Nux was given, afterwards Veratrum. Well in two days.

II. The second type or aspect of the epidemic was that where after a full meal, or some error in diet, vomiting more or less violent came on, the evacuations not watery but feculent, the vomiting more or less bilious and acrid; some accompanying fever, prostration of strength in a variable degree; cramps none or very slight; no collapse. Eight cases of this type came under my care, and the treatment consisted chiefly of Arsenicum and Veratrum, in alternation, preceded sometimes by Nux. In

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one case, that of an elderly lady, the attack was very severe and sudden, and the prostration considerable. In another case, that of a child, there was severe vomiting for a few days, but no diarrhœa, and afterwards a severe diarrhœa but no vomiting. All these cases did well.

III. The third type or aspect of the epidemic, was that in which superadded to vomiting and diarrhœa there was raging thirst, cramp, prostration or collapse, and sometimes suppression of urine, the seizure being for the most part sudden and the symptoms alarmingly severe. Twenty-six cases of this type came under my care, of which twenty-two recovered and four died, giving a mortality of rather less than 16 per cent. Of the four that died, two were in complete collapse when first visited, a third, a female of spare habit, 71 years of age and subject to diarrhœa, had allowed a severe purging of watery evacuations to continue twenty-four hours unnoticed; and the fourth, a strong, elderly man, continued five days with severe vomiting and purging before he sought medical advice, and fell into complete collapse very soon after my first visit to him.

The following cases in detail are selected as illustrations of this type of the epidemic in its different phases of development and manifestation.

Case 1. September 16, 1854. Miss C., æt. 13, 25, St. George's Road, New Kent Road, was seized on the evening of the 15th September (being previously in good health) with diarrhœa, and at 3 o'clock the next morning with violent vomiting, which continued at intervals until 8 o'clock, when severe cramps came on in the lower extremities which lasted incessantly for five hours. Up to this time she had been under Allopathic treatment, but refused to take much of the medicine that was ordered. At 9 o'clock collapse came on, and at 10 her mother arrived, who (being herself a zealous and intelligent Homœopathist) immediately gave her a few doses of Camphor, and afterwards Veratrum at frequent intervals. My attendance was requested at half-past 3 (twenty hours after the seizure) when I found her in a state of complete collapse, the extremities cold; no pulse at the wrist; skin livid colour; most intense thirst; extreme restlessness with incessant vomiting of a thin fluid, and occasional diarrhœa. The cries of the poor

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girl were most piteous, and the case was in many respects the most distressing I had yet witnessed; her entreaties for water to assuage the raging thirst, the subsequent retching and vomiting, with the continued jactitation, together with the anxiety of the relatives and the feeling that but little good could be done, made the case one of the most trying description. I gave at once a most decided prognosis of an unfavourable character, and scarcely thought she could live until the evening, judging from what I had seen in other cases. Camphor and Arsenicum, in alternation, with occasional intercurrent doses of Digitalis in the mother tincture, were ordered, and in the evening there was a slight improvement. The whole of the night was passed in a most restless state, but at half-past nine the following morning there was improvement and at noon I was delighted to find the pulse returning, the extremities warming, the sickness less, and occasional intervals of ease and quiet; but no urine had been passed since the afternoon of the previous day. Veratrum and Camphor were left to be given, either alone or in alternation with the other medicines, as the symptoms indicated, and to the judicious management and careful oversight of the patient's mother, who understood clearly the indications for the several medicines, and who carried out the instructions most rigorously, I am indebted to some extent for the successful issue of this interesting case. The next day improvement was more manifest, although the sickness continued at intervals, and no urine had yet passed. From this time she gradually progressed until the 22nd (the urinary secretion returning on the 21st), when there was a slight relapse, owing apparently to some error in diet. This passed away, however, and slight reaction came on, for which Aconite was given. At length a rash broke out over the body, and an erysipelatous inflammation attacked the face and chiefly the nose, for which Belladonna was given. On the 24th she was convalescent, and on the 26th quite well.

Remarks.—In this case the most marked symptoms were the vomiting, the collapse, the suppression of urine, but more especially the raging thirst. This was most intense, and I am assured most positively by the friends of the patient that she drank fifteen gallons of water in two days. The possibility of this will be seen

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when it is remembered that having drank to repletion she immediately vomited the whole and then drank again. The vomiting, which at first was of a white thin fluid, became afterwards of a beautiful, clear grass-green colour; this symptom was evidently aggravated by the constant drinking, but the poor girl preferred the vomiting, distressing as it was, to the more dreadful thirst which was quenched, though but for a moment, by the draughts of water. No medicine seemed to have any marked influence upon the vomiting at this stage, but subsequently, when the fluid ejected was of the bright grass-green colour just mentioned, the pure Tincture of Veratrum, in two drop doses, did essential service. The suppression of urine was of some duration, and taken in connection with the other symptoms, made the case still more alarming. No urine passed from the Saturday afternoon until the following Wednesday, afterwards at intervals. The collapse, also, was well marked; there being no pulse at the wrist, the extremities blue and cold; the face pinched and anxious; the eyes sunken; the tongue cold. The pure Tincture of Digitalis, in drop doses, appeared to be of service at this stage. All food was withheld for seven days. Altogether the case was one in which the symptoms were well defined, and the action of the medicines well marked; its successful result adds another trophy to the cause of Homœopathy. The second case to be narrated differs in many respects from the one just described, as the following details will shew:

Case 2. September 26, 1854. A. B., æt. 20, Park Hill, Clapham, a healthy-looking servant girl, was seized suddenly at half-past 9 in the evening of the above date, with crampy pain in the abdominal region, for which Camphor was immediately given. In half an hour I saw her, and found her in bed, suffering the most intense agony from cramps; she writhed about in the bed; sometimes holding her breath; at other times shrieking aloud; now buried in the bed-clothes; and again lifted up almost out of bed, and striking her head with violence against the wall. During the brief intervals of ease she would sit up and stare about her in the most wild and unconscious manner; the pulse was full, the skin hot, the tongue clean, no vomiting, no diarrhœa, no appearance of collapse. After a few doses of Camphor, Cuprum in the second trituration, and Veratrum in

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the first dilution, were given in alternation every ten or fifteen minutes; at the end of two hours there was marked improvement, and I left her at midnight sleeping. At 2 A.M. I was again called to see her, and found that the cramps had returned with increased violence, and that the fingers were becoming cold. The prognosis now was unfavourable. Cuprum second trituration and Veratrum mother tincture were given frequently in alternation, with occasional intercurrent doses of Camphor, and at 4 A.M. I left her sleeping again. At 9 A.M. there was decided improvement; the coldness had left the fingers, the cramps were less frequent and violent, the countenance less anxious and distorted, and a copious stream of urine had passed. Cuprum 5 and Veratrum 3 were ordered in continuance, but to return to the strong medicines if the cramps increased in violence. From this time there was gradual and steady improvement; occasionally the violent cramps returned, but they were speedily subdued by the medicines administered. In a few days she was convalescent, and on the ninth day she was quite well.

REMARKS.—In this case, the most marked, in fact the only symptom was the cramp, and this exceeded in violence anything I had ever witnessed before. The contortions of the poor girl could only be compared to the writhing of the weaker animal when struggling to escape from the deadly grasp of its more fierce and powerful opponent. The incipient collapse marks the true nature of the dissase; and had this increased, in all probabilily the result would have been fatal. The nurse in attendance had been with some other cases (allopathically treated) precisely similar, when collapse came on and death ensued. She anticipated the same result in this case, and never having herself witnessed homœopathic treatment, was quite surprised at the effects produced. Being an intelligent and conscientious person, and withal an impartial judge, I am inclined to record her opinion, which was, that the Camphor seemed to have more influence upon the violent cramps than either the Cuprum or Veratrum. An interesting feature in this case was the absence of diarrhœa, the bowels had been relieved the morning of the attack, but there was no action until four days after, when a natural motion was passed. No food was

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given for some days, and there was no re-action of any kind. The next case presents some other distinctive features of the type of the epidemic now under consideration.

Case 3. August 23, 1854. Jessy B., æt. 21, 1, West Terrace, Albert Street, Walworth, a stout healthy-looking servant girl, was seized in the morning of the above date with choleraic diarrhœa, which in the afternoon became incessant, and was accompanied by vomiting of a thin fluid, severe cramp chiefly in the calves of the legs, general coldness, extreme restlessness, and jactitation with occasional shrieking. A few doses of Camphor were administered, afterwards Arsenicum and Veratrum in alternation, subsequently Cuprum. In the evening collapse came on, and the above symptoms continued at intervals varying in intensity until the third day, when the fluid evacuated both from the stomach and bowels became of a most beautiful grass green colour; the vomiting now was very severe and frequent, and a few doses of Veratrum in the mother tincture did much good. Food was entirely withheld; and on the fifth day the severe choleraic symptoms subsided, and violent re-action came on. There was much furious delirium, with incessant violent screaming; much heat of skin, full pulse. Aconite and Belladonna were given in alternation, the hair was closely cut, and these alarming symptoms gradually subsided. Then a scabby eruption broke out all over the body, being especially abundant and ichorous at the mouth and anus, after which several boils appeared. These were critical, and she began to improve rapidly until the 7th September, fifteen days after the first seizure, when, owing to imprudence in eating and drinking, a relapse occurred, and vomiting and diarrhœa set in violently; these yielded to Arsenicum and Veratrum in alternation; she rapidly recovered, and on the 14th of September she was quite well.

Remarks.—In this case the most marked symptoms were the vomiting and purging, especially the former, the grass-green colour of which was most peculiar. Another distinctive feature of the case was its duration; the symptoms were constantly recurring, and it appeared as if a tremendous struggle was going on between the disease on the one hand, and the vital powers on the other. The re-action also was very marked and

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protracted, the delirium being very violent, and the power of consciousness quite suspended; the screams of the poor girl were incessant and so loud during one night as to alarm the whole neighbourhood. The effect of the medicines was very marked, especially the Veratrum in mother tincture, which appeared to have great influence in checking the distressing and peculiar vomiting.

The two next cases are interesting, as illustrative of the power of Camphorated chloroform in arousing the vital energies, removing pulmonary congestion, and restoring free respiration.

Case 4. October 9, 1853. Mrs. T., æt. 26, 16, Vauxhall Row, Vauxhall, fell down suddenly at 2½ P.M. on the bed stiff and faint, great pain, choking and oppression at the chest, with severe dyspnœa, burning in the throat, cramps all over: she had received a blow on the breast the night previously. Camphor was given six times by a neighbour, and on my arrival at half-past 6, I found her in a state of complete asphyxia, gasping for breath, and apparently dying, although the skin was warm and the pulse full. A few doses of Arsenicum were given without any apparent effect, then Camphorated chloroform was administered three times in doses of three drops each, which gave speedy relief, and at nine o'clock she was able to speak and breathe freely, her first words being "You have saved my life." The Camphorated chloroform was continued in drop doses at intervals, and at half-past 11, I found she had slept quietly for two hours, her breathing was easy, the skin hot, and pulse full. She slept occasionally through the night, but the next morning there was some gasp in the breathing, with burning in the throat and chest; the skin was hot and the pulse full, some urine had been passed, but no evacuation from the bowels. Arsenicum 3 was given at intervals, and in the evening she was very much better; on the 13th she was convalescent, and on the 17th quite well.

Remarks.—In this case the most marked symptom was the asphyxia, and the appearance of the patient was precisely that of a person who had inhaled carbonic acid gas, or one who was labouring under severe venous congestion; there was no appearance of collapse, not even of prostration; no want of consci-

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ousness, and yet she was evidently dying. The neighbourhood was in a state of the greatest commotion, the room was filled with a constantly changing succession of visitors, the priest came to administer extreme unction, and altogether the scene was one of the most intense excitement. Camphor and Arsenicum failing, and the woman gasping for breath and dying, I felt for a moment bewildered, and was led to the use of Chloroform solely from the marked resemblance of the poor creature to a woman I had previously seen under the influence of Chloroform for a surgical operation. The effect was speedy, decisive, and gratifying; my reward was not the customary fee of silver or gold, but the intense delight of having saved a valuable life, the unbounded thankfulness of a truly grateful heart for the assistance rendered, and the conversion of many of the by-standers to homœopathy.

Case 4a (Supplementary). October 3, 1853, noon. Mrs. G's child, æt. 20 months, 1, Little Acre Court, Clapham, seized thirty hours previously with diarrhœa, vomiting, pain, coldness; attentively treated by the parish surgeon with Chalk mixture and Laudanum; case pronounced hopeless. A kind and philanthropic young lady thinking that homœopathy might do some good, urgently requested my attendance, which was continued by the consent of the surgeon before-mentioned. I found the child completely collapsed, pupil firmly contracted, left arm purple and deadly cold, the rest of the body pallid and cold, no pulse at wrist, no perceptible beating of the heart, clammy perspiration on the face. Camphor was given, afterwards Camphorated chloroform, and animation gradually returned, the effect of the latter medicine being most marked. A mustard plaister over the region of the heart, with drop doses of Digitalis, hot bottles and warm baths completely restored the child to life, and a tranquil sleep occurred, giving some hope of future recovery. Re-action now set in so strong that the hair was cut close and cold applied to the head, appropriate medicine was given, and for some hours there was hope, but cerebral congestion increased, then coma, the bronchial rattle, and at last death closed this most exciting scene, at noon on the 4th instant, twenty-four hours from my first seeing the child.

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Remarks.—In this case, the most marked symptom was the collapse, which was so complete that the child was left for dead. The action of the Camphorated chloroform was most marked, and the transition from a state of almost actual death to that of a powerful reaction, is conclusive evidence of the amazing power of these remedies in arousing the vital energies. The case is also interesting as shewing what may be done by diligent perseverance even under the most unfavourable circumstances. As my attendance upon this case was purely experimental, almost like trying to recall the spirit of the little being whose death the official functionary and parochial surgeon came to register during the process of resuscitation, I have not thought it just to record it amongst my general return of cholera cases.

The remaining cases will be given in very brief detail, the chief symptoms, treatment, and result being described in succession—the numbers correspond to the Board of Health returns, and the particulars of each case with the treatment are the same as those furnished to the Board.

Case 1. September 9, 1852. Mrs. P., æt. 37, 3, Little Frederick Place, Southwark Bridge Road. Simple diarrhœa absent; severe vomiting and rice-water purging, coldness and lividity. Treatment: Camphor, afterwards Arsenicum and Veratrum in alternation. Recovery in four days.

Case 2. October 2, 1852. Anna W., æt. 60, 1, Ashley Terrace, Manor Street, Clapham, cook in a family. Simple diarrhœa absent; rice-water evacuations; vomiting; severe cramps; partial collapse. Treatment: Camphor, afterwards Arsenicum and Veratrum in alternation. The action of the medicines very marked. Recovery in two days.

Case 3. September 24, 1853. Mr. M., æt. 36, 57, Lant Street, Borough, commercial traveller. Simple diarrhœa one hour, afterwards rice-water evacuations and vomiting; violent cramps. Treatment: Camphor, afterwards Arsenicum and Veratrum in alternation. The Camphor gave speedy relief. Recovery in two days.

Case 4. October 2, 1853. William Early, æt. 28, 16, Vauxhall Square, labourer in the gas works. Choleraic diarrhœa two days; afterwards incessant vomiting, rice-water evacuations, and

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cramps. Treatment: Camphor, Arsenicum, Veratrum, Ipecacuanha. The action of Ipecacuanha very marked in checking the vomiting. Recovery in 6 days.

Case 5. Mrs. T., 16, Vauxhall Row. (Case already recorded in full with clinical remarks.)

Case 6. August 13, 1854. Walter E., æt. 3, Clapham Rise, son of a grocer. Simple diarrhœa absent, choleraic diarrhœa eight hours; cholera three hours; collapse nine hours; in collapse when visited. Treatment: Camphor, Chloroform, Arsenicum, Veratrum, Acid. hydrocyan., Carbo vegetabilis, Digitalis. No medicine had any sensible effect. Death in twenty hours from the first seizure.

Case 7. August 21, 1854. Miss Jessy Anderson, æt. 3, 4, Bedford Terrace, Clapham Rise, daughter of a surgeon. Simple diarrhœa three days; seized at 1 A.M. with sudden and violent rice-water evacuations, with vomiting; at 3 A.M. with cold sweat and collapse, great restlessness, but no cramps. Treatment: Camphor, Arsenicum, Veratrum. The medicines were given promptly, and their effect was speedy. Recovery in thirty-six hours.

Case 8. August 19, 1854. Miss M., æt. 3, School House, Red Cross Street, Southwark, daughter of a schoolmaster. Choleraic diarrhœa two days, afterwards rice-water evacuations, vomiting, collapse. Treatment: Camphor, Arsenicum, Veratrum, Ipecacunha. The action of the medicines marked. Recovery from cholera in three dyas.

Case 9. August 28, 1854. Mr. G., æt. 64, 7, King's Row, Horsleydown, Corn Meter. Choleraic diarrhœa five days, without medical advice; Cholera five hours; collapse ten hours. Treatment: Camphor, Arsenicum, Veratrum; fell into complete collapse two hours after my first visit at 10 A.M., and died at ten o'clock the same evening. No medicine produced any sensible effect.

Case 10. Jessy B. (Case already recorded in full, with clinical remarks.)

Case 11. August 30, 1854. Alfred Born, æt. 4, 6, Park Place, Park Road, Clapham, son of a gardener, Simple diarrhœa absent; seized at 1 A.M. with choleraic diarrhœa, at

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4 A.M. with rice-water purging, at 7 A.M. with collapse. Treatment: Camphor, afterwards Arsenicum and Veratrum in alternation. All the symptoms were well marked, and the action of the medicines very decided. Recovery in thirty-six hours.

CASE 12. September 1, 1854. Mr. B, æt. 64, 7, King's Row, Horsleydown. Simple diarrhœa absent; choleraic diarrhœa thirteen hours, afterwards severe rice-water purging and vomiting. Treatment: Camphor, subsequently Arsenicum and Veratrum in alternation. Action of the medicines very marked. Recovery in two days.

CASE 13. September 11, 1854. M. H., æt. 28, Clapham Common, housemaid. Simple diarrhœa absent; choleraic diarrhœa thirty-six hours; afterwards rice-water evacuations, vomiting, some cramp; the symptoms remitting and recurring frequently; general health not good prior to the attack. Treatment: Arsenicum, Veratrum, Ignatia, Chamomilla. Action of medicines not well marked. Recovery in seven days.

CASE 14. September 16, 1854. Mrs. C., æt. 72, Acre Lane, Clapham. Simple diarrhœa four days—choleraic diarrhœa absent; in collapse when first visited at 9 A.M.; death in sixteen hours afterwards. Treatment: Camphor, Arsenicum, Veratrum, Acid hydrocyan., Carb. veg., Digitalis. No medicine had any sensible effect.

CASE 15. September 12, 1854. Mr. G., æt. 70, 7, Maltby Street, Great George Street, Bermondsey, Corn Meter. Simple diarrhœa absent; choleraic diarrhœa seventeen hours; afterwards severe, frequent and protracted rice-water purging and vomiting, with very little pain. Treatment: Arsenicum, Veratrum, Secale. Action of Veratrum and Secale very marked, especially the latter. Recovery in seven days.

CASE 16. Miss C. (Case already recorded in full, with clinical remarks.)

CASE 17. September 16, 1854. Jane W., æt. 14, Servants' Training Institution, Clapham, servant. Simple diarrhœa absent—choleraic diarrhœa twenty-four hours; afterwards incessant rice-water evacuations. Treatment: Camphor, Arsenicum, Veratrum, Secale, Pulsatilla. Action of Veratrum and Secale well marked. Recovery in seven days.

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Case 18. September 17, 1854. Isabella E., æt. 17, Servants' Training Institution, Clapham. Simple diarrhœa absent—choleraic diarrhœa twenty hours; afterwards incessant rice-water evacuations, some prostration. Treatment: Arsenicum, Veratrum, Secale. Recovery in five days.

Case 19. September 18, 1854. Mrs. P., æt. 37, 3, West Terrace, Albert Street, Walworth, wife of a clerk. Simple diarrhœa absent—choleraic diarrhœa four days; afterwards continued rice-water purging and vomiting; cramps in legs and abdomen; general collapse; urine suppressed for three days. Treatment: Camphor, Veratrum, Secale, Chamomilla. Recovery in twelve days.

Note.—Two deaths from cholera occurred in the same house, and one next door; the tardy recovery was greatly due to constant mental excitement.

Case 20. September 28, 1854. Mrs. P., æt. 71, 27, Great George Street, Bermondsey. Severe choleraic diarrhœa for two days, without medical advice; afterwards rice-water evacuations and vomiting for 12 hours, then collapse lasting thirteen hours, and ending in death. Treatment: Camphor, Arsenicum, Veratrum, Acid. hydrocyan., Carb. veg., Digitalis.

In this case, the collapse came on both suddenly and unexpectedly; there was suppression of urine for twenty-four hours before death.

Case 21. September 23, 1854. Mr. M., æt. 56, Park Road, Clapham, china shopkeeper. Simple and choleraic diarrhœa absent; incessant rice-water purging, nausea, no cramp, some prostration. Treatment: Camphor, Arsenicum, Veratrum, Secale. Recovery in seven days.

Case 22. A. B. (Case already recorded in full, with clinical remarks.)

Case 23. September 29, 1854. Joseph Swaine, æt. 10, 36, Park Place, Park Road, Clapham, son of a gardener. Simple diarrhœa absent—choleraic diarrhœa six hours; afterwards rice-water evacuations and severe vomiting. Treatment: Camphor, Ipecacuanha. Action of Ipecac. very marked. Recovery in two days.

Case 24. October 5, 1854. A gentleman, æt. 45, Clapham

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Common. Choleraic diarrhœa twenty-four hours without medical advice; afterwards rice-water purging and vomiting, great thirst, much gastric fever and prostration of strength, tongue white and coated, pulse feeble. Treatment: Veratrum, Secale, Mercurius, Pulsatilla, China. Action of the medicines not well marked. Recovery in nine days.

Case 25. October 6, 1854. Josiah B., æt. 30, 1, Smith's Place, Lower Park Road, Peckham, painter. Choleraic diarrhœa five days; afterwards watery evacuations, peculiar vomiting, the matter ejected looking like yeast or mortar, with a thin fluid underneath; severe cramp. Treatment: Camphor, Mercurius, Cuprum, Veratrum. The Cuprum relieved the cramps speedily. Recovery from choleraic attack in ten days.

Case 26. October 28, 1854. Mr. B., æt. 49, 6, Dockhead, Bermondsey, master baker. Simple and choleraic diarrhœa absent; sudden, frequent, and violent rice-water purging; no vomiting. Treatment: Camphor, Veratrum. Action of Veratrum very marked. Recovery in two days.

IV. The fourth type or aspect of the epidemic was very peculiar, difficult of description, but worthy of more observation than appears to have been given to it. The following remarks may serve to illustrate it. During the prevalence of the cholera epidemic in its widest extent of duration, many cases occurred to me where the symptoms were so anomalous that no specific nomenclature could be adopted. In some, the ordinary symptoms of bilious or malignant cholera occasionally manifested themselves, but at distant intervals and separately, or more combined, of short duration, but frequent occurrence; the individuals appearing to be under a special influence, always threatening to have but never having a decided attack of one kind or another. In other cases there was much dread and mental anxiety without a yielding to fear, in fact, where the mind was strong, sensible, and vigorous, but several anomalous symptoms would shew themselves, not amounting to any actual disease, but keeping both the patient and practitioner in a constant state of suspense. Ignatia, and especially Chamomilla, were of great service in these cases, treating any marked symptoms by the appropriate remedies, namely, Veratrum for the rumbling pain, Ipecacuanha for the sickness, Pulsatilla for gastric dis-

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turbance, Nux for constipation. Sometimes the symptoms would assume the regular form of a gastric fever, which instead of running its course as on ordinary occasions, manifested a peculiar eccentricity of character, requiring the utmost care and watchfulness in reference to treatment. One instance occurred in the case of a lady, who was residing in a house where a death from cholera took place; she was subject to frequent attacks of gastric disturbance, but on this occasion she had a severe attack of gastric fever, which presented many anomalous symptoms, and which, though it ultimately did well, yet was very obstinate and unmanageable. In another case, that of a lady who had had cholera some years back, a violent attack of cramp came on, not at all associated with true cholera symptoms, but which yielded to Veratrum and Cuprum in alternation. And another lady, who lost two near relatives from cholera, being herself in very delicate health, was for some days on the very borders of a severe choleraic attack; in this case Chamomilla and Veratrum were of much use.

In a few cases, persons labouring under other diseases appeared to have their symptoms modified by the prevailing epidemic. In one instance, a lady who had been under my care for several weeks with menorrhagia, of rather an alarming character, accompanied by occasional diarrhœa and great debility, was seized with sudden and extreme prostration, not at all like the collapse of cholera; and but for brandy freely administered, would, in all probability, have died. In this case (cholera being in the immediate vicinity) there appeared to be a special epidemic influence affecting her; and for some time there was alternate menorrhagia and diarrhœa, which subsequently yielded to Secale and Mercurius. In another case, a lady, who had suffered from uterine hæmorrhage to an alarming extent, and whose husband afterwards died of cholera, had her symptoms very much modified by the prevailing epidemic; and although there was a most heroic determination not to yield to the mere impressions of fear, yet the combined mental and physical influences by which she was surrounded at times overcame her, and on more than one occasion her life was nearly sacrificed. China in the pure tincture and Ignatia in the first dilution were of

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essential service in this case. Altogether twelve cases occurred to me of this peculiar epidemic influence; and although much anxiety was felt for many of them, all happily recovered.

I have thus endeavoured most imperfectly, and without much attempt at careful preparation (for which incessant occupation must be my excuse), to present to the notice of my professional brethren, and others whom it may interest, such observations on the cholera epidemic as most forcibly presented themselves to my own mind, endeavouring, as far as possible, to discard theory, and aiming only to be practically useful.

In conclusion, the following subjects are suggested as worthy of attentive consideration.

I. *The precise symptoms of Malignant Cholera.*—Are there any by which the disease may be easily recognized, and in the presence or absence of which the case is or is not one of malignant cholera? The importance of this inquiry will be at once seen, when viewed in connexion with statistical results of opposite modes of treatment; and although at first sight the inquiry appears to be easy of solution, it is in reality beset by many practical difficulties.

II. *The treatment of the collapse stage of Malignant Cholera.*—Chloroform, Acid. hydrocyan, Carb. veg., Arsenuiretted hydrogen, Digitalis, Tobacco are these of any use, or are there any other medicines or means yet untried likely to be useful? The man who could successfully contend with this most dreadful collapse stage of cholera would indeed be a blessing to humanity and a benefactor to his race.

III. *The appointment of a Cholera Committee.*—The precise object of which should be to examine the reports of cholera cases that have been treated homœopathically, to judge of the correctness of their diagnosis, to draw up a statistical table, and to present this to the profession as an authorized document, which, whilst it would serve as a standard of appeal for comparison in treatment, would also contribute towards the compilation of a general table of statistical results, both as regards cholera individually and disease generally.

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TABULAR SUMMARY OF CASES TREATED.

Disease.	No. of Cases.	Deaths.	Recoveries.
Type 1.—Cholerine.....	100	None.	100
Type 2.—Bilious cholera	8	None.	8
Type 3.—Malignant cholera .	26	4	22
Type 4.—Epidemic influence.	12	None.	12
Total	146	4	142

Collapse, 14; no collapse, 12; consecutive fever, 2.

TABULAR SUMMARY OF MEDICINES USED IN THE TWENTY-SIX CHOLERA CASES, WITH DILUTIONS, FREQUENCY, AND RESULTS.

The medicines used consisted invariably of tinctures in the 1st, 2nd, or 3rd decimal dilutions; occasionally the pure or mother tincture was given (marked ϕ). The dose varied from one to two or three drops every five, ten, fifteen, or thirty minutes, or every one, two, or four hours. Occasionally a single dose of three or four drops was given, followed by drop doses at intervals. The Tincture of Camphor consisted of one part Camphor to five of Spirits of Wine, the dose being two to four drops.

Medicine.	Dilution.	No. of cases in which used.	Action.
Veratrum.....	ϕ, 1, 2, 3	24	Very marked in the majority of the cases.
Camphor	ϕ	22	Ditto ditto
Arsenicum	1, 2, 3	21	Ditto ditto
Secale	1	6	Marked, especially in two cases
Cuprum	1, 2, 5	4	Very marked, especially in 2 cases
Digitalis	ϕ	4	Apparently beneficial in one case
Ipecacuanha ..	1	3	Marked, especially in two cases
Acid hydrocy..	2	3	No sensible effect
Carbo vegetab..	2	3	No sensible effect
C. Chloroform..	ϕ	2	Well marked in one case

In addition to the above, Mercurius, Pulsatilla, Chamomilla, China, Ignatia, Aconite, and Belladonna were used in a few cases as the symptoms indicated.

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HOMŒOPATHY AND THE CONCOURS IN FRANCE.

In England the medical officers of hospitals are usually selected by the so-called governors, a miscellaneous and heterogeneous body, consisting generally of the subscribers to the charity. In order that a homœopathist should receive one of the appointments in the existing hospitals, it would be necessary that the majority of the subscribers or governors should be favourable to the homœopathic system. The subscribers to most of the hospitals are such a very miscellaneous collection of individuals, that they may stand for an unpicked sample of the community at large; and a homœopathically-disposed majority of subscribers would presuppose a homœopathic majority of the general community. Before a homœopathist, therefore, could be elected to office in the existing hospitals homœopathy must have infected the majority of the public. When once this is the case the election of homœopathists to our large endowed hospitals will be sure; but until such is the case no homœopathist has a chance of election to our large hospitals. We are thus in England reduced to the necessity of creating hospitals with exclusive homœopathically-inclined subscribers, in order to create medical offices for ourselves. But as the number of homœopathists among the community, as compared with the number of non-homœopathists, is still small, and the charitably disposed of these still smaller, our hospitals have hitherto been on a correspondingly minute scale. Nor do we see much hope of exciting the enthusiasm of our friends and patients to such a degree as to induce them to sink their cash in the endowment of any hospitals at all comparable to St. Thomas's, Guy's, or Bartholomew's. In fact, we may remark *en passant*, we believe the charitable spirit that led former generations to establish richly-endowed hospitals for the sick has become nearly extinct in these latter days. The proof of this is, that though the population of London has quadrupled itself and more within the last century, only two or three hospitals have been added to the existing establishments for the sick during that period; and the

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modern hospitals, as is too well known, are languishing for want of funds, whereas the older hospitals, which date, some of them, from the twelfth and thirteenth centuries, are wallowing in wealth. These richly-endowed hospitals we must hope one day to see under the direction of homœopathic governors, and served by homœopathic practitioners; for it would seem to be a more feasible task to homœopathize the governors than to loosen the purse-strings of wealthy homœopathic patients. It would be out of place here to inquire into the causes of the decline of the charitable spirit in England in the matter of hospitals for the sick. Our charity has of late taken other directions, and finds a vent in the establishment of educational institutions, alms-houses, and asylums for the maintenance of the destitute of all classes—some of which are good and useful, whilst others serve only to perpetuate among us the race of paupers and idle dependents on eleemosynary assistance. We might write a chapter upon the abuses naturally flowing from the method common to most of these charitable institutions, whereby the recipients of the charity of the founders or subscribers are chosen, but our business is with hospitals and their management on the other side of the channel.

"They order these things better in France," to our thinking. Hospitals for the sick there are state institutions, not left to gather a precarious support from the uncertain charity of the public.

That there shall be sickness among the poor is, in France, an acknowledged state fact, and the duty of providing for such sickness is recognized by the state;—hence hospitals are state establishments, not private institutions. Hence, also, the mode of providing medical officers for these hospitals differs from that which obtains in this country. In France a commission of the medical faculty is appointed to ascertain by examination the qualifications of the different candidates who may offer themselves for the vacant appointments; and they select from among these candidates those whom they consider best fitted for the offices to be filled up. The direction of hospitals appoints those thus recommended by the medical faculty. Thereafter, it would seem, the medical faculty has no further concern with the

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medical officers appointed, who retain their places during good behaviour, and are promoted, in their turn, to higher situations. Thus Dr. Tessier, some years since, while still allopathic, obtained by the so-called *concours* the appointment to the Hôpital Ste. Marguerite. When he became convinced of the truth of homœopathy, and changed his treatment accordingly, the members of the medical faculty were highly scandalized at the heresy, but could do nothing to get Dr. Tessier removed from the situation he had obtained by virtue of their recommendation. Dr. Tessier's promotion has gone on as well as if he had been an allopath of the purest water; and our readers have seen in our pages that he has lately been appointed to the Hôpital Beaujon. The Hôpital Ste. Marguerite was apparently but a sort of chapel of ease, or auxiliary branch of the Hotel Dieu, but the Beaujon is one of the primary hospitals of Paris; therefore an appointment to it from such a hospital as Ste. Marguerite is considered honourable promotion.

Infinitely preferable as is the French method of appointment by the trying test of the *concours* to that prevailing in England, by the degrading solicitation by the candidate of votes from pursy subscribers, it must be confessed that the chances of the admission of an avowed heretic are nearly as small through the straining sieve of the medical faculty as they are here in the face of an orthodox majority of subscribers. For though the examiners are bound in honour and in conscience to recommend for office the candidates who shall exhibit the greatest proficiency in medical science, we can easily believe that they could not reconcile it with their honour to promote an avowed partisan of the hostile school; and that their conscience would not upbraid them for rejecting one whose therapeutic creed they held to be false and erroneous. We were, therefore, not much surprised to learn that several gentlemen of avowed homœopathic faith, who had presented themselves at the Paris *concours*, had been rejected by the examiners of the medical faculty. We can well believe that those gentlemen may have been among the best qualified of the candidates for the situations they aspired to fill, and can sympathise with them in their indignation at losing the desired appointments; but the antecedents of orthodox

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medical faculties in general, and of the Parisian faculty in particular, led us to expect no other result. We can well believe that had the candidates, in place of being believers in Hahnemann, avowed any other therapeutic creed, or no therapeutic creed whatsoever, there would have been no difficulty about their election. They might, with the sanguinary Bouilland, have held that there was no cure for a pneumonic patient except in bleeding "*coup sur coup*," or they might have confessed with the expectant Dietl that all medication whatsoever was useless and injurious in curing pneumonia; *n'importe*,—such therapeutic extremes would not have disqualified them in the eyes of any one of their examiners for an hospital appointment. They might have held either of these views, or adopted any intermediate therapeutic belief, they had still belonged to the one true church, beyond whose pale there is no salvation. But homœopathy—that is quite another affair; homœopathy is heresy; heresy aims at nothing less than the destruction and annihilation of orthodoxy. It is, therefore, an affair of self-preservation for orthodoxy to keep down this avowed and redoubtable enemy. The *odium medicum* burns as fiercely as the *odium theologicum*, and persecutes rampant heterodoxy in physic, if not with the rack and stake, at all events with the ecclesiastical weapons of commination and excommunication. It is cheering to note, as we do in friend Tessier's case, that a medical officer in France changing to homœopathy does not lose his office; but there is still in France, as with us, no hope for open and avowed homœopathy obtaining admission into the hospitals. Before that can happen the majority of the medical faculty must be themselves homœopathic, or must have subsided into a state of indifferentism regarding therapeutic creeds—a kind of latitudinarianism not to be looked for in our day; for the nearer homœopathy advances towards its inevitable triumph, the more fiercely will it be combated by its enemies—just as the hard-pressed soldier when he despairs of coming off with his life fights all the more fiercely—*desperately* as we say.

The account given by an indignant rejected candidate at the Parisian *concours*—rejected because of his homœopathy—of the proceedings of himself and companions in misfortune, in refer-

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ence to their rejection, which may be read by all men in our Gallican contemporary, is interesting to us, chiefly on account of the defence of the conduct of the medical faculty set up by the various allopathic journals of Paris.

Four of the homœopathic candidates, whose conversion to homœopathy had apparently been effected or confirmed by the instructions of Dr. Tessier, having found that whenever they presented themselves before the *concours* a dead set was made against them by the examiners, at length retired from the hopeless contest, and addressed the following protest to the directeur-général de l'assistance publique—the grand functionary who presides over the administration of hospitals and infirmaries for the sick.

"MONSIEUR,

"For nearly six years a veritable coalition against us by the medical men of the Parisian hospitals has constantly pursued us in all the *concours* before which we had the honour of presenting ourselves. You, sir, know the pretext for this coalition; you know that it was formed on account of homœopathy, when, thanks to the generous hospitality of the administration, and the initiative of our master (Dr. Tessier), this therapeutic system received an important testimony to its truth in the wards of Ste. Marguerite.

"The storm that was then raised was not long in bursting on our heads, and a violent proscription rejected us systematically from all the *concours*, where we no longer meet with impartial judges, but with declared adversaries.

"As early as 1850 two of us, more particularly menaced in a sentence of condemnation pronounced by one of the judges in the name of his colleagues, before the examinations had even commenced, had resolved to withdraw from the *concours* about to be opened; but yielding to your request, M. le directeur, and grateful for your esteem, they at length consented to present themselves before a tribunal bent on making them the victims of their own prejudices.

"It was, however, but reasonable to expect that time would have calmed the violence of those passions; that truth would

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eventually be able to penetrate through the prejudices of the moment; and that in the meantime the moderation of our conduct, and the good faith of our testimony to the success of homœopathy, would succeed, sooner or later, in creating in our favour those sentiments of toleration which every conscientious conviction has a right to expect. It is in this hope that we have continued, year after year, to submit uncomplainingly to the examinations of the successive *concours*, and to the judgments pronounced by them.

"But this hope has hitherto proved futile. In vain has testimony upon testimony been given, justifying our convictions; in vain have facts been adduced, documents published; in fact, all the elements of a rigorous verification been submitted to a searching criticism; in vain has the administration of public assistance itself, in a spirit of wise independence that cannot be too highly commended, published the statistics of the homœopathic treatment in the hospitals during a period of three years. The light of truth, far from diminishing the blindness of our adversaries, or the intolerance of our judges, has only served to intensify the opposition directed against us.

"At present this systematic hostility is a circumstance well known to all the world. No secret is made of it; it is boasted of; and on more than one occasion we have ourselves heard an avowal of this unjustifiable spirit.

"Indeed, what justification could be offered for the avowal of a proscription based upon suspicion of holding certain doctrines, or accusation of certain tendencies—a proscription that revives for us the sentence of outlawry passed upon suspected persons! And how ought we to characterize such severity towards us who have always openly professed the sincerest and deepest respect for the study of traditional truths; whilst at the same time we endeavour, in the interest of our patients, to avail ourselves of the progress of recent truths.

"It is sad to see at the present day in France, in the middle of the nineteenth century, medicine, alone among the liberal sciences, offering to the world the sad spectacle of intolerance towards ideas, and persecution of individuals; but especially is it sad to see this persecution exercised by men otherwise

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eminent, who avow their ignorance of a question of such serious interest to humanity, and on which they decide without information, but from whose decisions there is no appeal. That, however, is an affair between them and their consciences, for which they alone are responsible.

"As for us, we have the consciousness of having faithfully fulfilled our duty towards science in sacrificing our future to truth. Now we have no further care but to defend our honour.

"In the face of this increasing opposition, we find it impossible to resign ourselves henceforth to an exclusion which cannot fail to become an outrage to our personal dignity; therefore we this day retire from the unequal strife, but whilst doing so we declare unanimously—

"Seeing that the coalition of which we complain is a fact of public notoriety;

"That it constitutes a real departure from the fundamental principles and laws of the *concours;*

"That it is a violation of the freedom of science, and that it is an unjust infringement of our legitimate consideration;

"We protest against the denial of justice to us, and claim the restitution of our rights.

"We beg you to accept, M. le directeur, the expression of the respectful and grateful sentiments with which we have the honour to subscribe ourselves your devoted servants,

"F. Gabalda, Jules Davasse, Champeaux,
Alph. Milcent,

"Doctors of Medicine, late *internes* of the Parisian Hospitals.

"Paris, 26th January, 1854."

These four are but a portion of those who have suffered by the machinations of the "coalition;" for we learn that several other promising "late internes,"—young men of parts and diligent habits, in every way fitted to fill with credit the post of hospital physicians or surgeons, discouraged by the systematic hostility displayed by the examiners, refused to present themselves in the *concours*, being thoroughly convinced that with such judges the verdict of condemnation was already settled

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before the trial commenced. Two others, hoping against hope, continued to present themselves regularly at the *concours*, after the above four had retired, but their fate, as might have been foreseen, was only to be rejected on every occasion. One unjust judge, we read, could be wearied into acquiescence; for one man, how unjust soever, has still some conscience, some sense of shame, and some dread of the consequences to himself of flagrant continued injustice; and the importunate client can attack him on any or all of these weak parts; but a body of unjust judges it were vain to attempt to move into acquiescence by any amount of importunity, for collectively they offer none of those weak points which individually they may display. Accordingly our two hopeful "*anciens internes*" were at last obliged to abandon hope, after a manful struggle with their unpitying and inexorable judges.

Not without curiosity we turn to see what the French allopathic journals have to say to the protest of the indignant four. We know, or at least can guess, how such a protest would be treated by the allopathic journals of this country. In one of two ways, either by contemptuous silence or by outrageous abuse. The *Lancet*, which our other journals affect to despise, gives the tone to them all in the matter of homœopathy. If the *Lancet* chooses to revile homœopathy, forthwith all the other journals commence shrieking in the same key. If the *Lancet* affects to ignore the existence of homœopathy (as at present), all the other journals are profoundly silent respecting the banned subject. "Oh, no, we never mention it," they sing, in sweet chorus; and they lay the flattering unction to their soul that elsewhere "its name is never heard." But mayhap the French medical journals are not *Lancet*-led. We shall see.

The *Moniteur des Hôpitaux* published the protest entire in its number for April 11, 1854, and added the following remarks:—"The signers of the above letter and protest being all late *internes* of hospitals, former colleagues of our own, whose honourable character is well known to us, we have found a sufficient guarantee in their names; so that we have thought it impossible not to comply with their request that we should bring the circumstances of the strife in which they were

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engaged before the supreme judge, the medical profession at large."

This is certainly not *Lancetish*, rather the contrary; it is what we might expect from a chivalrous enemy. The *Moniteur* gives the facts of the case as they are represented by the aggrieved parties, bears testimony to the high character of the latter, and so leaves the matter for the decision of "the supreme judge, the medical profession at large."

Another journal, the *Gazette Hebdomadaire*, of April 28th, speaks of the protest, but does not publish it. It tacitly admits the truth of the allegations contained in the protest, but takes up the cudgels in defence of the conduct of the judges. "Of what," it says, "does this small group of malcontents complain? They denounce a systematic hostility on the part of the jury, an organized proscription. But in truth what is the meaning of it all? That all the successive juries have refused to admit the practitioners of homœopathy to hospital appointments. Where is the harm? The *concours* is open to all who possess the conditions required for inscription, to homœopaths as well as to allopaths. But they all, likewise, on the day of examination, fall into the hands of judges perfectly free to form their own conclusions, and to record their votes; free even to form a coalition, if a coalition is required to stop the entrance of doctrines which they may hold to be illusory or dangerous. . . . . To speak seriously, does any one imagine that a talent for speaking and skill in diagnosis are the sole things a judge has to look to in deciding on the fitness of the candidate? Were that the case, then, no doubt, more than one of those who signed the protest would have had a right to an appointment in the hospitals; but the essential merit of one who is to be placed at the head of an institution for the sick does not consist in being able to argue well, or to percuss expertly. He must hold and practise sound therapeutic doctrines. Now, the homœopathic candidates, if they are sincere, must, when undergoing their examinations, give an account of their method of treatment. Well, rightly or wrongly, the jury consider this method to be detestable."

This, at all events, is a candid avowal of open and uncompro-

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mising hostility to the therapeutic principles professed by the disappointed candidates, while, at the same time, their talent and ability in other points is admitted; and it almost seems to us that a hint is given that if the candidates would not be so open in acknowledging their heretical creed, they might yet escape in future *concours* stern ejection into the limbo of obscurity.

"Oh, wad ye tak' a thocht an' men'
Ye aiblins might, I dinna ken,
Still hae a stake."

Had our rejected candidates professed any other therapeutic creed, how widely soever it might have differed from that of their judges, they would have found that skill in diagnosis, and ability in argument, would have been all that was looked to in judging of their fitness for hospital appointments. But homœopathy—that our jury, with one voice, agree to pronounce detestable. "Elle est insupportable," said Talleyrand of some lady he disliked, "mais elle n'a que ce defaut-là." And in like manner the sole fault our impartial *Gazette* can find in homœopathy is that it is detestable.

A third journal, *La France Medicale* (April 15th), notices the controversy in a different style.

"We cannot conclude this article, already too long," it says, "without saying a word respecting a serious accusation brought by some homœopathic colleagues against the judges of the *concours* of the central bureau of the Paris hospitals. This question affects too nearly that professional liberty whose champion we have constituted ourselves, to permit us to pass it over in silence. We shall consider it with that independence which gives equal rights to all honest sects in medicine.

"Homœopathy, which we do not ourselves believe in, has amongst its partizans zealous and honourable men; if it be erroneous, let us point out the false path it has pursued, and if it be true, let it bring proof sufficiently strong to convince us. This is liberty as we understand it, and as we defend it. There is room for all; no one is denied the privilege of speaking, nor is any one prohibited from using his pen. Maintain your principles, exhibit their greatness and their justice, attack ours;

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demonstrate to us their vicious and faulty character; but for heaven's sake do not presume to pry into the consciences of your fellow men; conscience is a sanctuary, where God alone has the right to penetrate. You accuse of injustice the judges of the *concours* of the central bureau; you allege that they systematically keep you out of the hospitals, and select, in preference to you, candidates less worthy of the appointment than yourselves. It is a matter of public notoriety, you say. Your bare assertion is the only proof you can offer—you cannot produce others; for what reply would you make to one of these judges, were he to say to you, 'Perhaps I may not be capable of judging correctly,' [resign your office, then, shout the indignant four,] 'but, at all events, I am conscientious.' [One-sidedly so, as it would seem—O most upright judge.] 'You appear to me—I may be wrong or I might be right—to be inferior to the candidate I have nominated.' [O honourable judge, did you not condemn us before even you commenced to examine us?] 'I may have erred from ignorance,' [nay, most wise judge, you surely would not make such a disqualifying admission,] 'but I have not neglected my duty.' What would you reply, and what proof would you oppose to this cry of conscience? [Alack, no such cry has reached our ears, but contrariwise, a cry of quite another sort—a cry, namely, that sounds to us most like a threat of rejection under all circumstances; no cry of conscience that—a most unconscientious cry truly!]

"Be homœopaths, be hydropaths, what you choose; discuss, experiment, labour, we shall defend your rights as if they were our own; we may attack your doctrines from the stand-point of science, but we never shall accuse you of lack of sincerity; we may accuse you of error, but never of falsehood; for we recognise but two barriers to liberty, and these we shall always respect,—they are God and conscience."

This is what we should call (saving certain theatrical declamatory expressions) a quiet, gentlemanly view of the controversy; unfavourable to us certainly, as is natural in an adversary, but not hopelessly, rabidly inimical. "We may accuse you of error, but never of falsehood," says *Medical France.*

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What a contrast does medical England, as represented by the best allopathic journal published in these kingdoms, present to this calm, dignified tone. In the very last number of the *British and Foreign Medico-Chirurgical Review* (for October, 1854), Dr. T. K. Chambers tells all whom it may concern that the secret of homœopathy is simply "lying." Truly an easy way of settling the dispute. Homœopathy lays its facts and its arguments, its statistical proofs, its logical deductions, its traditional corroborations, before the face of all men. Dr. T. K. Chambers steps forward, the self-constituted champion of allopathy, and thinks to settle the whole question by the cabalistic words, "You're a liar." Alas! for poor old allopathy in these realms; what miserable shifts she is put to to defend her own, when the great argument she brings forward in the year of grace 1854 for the annihilation of homœopathy is after all only the *ultima ratio*, or final argument of the *gamins* in our streets —"you're a liar!" Alas! how strangely transformed is the *British and Foreign Medical Review*, so long conducted with courtesy and scientific dignity by our gentlemanly opponent, Sir John Forbes, under its new title and anonymous editorship, when the sole method that occurs to it of replying to a troublesome rival is to assert roundly, without mincing matters, that its rival *lies*. But sooth to say, the argument of Dr. T. K. Chambers is the sole one that we have met with in England against homœopathy of late years. "You lie," written in every possible manner, now openly expressed, now covertly insinuated, is the abracadabra with which our allopathic compatriots have endeavoured to ward off the catching influence of the new faith. It is the argument used against us by every allopathic journal, from the *British and Foreign Medico-Chirurgical Review* down to the foul-mouthed *Lancet;* by every allopathic writer, from Dr. Alexander Wood up to Dr. J. Y. Simpson. The freshness of this magic answer to all homœopathic reasoning seems never to depart, and each new opponent uses it as though it were his own discovery, and as though he had no doubt whatever of its settling the dispute now and for ever. To the credit of our Gallic neighbours be it said that they have discovered that hard names do not always answer the same end as good

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arguments, and that the happy idea of calling your opponent a liar is not to the impartial on-looker a convincing proof that you are in the right. On the contrary, they have made the very notable discovery that even in the arena of scientific discoveries the amenities of gentlemanly life may be with advantage preserved, and they at once declare their resolution not to resort to the foul weapons of discourteous accusation.—"*Nous pourrons vous accuser d'erreur, mais jamais de mensonge.*"

REVIEWS.

Die Homöopathie, eine Einleitung zum richtigen Verständniss und zum Selbststudium derselben. Von Dr. Bernhard Hirschel, &c. Dessau, 1851.

Organon of Specific Homœpathy; or, an Inductive Exposition of the Principles of the Homœopathic Healing Art; addressed to Physicians and intelligent Laymen. By Charles J. Hempel, M.D. Philadelphia, 1854.

Tracts on Homœopathy. By William Sharp, M.D., F.R.S. London: Aylott & Co.

North American Homœopathic Journal. No. XII. Conducted by Drs. Hering, Marcy, and Metcalf. Radde: New York.

Quarterly Homœopathic Magazine. Edited by Drs. Pulte, Gatchel, and Williams. Cleveland.

If a sceptical and philosophical Roman of the third century, after reading in his favorite author Tacitus of Christianity: "this pernicious superstition was in part suppressed, but broke out again not only over Judea, whence this mischief first sprang, but in the city of Rome also, whither do run from every quarter and make a noise all the flagrant and shameful enormities," took into his head to dip into the writers in favour of the despised sect, and procured the only works then existing, those of Justin the martyr and Origen, he could hardly fail to be astonished at finding that they were in great part controversial, and that the controversies maintained with

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extreme bitterness were not against Pagans, but against heretical Christians, and he would on further enquiry be informed that the latter writer and the most celebrated had been denounced and excommunicated by one Bishop for expounding the Christian creed at the request of another Bishop; we should hardly be surprised if he flung away the books with impatience, and said to himself, "Well, this is really marvellous. Here is an insignificant sect depicted by our ablest writers as utterly unworthy of respect, and instead of propounding their doctrines in a calm philosophical spirit, so as to win favour with thoughtful men, they occupy themselves in violent personal altercations perfectly unintelligible to every one who is not in the secret of their petty quarrels. It is plain that this bubble will soon burst; for even supposing there is some truth on their side, the world will be disgusted with their violence and mutual abuse; and so, till they are agreed among themselves what Christianity is, I certainly shall not trouble my head about the matter." But that matter, had he lived on, would have involved him and all his interests in its course, and he would have been forced to confess, that although successive ages so far from obliterating controversies among Christians, vastly increased both their number and intensity, so that the believers in the same original creed strove which should shew the greatest zeal by the vigour with which they killed one another; yet so far from there being any appearance of the decay of the system he would see that its introduction had become the land-mark of the world's history, from which all events took their date; and although we are as far from unanimity as ever after some eighteen hundred years, yet that the return of Paganism is a sheer impossibility.

Such was the train of reflection suggested by the perusal of the works and articles to which we propose to direct the attention of our readers. And we now intend to consider in what we all profess to agree, and in what we seem to differ; nor do we doubt, that if we only conduct the enquiry with patience and candour, we shall discover that the seeming disagreements are far less serious than any one dipping into our literature for the first time would be led to imagine.

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In the first place, we are all pretty well agreed in what we will not do; we will not employ hot irons or moxas or caustics, we will not bleed and blister; in fact, we will have nothing to do with the whole stock-in-trade of a general practitioner. As a rule, we know not diuretics, nor purgatives, nor diaphoretics, nor emmenagogues; neither black draughts nor pill-boxes are to be found in our patients' rooms; we have one and all renounced the use of the old physic, with its nauseous mixtures and sanguinary apparatus of torture. Now this in itself is an enormous step to have made together. Nor will we admit there is any difference of opinion upon this head. As a rule we give neither purgatives nor emetics. We profess all of us to have other means in which we trust for overcoming disease. Nor shall we allow the question of auxiliaries to confuse us here; their employment may be right or wrong, necessary or unnecessary, but they do not constitute our system. We all of us agree in not using them as the old school do, but only occasionally and accidentally; and none but a pedant will ever confound the occasional use of an extraordinary method in sudden or peculiar emergencies with the habitual trust to such a method as the only one. No, we are not pagans, although some of us may be convicted of exclaiming "*by Jove!*" when taken by surprise.

In the second place, we all agree in the truth of the maxim, "Similia similibus curantur." It is true one of the books before us startles our ears by its title of "Organon," and at first we feared that our laborious energetic colleague, whom we hold in great esteem for the really most important service he has rendered to our cause, was going to abandon us; but a perusal of his work allayed our fears, and we found that although called an Organon, it was not like Bacon's, a "Novum Organum," but that its novelty was only apparent not real. Indeed, its greatest novelty is its style and language. "It is a law of human development, that appearances of truth should at first be mistaken for the actual facts. Sensual perceptions constitute the first truths to the dawning intellect. In reality, all such perceptions may be as false as they seem true to the senses. They might be termed true illusions. Even the positive sciences were originally based upon sensual illusions. * * * * * * *

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In geography, the earth was supposed to be what it actually seems, and what some Indian tribes believe it to be even now, an expanse of land floating upon the waters, or fastened to the heavens by invisible chains, and touched by the clouds at the outer borders, beyond which a frightened fancy conjured up an abyss of chaotic darkness, inhabited by devouring monsters, or illumined here and there by the lurid flames of the infernal abode." Dr. Hempel in this passage reveals the tendency of his mind to range under one heading wholly distinct ideas to produce on the reader the sensual illusion he deplores in nature. It is manifest that under the head of sensual illusions he comprehends the imperfect observation of objects, and also the phantastic inferences from such imperfect knowledge. That the earth is a plane is not an illusion of the senses, it is simply an imperfect observation. It would not be fair to take the observation of a person living in a pit as the example of a sensual illusion, if he came to the conclusion that the world was a cylinder made of coal. The rotundity of the earth is a visible reality, if we look on the boundless plain of the ocean. So obvious as to be used by way of illustration—

> "Fresh as the first beam glittering on a sail,
> That brings our friends up from the under world;
> Sad as the last that reddens over one
> That sinks with all we love below the verge."

If the flatness of the earth be not, properly speaking, a sensual illusion, still less can the notion of its being fastened to the heavens by invisible chains be called an illusion of the senses. If the chains are invisible, how can they delude the senses? We find this style of inaccurate writing pervade the whole book, and when he attempts to rectify these sensual illusions by calling reason to his aid, he uses the word in a sense wholly different from any in which it has hitherto been employed. And we confess that we are surprised at this from so good a German scholar, for he must be well acquainted with the technical limitation of the word *Vernunft* to the faculty by which we take cognizance of the infinite and absolute, and he could hardly bring such a faculty as this to bear upon the determination of the accuracy or inaccuracy of observed phenomena on which

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the natural sciences are based. Although such a confusion seems hardly possible, yet we confess that no other explanation of his strange invocation of reason whenever he gets into trouble about symptoms, offers itself to our mind. Now considering the novelties in language, and we may add in type, we did apprehend, after we had fretted over his sounding periods, some dismal disclosure at the end of his work exhibiting him in the light of a "lone star" bent upon a new and perilous excursion into regions of unexplored therapeutics. How great was our astonishment when we came to the following conclusion of the whole matter! "And having offered these recapitulations of the general principles which I have endeavoured to develope, I will simply ask my readers once more to dwell with particular attention on the important truth that the specifically ascertained character of a drug depends upon the identity of the starting point of its action upon the organism with the point of invasion of the morbific principle. If these points be identical, the whole action of the drug will correspond with the nature of the disease, not otherwise, be the perceptive symptoms ever so similar. If the true formula of the specific law of cure be then Similia similibus curantur, this formula should not be understood as referring to an outward similarity of the drug-symptoms to the symptoms of the natural disease. This similarity should be understood in a compound sense as applying to the drug-disease reflected by its pathogenetic symptoms, and to the morbid condition of the organism or the pathological state as manifested to the senses by its characteristic phenomena. The formula should therefore imply a perfect correspondence between the drug-disease and the natural pathological disturbance as morbid states, not a mere series of symptoms; and in order to leave no doubt that this compound similarity or perfect correspondence is the import of the formula, a more adequate expression would be 'CORRESPONDENTIA CORRESPONDENTIBUS CURANTUR.' And so the murder is out! and in future, instead of trying to find medicines *similar* in the character of their effects to the symptoms of the disease for which we give them, we should try and find medicines which *correspond* in the character of their effects, &c. &c."

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Before we have time to congratulate ourselves upon being really at one on this matter, we are clamourously reminded that there is a great controversy going on about the meaning of the maxim "Similia similibus," or "Correspondentia correspondentibus," curantur, that one party have chosen as their battle cry, "Hahnemann and Symptoms, and down with pathology;" and the other, "Pathology and Progress, and down with Hahnemann." Are these then irreconcilable terms? Pathology is the science which teaches the order of succession of morbid actions or processes; the connection of these one with another; and the methods by which they may be best recognised and discriminated. It would be as absurd to represent Hahnemann as opposed to this as it would be to speak of him as opposed to chemistry or astronomy. The only question that can arise is, how far this independent science can be useful to us. Now this obviously turns upon its state of advancement. So long as pathology was a mass of conjectures on the possible changes in the state of the fluids or solids which compose the body, it is plain it could give no more certainty to practice than itself possessed; and a conjectural treatment was the inevitable result of a hypothetical pathology. So long as this was its condition it had not realised for itself the famous formula of Newton, that in order to a satisfactory explanation of any phenomena we must be prepared to shew that the supposed causes were actually in existence, and being there, were capable of producing the supposed result. If we were to give as an explanation of a cutaneous eruption the acid state of the blood, (as is still done by our allopathic brethren,) we must be prepared to prove that the blood of the patient *is* too acid, and that too acid blood does produce such an eruption as he exhibits. Having done so, it would be reasonable to treat the superacidity according to the best method. But if we cannot prove either of these propositions, if it is a mere conjecture that the blood is too acid, and another that too acid blood produces an eruption, then it is plain that if this conjecture be a mistake our treatment founded upon it must be a failure. Such pathology as this we all readily renounce, and such pathology as this it was which Hahnemann condemned. But this does not deserve the name of pathology,

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as it does not fulfil the essential conditions of a science laid down by Newton, and universally admitted at the present day.

But because we regret this pseudo-pathology are we free therefore to treat symptoms without reference to their cause? We are at once delivered from this ridiculous position by reference to the meaning of the word. Symptom implies something beyond itself. A condition becomes a symptom when it manifests a morbid change: till then it is no symptom. Blackness of the face is a symptom when it arises from the disease of the heart, but is it a symptom in a negro? Opisthotonos is a symptom when it arises from affection of the spinal chord, but is it a symptom in a clown at Astley's? "Symptom" is a transitory noun governing "of." To talk of symptoms *per se* is simply to talk nonsense; we might as well speak of a proprietor, and on being asked of what? reply of nothing—simply a proprietor, or of a manifestation which disclosed nothing. The thing which a symptom always and necessarily discloses is a morbid condition; unless we believed such a condition to be in the back-ground, we never should dream of treating the symptom any more than we should give a globule of the thousandth potency of *Argent. nit.* to a negro in order to remove the blackness of his face. The moment we recognise a condition or appearance to be a symptom, that moment we enter upon pathology, a department of which is the relation of symptoms to their causes. There is no help for it. We are all pathologists, whether we will or no. Moreover, every man uses all the pathology he knows. Those that know least and pride themselves upon their ignorance, use least of science and most of conjecture. Hahnemann knew all the pathology of his day, and used it all. The only scientific branch of that day was semiology, or a correct observation and record of the symptoms of disease. So anxious was Hahnemann to work this out in perfection, that he has exposed himself to the ridicule even of Dr. Hempel for the minute attention he bestowed upon every particular connected with a patient, resembling in this his great archetype Hippocrates. Is it within the bounds of possibility to imagine, that if he had lived in our day he would have neglected the advanced methods of investigating diseases which would have led him to the same

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end by surer and quicker paths? To object to his not using the stethoscope and the light of morbid anatomy, is to object to Archimedes not sinking the Roman galleys with a Lancaster gun, instead of setting them on fire with his burnished mirrors, which all engineers of the present day would denounce as a most clumsy substitute for a battery.

There can, in fact, be no difference of opinion as to the use of pathology among physicians; nor is there really among ourselves. The apparent difference has arisen from the difficulty of tracing the connection between a symptom and its cause in all cases. A symptom is only a syllable, and as there are words of one, two, up to ten or twelve syllables, so there are diseases of one, two, or ten symptoms. The skill of the physician is shewn in arranging these syllables into an intelligible word. Shivering, heat, sweat, are the three essential syllables of ague. To apply the rule of similia to this word, all we have to do is to find among the records of our medicines the corresponding three syllables, as Dr. Hempel would say, and as they too would spell ague, so the medicine would cure it. In fact, it is perfectly impossible to imagine anything better fitted for practice than the Hahnemannic formula. Given a disease, find a medicine which produces similar symptoms, and you will cure it. It is really frivolous to talk of curing all the symptoms and yet not curing the disease. The symptoms are the bodily manifestation of the abstraction we call disease; if they are taken away, nothing but the ghost will be left, and how to get rid of this is rather the affair of the Spirit-rappers than the physician. Nor have we much patience with our great homœopathic tractarian, highly as we appreciate his services in giving popularity to the doctrines of Hahnemann, when he takes the founder of our school to task for not having written his *Organon* in the same plan as Newton wrote his *Principia*. Surely our learned colleague must be well aware that the objects of mathematical investigation are so peculiar that they are capable of an amount of precise definition unattainable in any branch of knowledge which deals in qualities as well as quantities. A disease is neither a circle, a triangle, nor a parallelogram. We cannot define its boundaries and measure its area,

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and therefore we cannot apply the term likeness as it is applicable to two equal and similar triangles to the resemblance between the symptoms of a malady and those of its curative medicine. Another objection to Dr. Sharp's proposed plan of such an *Organon* as Hahnemann's is, that all mathematical discoveries are capable of immediate and certain verification. Within six months after their publication mathematicians will have repeated them and decided their fate. But if Hahnemann had contented himself with announcing his formula, how could he have proved it? His only plan was to persuade others to join him, and in order to do this something very different from the repulsive abstruseness of a mathematical treatise was required. After all the strictures written on his great work, there it is speaking in all the modern languages to thousands of intelligent persons, not yet superseded by any books or tracts written since, and with all its faults a monument of learning and sagacity of which medicine has reason to be proud.

Having then all agreed to be guided by the rule of similarity or correspondence, whether we call it a formula of practice or a law of nature, we all agree *in the second place*, that in order to carry out this rule we must ascertain in some way or other the effects of those substances on the sound which we intend to give the sick; in technical language, we agree about the necessity of proving our medicines. Indeed, it was the proving of medicines that transformed Hahnemann's system from an ingenious speculation into a practical innovation; it gave feet and a "locus standi" to his doctrines, and removes him to an enormous distance from such a speculator as Paracelsus, to whom he has been frequently compared. "Here," said Hahnemann, "is Sydenham's picture of scarlet fever, and here is my picture of Belladonna." Let those who recognise a likeness, and wish to try my system, administer this medicine in this disease. The unanimous verdict of posterity will be in favour of Hahnemann. When cholera first appeared, and even homœopathists were awe-struck and bewildered, Hahnemann pronounced the corresponding word to be Camphor. Again, he is found to be right. Then, before we too severely criticise his provings, we must consider the enormous benefit they have been to us. At the same

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time we agree with a great deal that Dr. Hempel says upon this matter, and with him we deeply regret that some of our most zealous colleagues, especially in America, should waste their valuable time and talents in heaping up a mass of provings, which must be utterly valueless to the world at large, even if they are of use to those who make them. We wish these gentlemen would reflect, that in order to bring the new medicines which they are shipping to Europe every mail into general repute, it is not enough that they should be good in themselves, but they must also command our confidence. Now we assure them that this is not the case, with few exceptions we have no confidence whatever in the recent American provings. The reason is plain enough, we find nothing but a mass of syllables and no words, and we cannot, therefore, adapt them to the diseases for which, perhaps, they may be suited. As Dr. Hempel well observes, we wish to have the effects of really-admitted active agents upon the living œconomy; we know Arsenic produces many important changes in the animal organism, and we know, therefore, before-hand that Arsenic must be useful in restoring some morbid conditions to health; and hence we take an interest in the proving of such a substance, from our conviction of its containing hidden virtues which require only to be exhibited in order to be accepted. But we have no proof of the specifically morbific or poisonous effect of many of the new substances recently introduced into our materia medica, such, for example, as fishes' skins, deers' hides, diseased potatoes, ill-cooked puddings, excrements of fœtal horses, lice, &c. The very multitude as well as diversity of the so-called symptoms they produce is fatal to their character. If we carefully examine our best provings, those of the so-called polychrests, we shall find that the number of actual symptoms, that is, definite morbid effects, is not nearly so great as at first one might imagine. So many are repeated, and there is such detail of the conditions and circumstances under which they were observed. But in these spurious records of sensations to which we now-a-days have the name of proving given the number of registered peculiar effects is enormous. The reason is obvious. The moment we sit down to observe the effects of a globule of a

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triturated louse, we call as it were to our nerves and ask them what they have to say. Sure enough they will answer as we know hysterical nerves do. But what answers? They speak not the language of men, least of all of science; but squeak and gibber out of their vacuity because they are thrown upon themselves, and have to feed their sensations from within by their fancies, instead of from without by their sensible impressions. Shall we learn nothing from the phantastic exhibitions of the electro-biologists? Shall we not be taught by these experiments that the most intense and real sensations may be excited from within as well as from without? After we have seen, as most of us probably have, a person of intelligence and unimpeachable veracity cry out in positive agony from the burning she feels when touched by a feather which she is told is a red hot coal,—shall we any longer implicitly and uninquisitively accept of all the sensations said to be derived from the millionth of a grain of the wing of a gnat? Surely the time for this foolery is over; surely we should take a lesson rather from the manly conduct of the Vienna provers, who took active poisons in such quantities as to make them really ill. If this rule were adopted it would tell in two ways, for while it afforded us indubitable effects of energetic substances upon the animal œconomy, it would blow away off the face of the waters those fair-weather sailors who offer themselves up at present as martyrs to animalculi,—our homœopathic Fakirs who gaze themselves into a trance, and give us the benefit of the visions they enjoyed.

We have expressed ourselves strongly upon this matter, but we assure our readers not half so strongly as Dr. Hempel, who has laboured a good deal in the symptom-galley while translating the chronic diseases. It may exonerate us from the charge of using extravagant language to quote a paragraph of his work.

"What shall we, what can we say of an enormous mass of symptoms, which have been incorporated into the homœopathic Materia Medica, by men who never knew how to to distinguish between a fancy and an actual truth. In what way are the symptoms which are set down to the account of many drugs which have been introduced

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since Hahnemann's demise by a number of provers in different countries, distinguished from the numerous unpleasant sensations by which thousands of nervous systems are disturbed in the course of twenty-four hours, while merely exposed to the common influences of life, the anxieties and cares of business, the irritating action of atmospheric impurities, changes in the weather or wind, unwholesome food, excessive heat, dampness or rawness of the air, &c. Look at these pretended symptoms, and then ask yourselves the question whether a single one bears the test of a critical examination. Read the head symptoms of a great many newly added drugs, or the throat symptoms, the chest symptoms, or any other portion of the symptoms, dwell upon them with your mind's eye, and see whether you do not arrive with me at the inevitable conclusion that most of the recorded symptoms, if not all, are not likewise experienced by most men while engaged in the daily pursuits of life; and whether a most discouraging sameness in the symptoms does not expose the accuracy of the prover to legitimate suspicion. We have such vague and unsatisfactory statements, as pain in some part of the head above the eyes, in the temples, forehead, or occiput; or a beating, drawing, or jerking in the head, or insignificant sensations, all of which are stated in such a loose, flippant, and superficial manner that they are not only perfectly valueless in practice, for the simple reason that nobody ever cares to apply to a physician for such trifling ailments, but that at the same time they cast a legitimate suspicion on those few symptoms—few and far between—rari nantes in gurgite vasto, scattered here and there over the immense abyss, which otherwise might seem to be attributable to the drug, but which when discovered among such a mass of unreliable testimony, must be set down as the accidental results of some other disturbance of the organism, physical fatigue, constitutional debility, an unpleasant emotion, cold, an indigestion, or some such cause. A premium might safely be offered for every genuine drug symptom, which may be found among many of our provings; and if such a symptom should really exist, we are at a loss to determine to what disease it points in practice. It is pain in the head, pain in the throat, pain in the chest, pain in the shoulder, pain in the elbow, pain in the knee, pain in the back, pain here, pain there, pain all over; and this is a tolerably fair summing up of the pathogenesis of many of our newly added drugs; and new drugs are continually being added, with frightful lists of symptoms."

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While we thus frankly acknowledge the justice of Dr. Hempel's strictures, we cannot approve of the personal animosity he displays towards Dr. Hering, whose zeal and labours for homœopathy have deservedly won for him a reputation, both in Europe and America, which will not be overthrown by the bitter diatribes his opponents have indulged in, both in Germany and his own country. And it is but right and fair to remember that while we all agree about the necessity of proving medicines, there is still a great diversity of opinion as to the best plan for rendering our provings useful, that the subject is beset with great difficulties, both theoretical and practical, which no one who has not himself engaged in the task can altogether realise; and it seems to us that if, besides criticising so unmercifully the work of others, Dr. Hempel and in general critics would give us an example, as Hahnemann did, of the best way to do the work, and publish the full and exact effects of one single medicine, they would render more service to the cause than by volumes of the most rigid and successful criticism. "Pronounce meditatively the name of Jenner," says Coleridge—and for Jenner let us substitute Hahnemann,—"and ask what might we not hope, what need we deem unattainable, if all the time, the effort, the skill which we waste in making ourselves miserable through vice or error, and vicious through misery, were embodied and marshalled to a systematic war against the existing evils of nature." Such an array is presented by Hahnemann in the six volumes of his *Materia Medica Pura;* and we would strongly urge upon the young practitioners, who have leisure and health, to do this service, for which they are well adapted. They will by so doing acquire knowledge, which is the first thing, and also a far more real and lasting reputation, than by compiling elementary pamphlets about homœopathy, of which there is now an ample stock for the present century. "It is only the young," says Hahnemann, "whose heads are not yet deluged to overflowing with a flood of every-day dogmas, and in whose arteries there runs not yet the stream of medical prejudice—it is only such young and candid natures on whom truth and philanthropy have got a hold, who are open to our simple doctrine of medicine. It is only those who, impelled by their own

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natural impulse, as I gladly observe in my pupils, to restore to the light of day, by their devotion to the truth, those treasures of medicinal action—inestimable treasures which have been from of old allowed to lie unknown in obscurity by self-complacent false-reasoning ingenuity."

In the third place, we all agree about the dose; that is, we all agree upon the principle which ought to regulate the dose; and it is this agreement and this principle which builds up a wall of partition between us and the adherents of old physic. We all agree that our medicines are intended to cure, without producing any disturbance in the system, whereas old physic strives to cure by means of the disturbance it sets up. Our medicines cure without purging or sweating, theirs through purging and sweating. Here is the great stumbling-block to old physic. "Our venerable mother," as Sir John Forbes calls old physic, cannot conceive how we can effect insensibly what costs her—good old soul—so much pains to achieve sensibly. We give impalpable doses, and produce impalpable results. This double negation, although it really becomes an affirmative, seems folly to her; and she is not to be made a fool of in her old age. Nor should this disbelief surprise us; indeed, the wonder is all on the other side; for although we by long habit are now reconciled to impalpable doses, and credit tasteless and transparent solutions with possessing powerful virtues, and even talk among ourselves about large and small doses of our medicine, yet to those without the pale of homœopathy they are all alike ridiculous and impotent, a sham and a delusion, an insult to their common sense, and a culpable deception on our patients. It is on this point Hahnemann showed his immense moral courage. To maintain in the face of all Europe that the million-millionth of a drop of a well known drug, such as China, which old physic gave in drachms, was sufficient to arrest a fever, displayed an amount of heroic self-confidence and indifference to the clamour and ridicule of his own profession, which we believe to be unrivalled in the history of science. On this point it behoved him to be dogmatic. There was no middle course; either he was right and all were wrong

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besides, or else he was a wild enthusiast, who mistook his inward fancies for external facts.

That our opponents should believe this is not wonderful; but we grieve to find Dr. Sharp, in one of his tracts (No. 5), quietly suggesting that Hahnemann's mind had fallen into the state of lunacy "feelingly and vividly" described by Johnson as the condition of the mad astronomer in Rasselas. Such a charge from such a quarter is really a provocation; but it does not require refutation. It is only the random remark of a popular preacher. His trick of art is to surprise by saying striking things. On this the popularity of his writings depends. Perhaps after he has achieved his present ambition, and found that such fleeting popularity is but the echo of clamour and shadow of renown, he will seriously devote his well-stored mind to the study of the subject, and produce something of use to science. To us the dogmatism of Hahnemann seems to indicate no aberration of intellect, but to have been quite essential to the emphatic pronunciation of an apparent absurdity and extravagance. "Sugar," began the great Chatham, once in the House of Commons, "sugar," and there was a general titter, the word was so absurd. Instead of varying his phrase, as he might easily have done, he repeated in an angry tone, "Sugar" twice over, and having produced silence, "who'll laugh when I say sugar now?" he exclaimed. He brought his personality to bear upon the point, and impressed his audience by his own intolerant earnestness. So with Hahnemann: he, too, has impressed the world by his intolerant earnestness; he has won for his most inconceivable dogma that the 30th dilution is the only right dose such a large belief that, under the shadow of it, we are looked upon as dealing in material quantities if we prefer the 3rd.

That some of us do prefer the 3rd, nay, the 1st dilution, or even the mother tincture, is no secret; and the slight differences —for in reality, as we shall see, they are slight—have been magnified into the appearance of a schism in our faith. Again we repeat that so long as we give medicines in doses too small to produce any good by the disturbance of the system, such as purging, sweating, &c., we walk within the pale of homœo-

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pathy, and there is no schism. But it would not be fair to baulk our combative colleagues of their grand tournament; and so we shall give a programme of the points of controversy, about which there has been so much din and uproar.

First in the field are the 30th dilution men. The ground they take is simple enough. To Hahnemann, say they, we owe homœopathy; to him it is due that we should practise it as he directs. He was not only its founder, but was its most successful practitioner. Till a greater than he appears, let us conscientiously follow his directions to the very letter. Now, one of these is that we should give all medicines in nothing but the 30th dilution. Let us do so.

To this we remark that if the term Hahnemannism is to be given to a strict and literal adherence to the minute practical directions given by Hahnemann, instead of the far higher and nobler aim of developing his fundamental doctrines, then by all means let it be so understood. In order fairly and honestly to bring the matter to an issue, let us advert for a moment to those minute details, as laid down distinctly and unequivocally by Hahnemann; and let it be once for all understood that none can claim the appellation of Hahnemannist save such as believe in and act on his technical precepts in all their integrity. It is to the last edition of the *Organon* we are constantly referred for a full account of Hahnemann's technical rules. We there find him to say that the best dose for acute as well as for chronic diseases is the 30th dilution (ccxlvi note); that the best method of administering this dose is to let the patient smell at a single globule of this dilution (colxxxviii note); and that the medicine should be repeated in chronic diseases at intervals of fourteen, twelve, ten, eight, or seven days, and in acute diseases every twenty-four, twelve, eight, or four hours, and oftener, up to as often as every five minutes (ccxlvii note). Such are the positive directions of Hahnemann, and such must be the practice of every one calling himself a Hahnemannist, supposing the *Organon* is to be held to contain the indisputable rules for homœopathic practice. But we need scarcely remark that no one who knows the history of homœopathy, and especially the history of its progressive development by Hahnemann himself,

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would regard the last edition of the *Organon* as containing any immutable laws whatever for homœopathic practice. It is wel known that Hahnemann's directions for the dose, administration, and repetition of medicines underwent the most violent changes with every successive edition of the *Organon;* and even after the publication of the last edition of that work, he promulgated quite another set of technical rules in the last edition of the *Chronic Diseases.*

Without going into details on this point, which have already been amply furnished by several writers in this country and in Germany, and also occasionally in our own pages, we may merely refer the reader to the great variety of technical maxims to be found in the last edition of the *Materia Medica Pura,* the *Organon,* and the *Chronic Diseases.* To which of the codes of laws dogmatically set forth in each of these works it would be requisite to swear allegiance, in order to merit the appellation of Hahnemannist, we shall not attempt to determine; nor do we believe there exists in this country, or on the continent, a single homœopathist who follows implicitly in practice any of those codes. Hahnemannism in the sense of a strict adherence to Hahnemann's rules for practice has no actual existence among living men, but has a mere *literary* existence, which, like a foot-ball, is continually being kicked at us in controversy by our allopathic opponents, and as heartily kicked back again by homœopathists of every shade of opinion, while arguing with allopathists. There is, however, a small section of our own body who make use of it with a most ridiculous and disingenuous inconsistency, when endeavouring to exalt themselves at the expense of their brethren by pretensions to being a better or purer kind of practitioners. In the latter decades of the history of homœopathy, though real Hahnemannists no longer exist, there has been a succession of pseudo-Hahnemannists or pretenders to Hahnemannism. The chief characteristic of this class is that their writings are mostly appeals to the non-medical public, decrying the practice and writings of every one else, and putting themselves forward as the only real followers of Hahnemann, the only practitioners of pure homœopathy; but when they attempt to establish any

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difference between themselves and others in point of principle, they indulge in vague platitudes, and make use of terms that may mean anything or nothing. It is a significant fact that the writers of this class usually shelter themselves under the shield of anonymity. At this we need not wonder, for they would find some difficulty in proving the purity of their Hahnemannism.

Let us take the least uncertain of Hahnemann's rules for practice; viz., the invariable administration of medicines in the 30th dilution for acute and chronic diseases. Is any self-styled Hahnemannist prepared to give an unqualified subscription to this article of the Hahnemannist creed? We venture to say not one of our anonymous censors, who are eternally parading their purity, and trying to fix on others the stigma of impurity, could honestly do so: hence their prudence in remaining anonymous. They would run with the hare and hunt with the hounds, enjoy the credit of being strict followers of Hahnemann in the eyes of the dilettanti and public, whilst they have the benefit of liberty of action like other homœopathists. The unqualified rule Hahnemann lays down in many parts of his works relative to the exclusive use of the 30th dilution of all medicines, has long been felt by us all to be a great difficulty and stumbling-block. We are quite willing to believe that those doses were found to be best in his cases; but on the other hand, we have one and all failed to obtain the entire usefulness of the medicines from their administration in that potency, and have been forced to abandon it frequently for others. Such being the case, who among us can lay claim to be considered pure Hahnemannists?

But what shall we say to those who have out-Heroded Herod, and gone on diluting and triturating up to the two thousandth potency as they call it? With them we confess we have nothing to do, until they shall establish by a series of incontrovertible facts that their thousandths are better than our lower dilutions. And we can assure them, that if they wish to convince the profession of the truth of their extreme and purely empirical dogmata, they must pursue a very different plan from the one they have hitherto taken. It is not by violent decla-

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mation, but by severely sifted evidence that we shall be led even to give a trial to their wonder-working globules. Let them not imagine that because Hahnemann succeeded by the very vehemence of his dogmatism, a similar success awaits them. If a young puppy were to imitate Chatham, and get up in the House of Commons and roar out "sugar," he would most assuredly be heartily laughed at for his pains. Let them have the claim to our attention and confidence that Hahnemann had before they attempt to make us believe in extravagancies infinitely greater than any he permitted himself to utter.

The large remaining party consist of all who do not consider themselves bound to give any particular dose, and who range freely up and down the gamut, according to their individual experience or their notions of the patient's sensibility to the medicine; who neither swear by nor laugh at the 30th; who give a drop of the mother tincture of Ruta or Sambucus, and also a globule of the 30th of Silicea. That in this country at least this is by far the most numerous we have no manner of doubt. Whether it be so in other countries we cannot say. From the tone of some American writers one would be led to imagine that our transatlantic brethren were more inclined to form sects; but as the author from whose tone and testimony (we mean our respected colleague Dr. Marcy) we are led to this inference, has evidently an itching for shutting people up into separate pens like cattle whether they will or no, possibly he may have exaggerated the tendency of our energetic brethren on the other side of the water in this particular, and it may not be true, as one would suppose from reading Dr. Marcy's articles, that the homœopathic army in America is marshalled in regiments according to the particular number upon their colours. There may not be after all a household brigade of foreign auxiliaries, which smacking of the appanage of royalty excites in the mind of our stern republican a feeling of patriotic horror; and this brigade may not be followed by the 1st regiment of Royals, and that by the 2nd up to the 30th, which though not so popular as the 3rd and 6th, is far more so than the 29th. Indeed, we very much doubt if it would be possible for the most brilliant recruiting serjeant to enlist a respectable number of men in the

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despised 29th, and yet it is very near the 30th. Dr. Marcy must excuse us, but really his proposed division into four classes seems to us not one whit less absurd than the one we have imagined him to have had in his eye. No, there are no eclectics among us; when we subscribed to the truth of Hahnemann's formula, similia similibus curantur, we made our election, and by this we must abide, we are all at one in all that is of the slightest importance, whether we will acknowledge it or not; we are at one on all matters of principle, and can never be at one on matters of practice till the infinite diversities of the human constitution which we have to regulate have disappeared. When this shall have taken place, we rather believe that the question of homœopathy will be at rest.

Perhaps we were unjust to the defenders of the very high dilutions when we said that their assertions of the wonderful power of their potencies were supported only by empirical data, they may claim for them also a theoretical basis, and rest them as they do upon the hypothesis of dynamization. If this were an admitted principle among us we should admit the justice of their defence. But this is not the case. It may be true that we cannot explain in what way new, strange, and undeniable medicinal powers of the greatest importance should be manifested after trituration by substances such as Chalk, Silex, and Alumina, which in their crude state are known to be wholly inert. Nor does it surprise us that Hahnemann should have promulgated the doctrine that these hidden forces were not material, but were developed out of the matter in the inverse ratio of extension, weight and other ordinary properties attributed to matter. This doctrine is thus contemptuously dismissed by Dr. Sharp. "It is easy to see that 'spiritual dynamic derangements' are as much hypothetical assumptions as any of those which Hahnemann denounces. The preparation and effects of these small doses are rendered apparently absurd by the same mystic style. Medicines, when triturated or diluted, according to the method of Hahnemann, are called by him dynamizations, are said to act dynamically (δυναμεις) or spiritually. But what evidence have we that rubbing in a mortar solid matter, a grain of charcoal, or of lead for instance, can

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convert it into spirit. There is nothing so separate or distinct in nature, according to our present knowledge, as spirit and matter; and to suppose that by a mere mechanical process, such as rubbing or shaking, the one can be turned into the other, brings confusion into every notion we possess of either. Nor do we know any middle state or connecting link between them. It is true that they are for a time mysteriously united in the living body, and that during the continuance of that union they act upon each other, but how we know not. All the conclusions of reason enforce the immateriality of the mind, and all the notions of sense and investigations of science concur to prove the unconsciousness of matter.' We have no facts to justify the supposition that inert dead matter, however divided, can act upon the living body otherwise than by acting upon the matter of which that living body is composed." This passage conveys a rebuke to those who attempt to separate matter from its properties, and to raise the latter to the rank of independent existencies, and if there be any in this country as there seem to be in Germany, who do so, it will be well for them to weigh these remarks. But it seems to us to be rather a caricature than a criticism of Hahnemann. By the use of the word δυναμεις, it is evident that he meant force and not mind or soul, otherwise he would have used the Greek word ψυχη. From the word he does use comes our term dynamics, as also the corresponding French word, and we believe that Newton's and D'Alembert's famous treatises on dynamics do not pretend to reveal spiritual mysteries in the sense Dr. Sharp employs the term spiritual, as synonymous with mental, but the relation of *the forces* of matter. And when Dr. Sharp ascribes to Hahnemann the invention of the dynamical hypothesis of matter, surely he reckons very largely upon the ignorance of his readers, for it is impossible that he is not well aware that this theory was first promulgated by Boscovich in 1759, when Hahnemann was only four years old; and, therefore, we may charitably hope guiltless of any revolutionary purposes. Boscovich's celebrated theory produced a great sensation at the time of its publication, and has since been keenly discussed by all standard writers on natural philosophy. It is spoken of

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with the greatest respect by Leslie, who is not partial to anything of a spiritual kind; and it has of late rather risen into more general favour than it had during the prevalence of the sceptical philosophy of Hume. The theory is a very simple one, being merely this, that matter in its ultimate constitution consists of points of force, that these centres of force repel one another with an almost infinite resistance, within certain limits, and attract one another beyond these limits. The repulsive force is the reason of the impenetrability of matter, for were it possible to overcome this matter would be annihilated; the attractive force is the origin of atomic attraction and combination. Thus, a sphere of repulsion surrounded by a sphere of attraction may be called a naked atom of matter. This theory has been carried out by others who have clothed this primordial force-atom with chemical and mechanical properties, representing that beyond the sphere of atomic attraction lay the sphere of chemical force which gave to each atom its personal individuality so to speak. A body of properties, chemical, physological, medicinal, making it acid, sweet, baneful, &c., that beyond this sphere of chemical repulsion lay the sphere of chemical attraction, rendering chemical combination possible; and beyond this again, another spere of mechanical repulsion surrounded in its turn by one of mechanical attraction. If we accept this theory, it seems to reconcile various contending views about the effects of trituration or dynamization. It meets Dr. Sharp's objection to Hahnemann's getting rid of matter altogether, because these various forces are forces of matter, without them matter would not be perceptible to our senses, and it seems to agree with Hahnemann's doctrine of the emancipation of the forces by trituration and succussion. A particle of flint is inert, it may be said, because the inner sphere of chemical or physiological force touches at so few points the external surface; extend the surface by trituration, break away the enveloping material, and you will enlarge the hidden force and convert a dead and inert substance, not indeed into a spirit, but into a living or active power corresponding to the perceptive capacities of an organized being. While this explanation brings into harmony the views of those who adhere to the *sensible* doctrines

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of dynamization, it is in direct antagonism to the adherents of the infinite dilutionists. The atomic theory destroys all notions founded upon the presumption of the infinite divisibility of matter, a notion rather derived from metaphysics than from physics. It is plain, however, that the infinite dilutionists belong to a certain ghostly latitude, the notions and language of which are altogether at variance with this world of work and sense. "A very curious people these Germans seem to be," remarked a plain Englishman one day after hearing a German ghost story, "they seem never fairly to get into the world, and never fairly to get out of it."

So much for the theory of trituration and dynamization, which was, as we observed, forced upon Hahnemann in the course of his practical investigations upon the effects of dilution. The dilution of his medicine again was forced upon him by encountering aggravations when he used homœopathic medicines in ordinary doses, and this leads us to another famous battle field, that of aggravations.

When we administer to a sick man a dose of homœopathic medicine, it may do one of four things. 1st. It may cure him *cito et jucunde* without any unpleasant effect whatever. 2nd. It may cure him *tuto* et *cito*, but not *jucunde*, for before the final result of cure is accomplished all his symptoms may burst out into a great flame before they die out. 3rd. It may cure him, and although all his symptoms gradually disappear, other pains and penalties may be incurred peculiar not to the disease but to the medicine; and 4th, it may not cure him at all, but his disease may progress with an increased rapidity. In the first case there is no question of aggravation, the question is confined to the three last. Of these, the second is the type of a true medicinal aggravation, and its occurrence, however rare, may be accepted as an undoubted fact. When homœopathy was yet in its infancy, and sought to strengthen itself on the theoretical as well as the practical side, it was no wonder that Hahnemann observed this fact with peculiar satisfaction, for it seemed to corroborate his theory of the action of homœopathic medicine. Now, however, that we are out of school, and that homœopathy rests not on the labours and

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teaching of Hahnemann, but upon the happy experience of millions, we need care very little for these scintillations which predict the dawn, as we are well secured of the certainty of the sun's course and appearance in due time. And as far as our own experience goes, true aggravations cease to interest practitioners in the direct ratio of the amount, variety, and success of their practice.

The 3rd class of medicinal action is the curative combined with the physiological or pathogenetic. That is, a drug besides curing the morbid condition for which it is given, produces, into the bargain, certain symptoms of its own which have nothing to do with the case. To this class the name of medicinal perturbations has been applied. These perturbations may depend either upon a preternatural degree of sensitiveness of the characteristic action of the medicine, as in the instances published by Dr. Henderson in his last work, one of which was the salivation of an old lady by a few globules of the 6th dilution of Mercurius solubilis—or they may depend upon personal idiosyncrasy, that is, some individual peculiarity of constitution which we can neither ascertain before it displays itself, nor account for when it appears. The former variety is interesting by giving an exaggerated picture of the real action of the medicine; and provings made by supersensitive persons would be highly valuable; in fact, they are habitually in the state of exalted sensitiveness to particular drugs similar to the occasional and morbid sensitiveness produced by disease, which enables minute doses to produce their specific effect. But the latter variety are wholly valueless except as physiological peculiarities. And yet we fear that such useless idiosyncracies have been not unfrequently promoted into the place of genuine supersensitiveness, and have helped to encumber with their presence the recorded action of many of our medicines. It is almost inconceivable that any rational observer should be misled by phenomena so essentially different in their nature as preternatural sensitiveness to the action of Ipecacuanha, for example, and the swooning at the sight of a hare or a cat. And yet when we read some of the extravagances of the Rio de Janeiro school we should hardly be surprised to learn that their next achievement in therapeutics

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was pounding a cat in a mortar and administering a globule of this potential puss in all cases of fainting. Follies like this one have exposed our system to ridicule, which in all fairness should be confined to the perpetrators of the absurdities, and in this country, at least, they have neither been imitated nor defended.

The 4th class of medicinal action, or rather no action, is when a medicine has no influence on the progress of a disease which goes on from bad to worse, aggravated in a sense, but not by medicines, rather by the want of the right medicine. That such cases occur in the experience of young practitioners, and also of the oldest, there can be no doubt, and that their occurrence has been a fertile source of error is quite certain. A timid man with a profound appreciation of the power of a globule of a thousandth dilution, derived from Dr. Bönninghausen, after hesitating for twenty-four hours, at last screws his courage up and deposits it with a trembling hand on the tip of a patient's tongue who has been shivering for a couple of days. Early on the following morning he hastens to observe the consequences of his foolhardy act. He gathers hope from observing the blinds of the house not pulled down. His patient has survived the night. But behold when he sees him, he can scarcely recognise his too confiding friend. The voice, indeed, is still the voice of Jacob, but the face, yesterday so pale and thin, is now red, swollen, and seems to reproach him for his wicked experiments. The eyes are buried by their puffed eyelids, his head aches, and he is very ill. Stealthily from out his great coat pocket our man of the million draws his trusty Jahr, and turning to Belladonna, the fatal drug he had tampered with, there he sees all his forebodings realized; he has produced the most frightful aggravation, and he must wait the result. He attends most assiduously, and notes with the greatest precision the progress of the aggravation for a space of ten days. Then the flood subsides, and he sees again the green earth. His aggravation has passed, and has made so deep an impression on his mind, that he resolves to communicate it to his unbelieving brethren. He sends it,—but we must not betray editorial confidences; perhaps, if our contemporary revive, he will tell what

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became of this communication, unless, indeed, the conductors of that periodical, awakening to the error of their former ways, adopt as their motto—

"*Tempora* mutantur *nos* et mutamur in illis."

So much for aggravations, about which we hope by and bye to agree as well as we do about

The 4th general proposition that only one medicine should be given at a time. We all agree about this, except Dr. Simpson of Edinburgh, who has been represented by some writers as a homœopathist on the strength of his treatise upon the subject of homœopathy. He certainly has done us good service, but we suspect unintentionally. However, whether he is or is not one of us in disguise, he strives to shew that it is a mistake to suppose we give only one medicine at a time, for he says, when we give Opium we give some twenty different things, and that Opium is not a simple. He must have trusted much to the simplicity of his readers when he impeached that of Opium. Did it never occur to our learned antagonist that if his great authority for the complexity of Opium, Dr. Christison, were to put Dr. Simpson himself into a retort, and subject him to a process of distillation, that the list of chemical ingredients which would come over would occupy as many pages as those of Opium do lines. To say nothing of Stearine and Eleine, let him call to mind all the constituents of his bile alone; and suppose, after subjecting him to the milder process of heating in a retort, Dr. Christison were afterwards to put the residue into a crucible, and the crucible into his furnace, what would remain of the rash ubiquitous obstetric braggart but a handful of compost? And yet Dr. Simpson is an individual, (we do not use the term in an offensive or Pickwickian sense,) as an individual, he eats, he drinks, he thinks, he writes, he acts upon the world—especially the weaker part of it—and not as so many ounces of Fibrine, so many pounds of Stearine, and so many grains of Sulphur. In the same way, although Opium contains twenty or fifty substances, still as Opium we recognise its individuality, and regard it as a single medicine.

While we thus agree on the general proposition of giving but one medicine at a time, there is, however, a considerable diver-

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sity as to the frequency of the repetition of the dose, and the propriety of giving various medicines in alternation. The first point is so purely one of degree that it is hardly to be expected that we can have any fixed principle to guide us. As a rule, we observe that those who delight in other extravagances, who deal in their thousandth and ten thousandth dilutions, carry their constitutional fondness for extremes into this field also, and give one of their magical globules at long intervals, burying them in the patient, in the hope that they may germinate there, and in due season bear fruit; while, on the other hand, those who prefer large doses, look for quick returns, like ready-money shops.

The plan of giving medicines in succession or in alternation has been adopted on various grounds. First, we have the fashionable physician, who is waited on in his town residence by an expectant multitude of patients, many of them from the country. What is he to do? To give but one medicine for the special state he finds his patient in, and that medicine to fail (for, alas! even our great metropolitans are not infallible) would be hazardous to his reputation, and might suggest paucity of resources. No, it is much easier to give a goodly list of medicines, so that if one fail, another may suit. In the bunch of keys surely the patient will find one that fits his lock. These bunches contain, some of them, as many as twelve or fifteen individual keys; and thus the patients leave him in high satisfaction, and go down to their remote country quarters, supplied for the season from town. How far this easy practice is conducive to the progress of our science, or to the elevation of our professional character, we leave our readers to decide.

A more legitimate reason for prescribing a succession of medicines is, that as we cannot remain all day by the bed-side of one patient, but must be content to visit even an acute case at considerable intervals of time, it is not unreasonable to expect a progress of the disease out of one medicinal sphere into another, and to anticipate this expected change in the malady by a corresponding change in the remedy. The foe may be detected in the country of Aconite, and the forces of that sovereign sent in hue and cry to exterminate or expel him; but over

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the border lies the province of the umwhile god Mercury; and so we give notice here, too, that the moment the enemy, diminished and harassed by the assaults of Aconite, makes his appearance in the domain of Mercury, he may be forthwith pursued, and, if possible, slain! And if only frightened back again into Aconite, why let Aconite again deal with him; and so we arrive at the alternation as well as succession of medicines. Besides, it is believed by some that when there are two independent foci of disease, that towards both simultaneously may be directed the appropriate specific antidote; only as the immediate impulse of a medicine must be simple to ensure the individuality of its action, these medicines cannot be given in combination, but one after another. It is with this view that Aconite and Bryonia are alternated in pleurisy, and Aconite and Spongia in croup. Aconite is supposed to control the morbid changes which take place in the blood and vascular system; while Bryonia bears a specific relation to the Pleuræ, and Spongia to the Trachea. Aconite, in both instances, checks the febrile action; Bryonia in the one case, and Spongia in the other, extinguish the local morbid changes in their respective provinces. Whether this method be the best or not must be decided by experience; but there is no doubt that it opens a door for much careless and hap-hazard practice among those who feel insecure as to the medicines altogether suited to a particular case, and cut the knot instead of untying it, by prescribing the two or three nearest the thing, to save themselves the trouble of determining the comparative claim of the different candidates.

What a grand agreement there is among us after all! We agree as to the formula by which we select our medicine in any given case; we agree how to set about discovering such a remedy; when we find it we agree as to the kind of quantity we shall give it in; and we agree to give it, and it alone. If we were to take some common acute disease, we might predict with full confidence that we could find a thousand medical practitioners over the globe who should, without previous concert, treat this disease with the same remedy. What a contrast does this present to the old school of physic, out of which it would be difficult to find half a dozen who agreed about any treatment

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whatever, much less who agreed as to the entire course of treatment. Old physic is not cumulative; one generation of physicians explodes the systems of their ancestors to have their own exploded in their turn.

> "As clouds that rake the mountain summit,
> Or waves that own no curbing hand,
> How fast has *system* followed *system*
> From sunshine to the sunless land."

Our very excellence has become our reproach. We are accused by some of our colleagues of being guilty of a mere routine. But if there are certain fixed and well marked forms of disease, may there not be for these equally fixed and certain medicines? It seems to us quite impossible to imagine any medicine more perfect for its office than, let us say, Aconite for pure vascular excitement; Bryonia for pleurisy; Phosphorus for pneumonia; and many other examples, which will instantly occur to the practitioner. And why should we go beating about the bush, and trying to discover something new to give in those diseases where the old medicines answer perfectly? When these fail us, by a change in the character of diseases, it will be time enough to pursue a new quest.

To this wonderful ease and perfection of the homœopathic system in dealing with many common and dangerous diseases, we feel inclined to ascribe the jubilant tone of recent converts, which, were it not that we were fully satisfied of their sterling worth and perhaps real humility, would give to their writings an air of too great self-satisfaction. The change the adoption of homœopathy has made in them is so great and so delightful, that they seem to imagine the whole world will be amazed at their transfiguration.

If this triumphant tone were confined to their expostulations and appeals to those of the old school they had left in darkness it would be perfectly intelligible, even if we differed about its tastefulness; but it approaches the ludicrous when addressed to the body of which the author is a noviciate. These reflections were forced upon us by this pompous exordium of Dr. Sharp's fifth tract: "Plutarch says in his *Life of Demosthenes*, 'I live in a small town, and I choose to live there lest it should become

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smaller.' For myself, I have joined a small company of physicians, and I choose to remain with them for Plutarch's reason, but still more for Lord Bacon's." From this sentence it is plain that Dr. Sharp has confounded in his own mind the vast consequences of homœopathy to him with the importance of himself to homœopathy. With every wish to show him respect, and with a full acknowledgment of the value of his popular tracts, it might be well for him to remember that hitherto he has had no influence whatever upon the development of our system; and were he, as he hints, to secede from our small band, a "scoffing voice" might reply to the threat—

> "And will truth's beam be less intense
> If thy peculiar difference
> Were cancelled from the world of sense?"

No, gladly as we welcome all who accept of the truth of the great reforming principle, the justice of Hahnemann's prediction has been verified by the history of our progress.

"Before a great man joins us," writes Hahnemann to Stapf, "he must tread under foot all his mock consequence before he could even begin to be our disciple; and what would then remain of the great man who could raise us by his countenance, since his infallibility must be laid in the dust, and the halo of universal knowledge for which he was indebted to his exalted station alone, must first be extinguished by the study of a new truth, before he will become a worthy scholar of ours. How could he become our *protector*, without first receiving the truth to teach; that is, without having first entered our school; and then must be thrown away all that rendered him great in the eyes of the world, and even to perform a moderate service in our cause, he would stand in need of *our protection*, not we of *his*."

Agreeing, then, as we do about so much, about what do we differ? About Psora? More in words than in ideas. That in a civilised community there are some born to health, others born to disease, is undeniable. That there is some fundamental difference in the original organisation of the two classes seems highly probable. What the morbific principle is which exercises a malignant influence over the growth and development of the

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tainted—whether it be an impression or impulse at the moment of conception, when that mystery we call life springs into independent existence and activity, or whether in the germ there is planted the seeds of future diseases, ready to develope into actual morbid phenomena whenever the requisite conditions are afforded, as white clover shoots up when new soil is broken—we may not be able to discover; but there seems no great harm in expressing the obvious difference we all acknowledge, by using a common denomination for these various inherent and radical causes of disorder in the human œconomy; and in lack of a better word, Hahnemann proposed the old-fashioned term Psora. If in consequence of this doctrine he had promulgated the notion that there was for this evil one remedy, one *antipsoricum*, then we could readily join with those who have indignantly denounced this portion of his teaching as subversive of all the rest. This, however, he did not do. All he says is, find for your disease its corresponding remedy; but if the disease be of a psoric character—that is, if besides being a derangement of the vital action in any part, it is, moreover, a sucker from a noxious root, tainting the entire vitality of the body—then must your medicine not only correspond to the morbid phenomena, but must also be of such a nature as to destroy the evil root. And this double power is confined to a certain class of remedies, which exert a deep influence upon the primary nutrition of the body; and to this class let the name of Antipsorics be given. Experience may demonstrate that this division was premature and erroneous, but the acceptance of his doctrine does not prevent us the free use of all the treasures of his Materia Medica in every case for which they seem adapted; nor does our rejection of his doctrine, and the division founded upon it, seriously modify our treatment. In fact, it is merely a pathological hypothesis, without any immediate bearing upon practice. If it were renounced by us all to-day there would be no perceptible change in the practice of any one of us to-morrow in consequence. When the hypothesis of Phlogiston, which had pervaded chemistry, and seemed much more important to all the prevailing notions of combustion than Psora ever was to homœopathy, was abandoned, it made no dif-

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ference either to housemaids who light fires, or to firemen who put them out. No more will the abandonment of Psora affect the practical progress of reformed medicine. The chief purpose it has served of late has been by presenting a favorite mark for the jocular artillery of our opponents, to call forth much sound and excellent exposition on the part of our pathological teacher, Professor Henderson, whose observations upon this subject we should gladly quote, but that we know the book to be in the hands of most of our readers.

But what shall we say of auxiliaries, the grand heresy of the day? and of the great heresiarch, Dr. Black? Shall we, with our eager and energetic, but perhaps somewhat hasty colleague, Dr. Marcy, call aloud for a Council of Nice, that the medical church may decide definitively and finally what is in future to be regarded as orthodox, and what as heretical? Shall we proceed to elect a Pope? Shall we pronounce what writings are to be held as authoritative, what as damnable? Shall we burn Dr. Black at once, and so extinguish by one example the spread of dangerous innovation? If some such steps are to be taken for maintaining a wholesome and becoming uniformity in our body, then we entreat of Dr. Marcy to set about the preparation of a creed directly, to be framed in precise and unmistakeable terms, for it would not do to burn a man upon an equivocal sentence. We must have something of this sort—"I, Jacob Faithful, solemnly swear that I believe every word written in the Organon of Hahnemann, last edition, in its full and natural sense, and that under no circumstances will I depart from the teaching of this work, including the notes and the introduction; and I also believe, although not so fully, all the other writings of Hahnemann, and I am prepared to act upon their directions so far as they do not contradict those of the Organon. I solemnly swear never to give any medicine in a larger dose than one globule, weighing the 300th of a grain, of the thirtieth dilution at a time to a patient, and in no circumstances to repeat the dose within an interval of seven days. I moreover solemnly abjure the use of all external applications, saving Arnica and a few others; and I solemnly engage never, on any account whatever, to administer a dose of Castor-oil, or of any other medicine which operates

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laxatively." But no sooner is the oath taken than a boy is brought to you who has eaten a pound of cherry-stones. We speak of what actually did take place at the Leipsic Homœopathic Hospital, and what may happen to Dr. Marcy, unless the accounts of the celerity of American deglutition be altogether fabulous. Well, what will our orthodox friend do here? We fear that his Materia Medica wont help him much. His common sense tells him as plainly as it ever spoke in his life that a globule of the 30th will not propel the cherry-stones out of the cœcum, that unless they are assisted in some way, the caput cœcum is likely soon to be caput mortuum. Give a dose of Castor-oil, says common sense; give a globule, says the oath. Common sense, you are in the right; oath, you are a fool, thinks Dr. Marcy. Let the boy die, says the council of orthodoxy. Beware, says the council of the conscience. Be consistent and useless, says the one; do your duty as a man, as a man bound to save life; this vow you took before your oath, this vow you cannot annul, says the other. Humanity is stronger than sectarianism in Dr. Marcy's heart. He pours out a table spoonful of Castor-oil, and gives it on the spot, and bids the boy take the bottle home. This we venture to predict would be the termination of the first conflict between the oath and a practical difficulty in the way of keeping it. In fact, all this talk about auxiliaries is, as Lord Palmerston would say, sheer nonsense. There is no room for discussion or disagreement on the matter. We all of us do our utmost with the legitimate weapons of regular warfare, our homœopathic medicines, but when we are in a position where these do not avail, we use what we can. It would be hardly fair to represent an officer as having abandoned scientific warfare because, when suddenly set upon by a couple of Russians, he knocked them down with his naked fist. It is not less unfair to represent Dr. Black as having in any degree whatever lost his full former confidence in homœopathy because when he cannot effect a dislodgement of an offending body from the intestines by any other means, he orders a dose of Castor-oil. And Dr. Marcy's attempt to classify homœopathists on the plan he proposes of the users and abusers of auxiliaries is liable to this objection, that as he him-

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self used them a short time ago, and does not use them now, he has moved out of one class into the other once already, and probably before the year is out, he will find himself back again to where he came from; so that it will be impossible for him or any practitioner to abide in the appointed class; and as the notion of arrangement is to facilitate the search for an individual, it is manifest that to fix the name by the temporary position, would be as absurd as to call one part of the earth day, and the other night, seeing that what is day now is night then, what is day here is night there. We feel quite convinced that practically there is no difference at all among us in this matter, that we all would gladly be without the aid of these troublesome auxiliaries, that as we improve in our knowledge of medicines, and as our patients improve in their constitutions, such rude resources will be gradually abandoned, and that the question will cease to be agitated. At present it is too plain that this cuckoo cry of orthodoxy is not unfrequently raised, like most other senseless noises, for the purpose of making the passer by look at the person who raises the clamour. To those who seek notoriety by such a device, the true penance would be to keep them at their word, and if they use any of the auxiliaries they denounce, to convict them of their insincerity.

If we feel disposed to indulge in the pleasing idea that the halcyon time of peace is at hand, and that all angry contention among us will soon come to an end, we have but to cast our eye over the pages of our American cotemporaries to be satisfied of the delusion of such a dream. We find that there is a bitter contest there going on, and each party is doing its utmost to exterminate the other. When we strive, however, to pierce the cause of the quarrel through the dust and smoke raised by the combatants, we can hardly discern what the uproar is all about. It seems that there are two homœopathic universities, one in the north, and the other in the south, and that between the two, as in duty bound, there is a keen rivalry and opposition, the one, as far as we can understand, hoisting the liberal, and the other, the conservative flag. We have no desire to bring upon ourselves the *redder's* stroke by meddling with other people's affairs, and, instead of presuming to adjudicate upon the comparative claims

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of these institutions to the support of young America, we should prefer taking a lesson from their zeal in having so soon got themselves established and acknowledged by the State; and it is with envy rather than any other feeling we look over the long and yearly increasing list of the graduates of homœopathy, who leave those colleges to practise, without hesitation, according to the reformed system of medicine. It is much that youths, when full of enthusiasm, and prepared to respect what their respected teachers admire, are presented with a true likeness of the wise and learned Hahnemann, instead of hearing his name coupled with abusive and contemptuous epithets, as the students in our schools are in the habit of doing; it is much that their medical education is presided over from its commencement by a great ruling idea, which will grow with their growth and strengthen with their strength, and bring forth fruit in distant lands and distant times. If, besides this enormous advantage, it were possible to give an academic tone to their mind, if it were possible for their teachers, besides stimulating their zeal by the ardour of their own language and temperament, to assuage the tempestuous character of the American youth, and graduate the sturdy manliness of their nature to a gentler demeanour, by the moderation of their language, even when engaged in controversy with a rival—if this could be, and if the young physician, taught at our colleges, was not only fully educated up to the highest scientific point of possible attainment, but was so penetrated with the lofty mission he is appointed to fulfil, as to regard less the golden harvest in the distance than the requisite tillage at hand, surely if this were possible, these homœopathic colleges would be acknowledged as the most useful institutions in the world. Indeed, when we turn our eye homeward, and observe, as we do with anxiety, the small efforts here made for the advancement of the science of our profession among ourselves as homœopathists, and when we see how little consideration our profession at large receives from those occupying a high position, we cannot but fear that, in our anxiety to grasp the fruit, we have starved the tree. Can we expect that we shall ever be respected as the members of a liberal profession ought to be, if we seek university degrees, not through the channel of

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university attainments, but by short cuts which render the honour ridiculous, and, in fact, convert it into a patent, or trade licence, and thus, instead of asserting for our profession the foremost place in social consideration as it is foremost in importance, (at least second to none, embracing so many of the duties of the divine in its intercourse with the sick and dying,) sink into the position of tradesmen; and when we have made secret compacts with tradesmen for a share of their profits, can we express our wonder and displeasure that Lord Raglan, or any other official, wont treat us as he does other officers and gentlemen? We hear a clamour raised about medical decorations. It is not stars and garters we require; "the fault is not in our stars, but in ourselves, if we are underlings." We have it in our power to command the respect we now entreat. But we must very much alter both our views and habits; and as we, the followers of Hahnemann, claim for ourselves to lead the medical profession, it surely becomes us to set an example of a little more devotion to our art rather than to its immediate gains. We may say that we have now silenced our loudest opponents. When they betake themselves to the desperate expedient of suggesting to the public that the reason homœopathy does good, is because old physic has done so much harm, and that now, before we claim the prize, we must try our speed against Dame Nature; it is plain that they consider the game is up. Indeed, it is rather amusing how suddenly they seem smitten with a wonderful desire to be impartial. Fair play is all their cry now. Let sick people alone; dont interfere with nature. All very fine, gentlemen, for you to say that now. When sick people seem inclined to let you alone, you make a merit of necessity, and exclaim, "we were always opposed to much medicine; in fact, we are homœopathists." However plausible, the trick is too late. The public wont form a total abstinence league on any such terms. Men wont encounter sickness and death unattended by medical aid of some kind. To talk of Nature to a man overwhelmed with agony, is to add mockery to his other trials of patience. And even if we agreed with our allopathic brethren, that it would be well to let us have a chance of observing the natural course of disease, it is for those who disbe-

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lieve in homœopathy to carry out the enterprise, not for us. It is too much to expect that we are to sit with our hands folded, and look on at a man drowning in a pool at our side, calling aloud to us to help him, just that some inquisitive allopath,

> One that would peep and botanize
> Upon his mother's grave,

might accurately note the exact time a man of such a size, such an age, with so many pounds of blood, &c., required to expire. This may seem an extravagant example; it is not so in reality. To prevent a man ill of cholera from sending for a homœopathist is not one whit less culpable on the part of those who proclaim their conviction that all allopathic treatment does harm.

We have been led into this digression to establish our remark that, as the opposition of the old school had really assumed a suicidal character, the best thing we could do was to leave it to the consequences of this its last operation, wishing it all the success it deserves. And when we are once clear of this, then perhaps it will not be deemed necessary for every aspirant to distinction among homœopathists to commence his career by a philippic against our opponents. After all, this is not a very profitable kind of thesis. Nor will it be considered as the surest way to practice to write an expository treatise about homœopathy. When we consider that the great bulk of our British homœopathic literature consists of elementary treatises, few of which even pretend to novelty, but are merely a repetition in another form of what has been said at least fifty times before in this country, whither it was imported, after it had become too stale for the German market, we hope and trust, for the sake of our good cause, that our young adherents will devote themselves to a higher task. What that task is we might best explain by recommending them to read the first book at the head of our list—*Die Homöopathie, eine Anleitung zum richtigen Verständniss und zum Selbststudium derselben, von Dr. Bernhard Hirschel*—and if any one of our young friends expostulates with us, that he cannot read this because he does not understand German, then we reply, that we would strongly urge him to lose no time in acquiring the knowledge of a language

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which he will find it quite essential to have attained before he can take honours in homœopathy. To induce our earnest students to study Dr. Hirschel's work which, besides being a very good exposition of the present state of homœopathy, differs from the other publications we have had occasion to criticise in entering into homœopathy proper, and considering in what way we are to improve ourselves in a knowledge of its treasures, and in applying our knowledge to the care of the sick, which after all is the end of all medical writing, or ought to be, we shall give a specimen of his work. Dr. Hirschel apologises for venturing to write upon homœopathy, since, having been only ten years in practice, he thinks he can hardly be expected to have anything new to say upon the subject. We fear this apology will confirm the idea prevalent among us, that the Germans are a slow people, for our native writers contrive, after ten months' practice, to produce far more dogmatical treatises than this. He then carefully goes over the various points which we have touched on in this article, and the latter part of his book is upon the best method of mastering the Materia Medica. This leads to a notice of the various manuals and repertories, of which he gives specimens, that his readers may compare them for themselves. Our present repertories which, by the bye, have all been the work of Germans, as far as we can recollect, have one radical defect, which is, that, while they present very full catalogues of all the fragments and details of the symptoms to be found in the Materia Medica, they afford no means of reuniting these fragments and details into their original order. We can find all the medicines which produce cough, and all which produce pain in the chest, and all which produce hæmoptysis, but we cannot discover which of these medicines that produce the cough, have also the pain and the hæmoptysis; so when we have to prescribe for pneumonia for example, we are thrown out. It is as if in the London Directory all the surnames and all the christian names were separately entered in distinct lists, but the relation of the one set to the other not specified. Suppose in such a work we wished to find the residence of our friend John William Thomas Smith, we should have to look first over all the Smiths, then all the Johns, then the Thomases, and lastly, the Williams, and in

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time we might discover that only in some particular house those various common appellations met. But how much easier is it when we can find at once where the only individual who we suppose to possess this name is to be found. The Repertory now preparing by a committee of the Hahnemann Publishing Society, and which will be published in the course of the present year, is designed to remedy this great defect, as well as to give a more trustworthy catalogue than any we now possess. By a simple expedient of figures and letters of reference the disjointed parts of a symptom are speedily recombined, and we can find in it, without any loss of time, not only all the medicines which produce cough, and those which produce pain in the side, and those which produce hæmoptysis, but those which produce cough, with pain in the side, with hæmoptysis, and also the kind of cough, the time of day it is worst, the kind of pain in the side, and the character of the hæmoptysis. If the work come up to the design its utility will be very great. The labour of constructing such a book can only be estimated by those who have engaged in this or similar tasks.

Dr. Hirschel recommends as the best means of acquiring the double knowledge of what virtues lie in a medicine, and the particular affections for which they are adapted, that we should each of us for his own use and education carefully analyze one or more of them in the style of which he gives us a specimen in his analysis of Bryonia. We cannot do better than conclude this article by giving a translation of the way in which he treats the head.

I. Symptoms, *a*.	*b* Pains.	II. Locality.	III. Conditions.	Practical Deductions.
A. HEAD.				I *a*. The most remarkable symptoms here indicate fulness of blood and congestion 1, 5, 8, 9, 10, 13, 19, 41, 47, 54, 70, 71, 74, 76, 77). These and the heat of the face (20, 47, 71), indicate that the appearances are not purely nervous, but arise from vascular congestion. The dulness of the movements, attended with giddiness and
Giddiness (symptoms* 1, 2, 3, 6, 7, 9, 10, 11, 12, 17, 56), as if one were turned round, or as if everything turned round one (s. 2.)			On standing (5, 2).	
A dull, giddy confusion (s. 3).		in head (3).		

* These numbers refer to Hahnemann's Materia Medica, from which all the symptoms are taken.

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I. Symptoms, *a*.	*b* Pains.	II. Locality.	III. Conditions.	Practical Deductions.
A kind of giddiness as if one were drunk (4, 5, 7), and as if the blood rushed to the head violently (4).		posteriorly (4).		mental torpor (19), the confusion (20), absence of thoughts, also the symptoms (23, 24, 29) the dull pain, point to an action on the inner part of the brain, as well as to an affection of the *sensorium*, and to an incipient derangement of the elements of the blood, as is found in organic diseases, such as typhus fever and similar diseases. The more precise explanations of these, as well as the deductions to be drawn as to the true character of many of the head-symptoms, such as headache, dulness, &c., will be learned when we arrive at the fever-symptoms and the gastric derangements. Chirping and gurgling are symptoms frequently met with in organic diseases which depend upon some hyperæmia.
He feels as if drunk, he wishes to lie down (5).				
Giddiness as if everything turned round (6).			As soon as he rose from his seat; after walking a little it went off (61)	
Giddiness like drunkenness (7).			The whole day (7, 17), in the morning (8, 16, 36, 37, 51, 61, 63, 73).	
Confusion.				
Giddiness with sense of weight (9, 22, 30, 31, 32, 51, 52, 56), everything seems to move round him in a circle (9).				
Giddiness and fulness (10, 18, 58).		head.		*b*. The pains, afford us important knowledge. The most prominent are the aching pains (druck), they are sometimes violent, and sometimes like a sore. As varieties of these aches we find pressing, squeezing, expansive. These are manifest symptoms of too great fulness of blood and inflammation when they are combined with the symptoms previously (*a*) catalogued. The aching and pressure seems more deep, *from within outwards* (51, 53, 59, 88,) *as if everything would fall out at the brow*. This is a symptom both of simple hyperæmia and also of organic disease of the brain, it points especially to a fluid extravasation. Besides, we find frequently *shooting*; less so, *throbbing, jerking, tearing, jerking-tearing, raging*. The latter symptoms indicate deep organic affection, and also a nervous condition depending upon congestion. The *shooting* points to the serous membrane as the seat of disease, particularly of inflammation. The extension of the tearing pain to the face, &c., indicates its neuralgic cha-
Giddy, with a sensation in the chest as if he should faint (11).			on sitting up in bed (11).	
Giddiness and staggering backwards as if he would fall (12, 13).			while standing in the evening (11).	
He staggered as if he would fall backwards (13).			when he would walk (13).	
Staggering from side to side, as if he could not stand firm (14).			on walking 14).	
Staggering to one side (15).			after moving (15, 38, 42, 75), while standing (15)	
Giddy, and turning round as if he went round in a circle (16).		head.	on rising from bed in the morning (16)	
Giddiness of head and weakness of legs (17).			all day.	

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I. Symptoms, *a*.	*b* Pains.	II. Locality.	III. Conditions.	Practical Deductions.
He can scarcly move his head from a sense of fulness (18).		head.		racter, which is probably congestive and rheumatic.
Dull movements in the head, causing giddiness and mental torpor (19).		occiput and forehead (19).		II. In regard to the locality, both the entire head and particular parts are affected. The anterior part of the brain, the forehead, the region over the eyes, and the temples, are particularly affected. We learn from this that Bryonia acts upon the branches of the trigeminus nerve. Affections of one side of the body are not well pronounced in the action of Bryonia. It is most important to observe the general affection of the brain which indicates the intense character of the diseased action. That the pains extend to the bones of the head indicates some material obstruction, probably a fluid deposit. (58, 60.)
Confused rather than giddy (20).		head (20).		
Weakness of mind, so as to lose all power of thinking, like a faint with heat (21).		face (21).	chiefly while standing.	
Mental illusions, her head seems too heavy (22).				
Heaviness of head, (24, 25) with striking forgetfulness (23, 29).				
She did not know exactly what she did (23, 25), and let everything fall out of her hand (25).			worse on lying down (24).	
The head is heavy, reflection difficult (20).				III. Under the special indications we find that most of the symptoms appear early in the day, few in the evening. Movement, and especially stooping (15, 38, 41, 42, 53, 75), as well as its opposite (21, 24, 56, 58,) are causes of aggravations. The first indicates the congestive character of the affection. The open air seems to aggravate the pains, but it is not decidedly made out, whether it is the movement or the open air which does so. That touch increases the pain indicates its inflammatory nature. The practical inference from these symptoms is that Bryonia will be of use in certain forms of 1. Inflammation of the brain. 2. Congestive headache. 3. Nervous affections, neuralgia, &c. 4 Rheumatic headaches. 5. Inflammation of the brain and its membranes, especially where nervous symptoms or those which indicate effusion are present. 6. Acute hydrocephalus. 7. The sympathetic and secondary affections of the head, which appear in typhus fever and gastric derangement, will be afterwards noted.
He longs for things, but does not like them when they are got (28).				
Mental torpor (29).				
The head feels like a weight (30).				
Great heaviness (31).		head (31).		
Very heavy (32).	and aching (32, 38, 40, 43, 44, 45.)	all the pain from behind forwards.		
Deadness, &c. (33, 34, 35, 37).		head (33, 34, 35).	on going to bed.	
Headache (36, 37, 41, 52, 53, 54, 57, 60, 61, 62, 63, 71, 75).			begins early, not on waking, but on opening the eyes and moving the head.	
Confusion and pain (37).		head (37).	reluctance to rise.	
	Aching (38).	head (38).	on walking (38).	

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I. Symptoms, a.	b Pains.	II. Locality.	III. Conditions.
	Dull pain (40).	posteriorly 40).	
Headache.	throbbing (41).	forehead (41).	compelling him to lie down.
Headache (41).	raging, aching (42).	forehead (42).	relieved by bending and walking fast, much fatigued by a walk (42).
	Pressing (42).	to forehead.	so that he can scarcely bend.
	Aching pain (43)	in forehead	
	Pressure from within outwards (44, 52, 53, 57, 59).	over eyebrow into left eye (44).	
One-sided headache.	aching (45).	in eye of same side (44).	
	Dull compressive (46).	in brow.	
After a rush of blood there followed	compressive pain (47)	temples.	
Sensation of	compressive pain (48, 49, 50)	from both ears.	
	Compressive pain (49)	on both sides of head.	
	Compressive and throbbing (50)	in brain.	
Heaviness of head.	compressive and shooting (51, 57, 67, 70).		could not open the eyes from pain, and after stooping could not regain the erect posture.
Violent headache with great heaviness.	aching outwards (52).	brain(52).	desire to lie down.
	Pressure outwards (53, 57)	forehead.	on walking, and after dinner.
Sensation as if everything would fall out (54, 55).		forehead.	on stooping.
Giddy weight (56).		head,	on sitting and reading, going off on standing up (56, 58).

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I. Symptoms, &c.	b Pains.	II. Locality.	III. Conditions.
	Pressing outwards (57, 58, 60)	in temples in skull.	
Headache.	like a sore	from back of head to shoulder.	
Headache, one sided (62).	raging aching	on small spot of right side	
	Tearing (62, 65)	in bones of upper and lower jaw	in connection with a painful gland.
	Jerking and drawing, (63, 64)	face bones	worse on pressure.
	Tearing (65, 66)	in left side of head. over the brow to the muscles of neck and right arm (66).	
	Shooting (67)	temples (67).	on walking in open air (67).
	Shooting (68, 69, 70)	in head, brow and occiput.	
Sense of turning round (70).		right side (70).	
Headache with heat of face (71).	Jerking (71).		
Throbbing (74).	throbbing pain (72, 73, 75)	superiorly	felt externally, worse on motion.
Chirping (76).		both temples.	
Gurgling (74).			
Pain as if pulled by the hair.		one of the temples.	

Our design in presenting this small specimen to our readers is not that we expect that it shall be received as a model, but rather as a suggestion; and if a careful examination of this were to induce some of our young practitioners to undertake similar studies of particular medicines, who can tell the benefit that would accrue to our science by an accumulation of accurate materials ready for use, and to themselves by the culture gained in the task? Truly the harvest is great, alas, that the labourers should be so few!

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CLINICAL RECORD.

Two Cases illustrative of the difficulty of selecting the appropriate remedy, by DR. DUDGEON.*

EVERY day's experience of the homœopathic practitioner affords to him evidence of the curative power of the more ordinary remedies in the common ailments, as Belladonna in sore throat, Nux vomica in constipation, Arsenic in diarrhœa, Aconite in inflammatory fever, &c., &c. A repetition of such cases would possess no interest—would, in fact, prove wearisome to an assembly of experienced homœopathists. I believe, however, that besides such cases, others occasionally occur in the practice of each of us, which illustrate the action of some of the rarer medicines in some of the more unusual diseases. By the mutual intercommunication of such cases we shall ultimately succeed in rendering the treatment of the more uncommon forms of disease as plain and certain as that of the more frequent ailments.

However convinced we may be of the theoretical truth of the homœopathic law, its practical application is by no means always easy. The pathogeneses of the materia medica sometimes afford but the vaguest hints for our selection of a drug, sometimes many medicines will appear to offer a closer correspondence to the case before us, than the one which ultimately proves to be the suitable one. Again, the disease may be of such a sort that there cannot be anything like an analogue to it in our repertory of medicinal diseases, for our provings cannot be carried to the production of serious maladies. In such cases as these a good deal of the vaunted mathematical certainty of homœopathy is but guess-work, and as such is very apt to be unsuccessful. Clinical experience, the *usus in morbis*, which Hahnemann denounced but availed himself of extensively, is what we must look to, to enable us to prescribe with certainty in almost every case, but especially in such cases as I have alluded to.

Without further comment I shall proceed to lay before you the details of two cases which have lately fallen under my observation. In selecting these cases I have been influenced by the desire to bring before you diseases, about the diagnosis of which no difficulty existed, but which should be at the same time of rare occurrence, and in which the action of the remedies was well marked and decisive. In

* This short paper was prepared for the late Congress, but was not read owing to abundance of more interesting subjects for discussion.

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both cases my first selection of medicines was unsuccessful, in the first most particularly so.

Inflammation of lachrymal sac.

Mrs. M——, aged 40. Some years ago I treated her for an affection of the eyes, characterised by weakness of vision, but having no resemblance to the present affection. She now consulted me again for her eyes on the 26th of March. For some days she has been attacked every day, about one o'clock, with severe burning pains in the right eye and flow of tears over the cheek, which feel scalding. These symptoms last for several hours. The conjunctiva of the right eye is injected, and there is pain on pressure in the right lachrymal sac, which feels somewhat, though slightly, swelled. In the morning there is some mucous secretion in the eye. Believing it to be a catarrhal affection of the conjunctiva and mucous lining of the lachrymal sac, I prescribed *Merc.* 6, a dose every six hours.

27th.—The pain and lachrymation returned to-day as usual at one o'clock, if anything more severely than ever. The sac is very tender and more swelled. I ordered fomentations to the eye, and in consideration of the periodicity of the symptoms, prescribed *Arsen.* 3, a dose every six hours.

28th.—The patient lost the medicine I prescribed yesterday, and took *arsen.* 12, out of her own box. She is rather worse than she was yesterday. I again gave *arsen.* 3. and made her continue the fomentations.

29th—Worse. The swelling of the lachrymal sac is decidedly greater, and forms a little lump at the corner of the eye. It is exquisitely painful to the touch; is the seat of throbbing pains, and the skin over it is red. The tears that run over the cheek are very hot. The inflammation was so violent that I had recourse to our antiphlogistic, *Aconite* 3, every six hours, and ordered the fomentations to be continued.

30th.—All last evening the pain was most excruciating. It has as usual somewhat remitted this morning, but the tumour formed by the sac is large, exceedingly tender, and the skin over it is very red and shining. The nasal duct is quite obstructed. Suppuration and fistula lachrymalis seemed inevitable. I gave *Silica* 6, one drop in a wine-glassful of water, a tea-spoonful every three hours, without hope of being able to prevent the serious catastrophe.

31st.—My patient informed me that in a quarter of an hour after

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taking the first dose of the *Silica*, the pain and tenderness of the sac had quite subsided; the relief was complete. The tears no longer overflowed on the cheek, and the swelling gradually declined. This morning no swelling or discolouration is perceptible, and the eye is perfectly normal in every respect. The cure was complete; and up to the end of July, when I last saw her, she had not had the slightest return of this painful malady.

This case illustrates the difficulty of selecting the appropriate remedy. *Mercurius*, which was first prescribed, certainly seemed to be the most homœopathic to the case, as it has amongst its symptoms "Inflammatory swelling in the region of the lachrymal bones," and it is also well known to exercise a powerful inflammatory action on the mucous membrane, which was involved in this case. In the selection of the *Arsenicum* on the failure of the *Merc.*, I was influenced by its well marked action on the conjunctiva, and its correspondence with the scalding tears which formed so marked a feature in this case. The periodicity also with which the pains recurred, was an additional motive for its selection. On the failure of this, and the increase of the inflammatory action, I had recourse to *Aconite*, the selection of which, I confess, was based on general pathological grounds. The utter failure of this sent me once more in despair to the materia medica. Two remedies preferred nearly equal claims to my attention—*Natrum carbonicum*, which has in its pathogenesis "Violent inflammation of the inner canthus, and purulent swelling of the lachrymal sac, bursting in four days," and *Silica*, which has "Swelling in the region of the right lachrymal gland and sac." The correspondence of the *Natrum* symptom was undoubtedly the most marked, but I could not divest myself of doubts as to its genuineness. Its very completeness and severity throw suspicion on its reality—and this suspicion is confirmed by the fact that Hahnemann, in his prefatory remarks, makes no allusion to it in reference to inflammation or suppuration of the lachrymal sac. *Silica*, on the other hand, though its symptom was but the vaguest hint of an analogy to my case, is especially mentioned by Hahnemann as being useful in fistula lachrymalis. This determined me to give it in preference to the *Natrum*, not without misgivings I must allow. The result you have been made aware of—and henceforward to my mind *Silica* will always be suggested as a remedy for inflammation of the lachrymal sac.

The next case is of a very different character altogether, but

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resembles that I have just detailed in the difficulty of the selection of the suitable remedy from the records of the materia medica.

Disease of the Spermatic Chord and Epididymis.

Mr. J—, aged 35, consulted me on the 19th January, 1853. He states that in August, 1851, after a hard day's work at duck shooting in which he got wet to the skin, and subsequently sat for a long time in his wet clothes, he was exposed to great sexual excitement without relief. The effect of this was great pain and swelling of the spermatic apparatus of the right side. The testicle was swollen, and so was the epididymis and chord. A chirurgical knight whom he summoned to his aid attacked the swollen testicle with iodine; this failed to reduce the disease. The patient was ordered to lie in bed, to which he was confined for near three weeks, and during that time the testicle was alternately leeched and tightly bandaged. Some medicine was also given him which reduced him to a state of great weakness. An abscess formed at the lower part of the scrotum, which was opened. A sinus formed; this, too, was opened. The medicinal treatment now consisted of cod-liver oil taken internally, and rubbed on the testicle. Steel and iodine were also administered internally.

In January 1852, he consulted Sir Benj. Brodie and Mr. Cutler in London, who advised him to allow the sinus to heal up. It remained open after this for several months, when at length it closed up. The epididymis continued during this time to get smaller. In October, 1852, he went to Hamburg, where he caught cold, got a severe sore throat and enlarged cervical glands. The spermatic chord at the same time commenced to swell and got knotty, the epididymis also grew much larger; and has remained so up to the present time. Sinuses have formed about the scrotum, and small abscesses, which have discharged their contents repeatedly.

On examination, the right epididymis is felt enlarged and hardened, equal to a small walnut in size, about three times the size of the testicle it is attached to. The chord also is thickened and hard. A fistulous opening exists, apparently in connexion with the lower part of the epididymis, and discharges a little thick whitish matter. The scrotum altogether presents an irregular and discoloured appearance owing to the presence of the sinus, and the cicatrisations of former abscesses and sinuses. The water is always thick. There is but little

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pain in the diseased gland. There is a total want of sexual desire; the testicles on both sides feel soft and are small. The patient is nervous and desponding; he imagines he has lost all sexual power, and this distresses him the more as he is engaged to be married. He is also apprehensive that his disease may have a fatal termination, as a brother of his died of disease of the testicle.

I prescribed *aurum* 2, a dose every night and morning. In addition to the circumstances that seemed to point to this remedy, it has the symptom of swelling of the right testicle.

28th January.—Worse. The epididymis is larger, and there is a greater discharge of matter from the fistulous opening, of a creamy consistence and yellow colour. I now prescribed a medicine which seemed to have symptoms more accurately corresponding to those of the patient, viz., *sulphur* 12, a dose night and morning. In the pathogenesis of this medicine is to be found the following symptom:—"Thickening and swelling of the epididymis."

7th February.—He is much the same as he was when he first consulted me. The swelling has subsided to its former dimensions; the discharge is watery. I now prescribed *spongia* 1, a dose night and morning. Besides other symptoms relating to the testicle, Spongia has swelling of the testicles and of the spermatic chord in its pathogenesis.

13th.—The swelling of the epididymis feels more irregular, certainly not larger. A small abscess has formed and broken at the inferior part of the scrotum, it is connected with a sinus. Continue the *spongia*.

4th March.—The report is, that during the last ten days there has been great diminution of the swelling. Cont. med.

23rd.—Improvement still goes on. Cont. med.

3rd April.—The hard lump of epididymis seems almost gone, nothing remains but some indurated cellular substance around it. The chord is quite free and of natural size. The water is still thick, and has a pinkish sediment. Spirits greatly improved. He asks me if he may now marry. I give it as my opinion that I see nothing to prevent him. He says he has had little or no sexual desire for a long time. I promise him that will not fail when opportunity offers, and when he can get over the idea that he is impotent. He has had occasional seminal emissions at night, with pleasureable feeling, and without pain. To continue the Spongia for some time.

He married shortly afterwards, and I saw him again in June, when his testicle and chord were quite normal. He found himself quite

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equal to his marital duties. I heard from him again in March last. He says he is stout and well, and the epididymis of the affected side is in size and consistency like a freshly-made pill, which is little different from the normal state of things.

Headache Cured by Glonoine, by Dr. Black.

T. W., of a lymphatic temperament, began to suffer from headaches in the spring of 1849; he was aged 13. These headaches were cured for a time by the use of Spigelia. For nearly the next two years he suffered from enlarged tonsils and relaxed sore throat. These disappeared under the use of Hepar, Baryta, and Lachesis. Belladonna repeatedly caused increase of throat symptoms and headache, and this tendency to be thus acted on by Bell. still exists. When the throat got well, severe headaches, with great irritability of the heart, shewed themselves. The symptoms were generally a dull pain in the forehead, more especially over the eyes, increased by reading, drawing, or anything that required much use of the eyes, or mental exertion. When walking fast, or riding, or running a few steps the headache changed to a throbbing pain, felt both at the front and back of the head. The action of the heart very easily excited; no abnormal physical signs.

No cause could be discovered for the above symptoms. Various remedies were tried, and his studies almost entirely suspended, but with no benefit. With the view of strengthening the muscular system, and thus adding to the tone of the heart, I recommended a short stay at Malvern, in order to pursue a better water treatment, combined with kinesipathy. About five weeks of such treatment benefited the general health, but the headaches and state of heart were unchanged. A few medicines were occasionally given, but without avail; treatment was thus altogether suspended until the summer of 1853, when, struck with the marked resemblance of the pathogenesis of Glonoine to this case, I again advised a renewal of treatment. Glonoine was taken for a period of six months in the 3rd, 2nd, and 1st dilutions, with intervals of from a week to a fortnight without medicine. From the time this remedy was given the improvement commenced, and steadily increased; the headaches diminishing, and the heart ceasing to be irritable. He has been able throughout the spring and summer of 1854 to take long walks, to ride, &c., and can study five to six hours a day with ease, and without exciting headache.

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Driven out or Driven in?

The following case is related by Dr. Bähr of Hanover, and as it appears to us highly instructive we offer it for the reader's consideration. It is from Hirschel's *Zeitschrift für Hom. Klinik*, vol. iii, 12.

Miss S—, presented herself for treatment in April 1842. Her state was as follows: The right side of the dorsum of the nose from the origin of the eyebrow downwards for the length of an inch, and in breadth from the centre of the dorsum of the nose to the internal canthus of the eye (about five lines) was occupied by an ulcer with irregular flattened borders, uneven surface, and greyish-white colour. At the upper and lower part of this ulcer were two small warts, round and shining, and at their apices shewing a ramification of vessels. The deepest part of the ulcer was its centre, yet the bone was not exposed, and close beside this excavated part there lay a spongy elevated mass. The lower punctum lachrymale was imbedded in a similar mass. The whole bled easily on the slightest touch, especially the spongy parts, whereupon a brown scab often appeared, which was soon thrown off again. The purulent discharge was not considerable, the surrounding skin was normal, only there were upon the forehead and cheeks three warts similar to those above described, but not injected.

The history of the case was this: Some twelve or fourteen years previously, there appeared a wart near the internal canthus, where the ulcer is now deepest. This wart was precisely similar to those at the edge of the ulcer. It fell off and left behind it an ulcer of the size of a pea, which increased pretty rapidly. It was burnt with caustic several times, and that so severely that ophthalmia came on, the effects of which remain in several specks on the cornea. The ulcer was each time healed up, but in a short time was as bad as ever. Internally there were given at the same time, purgatives, mercury, iodide of potassium, in enormous doses, and tincture of iodine outwardly. All was in vain, so that at last the patient left off all medicine, and only dressed the ulcer with some mild salve. The history and symptoms clearly indicated the cancerous nature of the malady. The homœopathic treatment consisted of *arsenic* 8, six drops every two days for internal use, and for external use an ointment made with about two grains of the 1st decimal trituration of Arsenic, and a sufficient quantity of fresh lard. This was spread on a piece of lint, and fastened on the ulcer with sticking plaster. This dressing was at first renewed twice a day, afterwards more

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irregularly. After it had been applied for a few days, the warts reddened, became gradually reddish-brown, and in the course of about ten days they as well as the ulcer formed a very hard brown scab, when the eyelids, forehead, and one cheek became slightly inflamed and œdematous. The scab was softened and detached by means of water compresses in a few days, when the œdema disappeared, and the raw surface of the ulcer was treated as before. The œdema never returned again much. In a short time the greater part of the ulcer became clean, the suspicious looking spots were further cauterized with the Arsenic, the trituration of which was applied either dry or moistened. The healthy looking parts were not touched. They healed rapidly.

In six weeks a cicatrix was produced, which had a glazed appearance, and was only half the size of the original ulcer, at the lower punctum only there still remained a suspicious looking spot. This it was resolved to cauterize with the Arsenic, but the patient was obliged to go away before it could be done.

She returned in February 1853 in consequence of the spot at the lachrymal point having enlarged, and a small ulcerated point having begun in the centre of the cicatrix. The former treatment was commenced, and with such success that by the beginning of May the place was entirely healed up. The cicatrix was quite consolidated, the only thing that remained was the contraction it occasioned, whereby the eyelid was somewhat distorted, and the tears ran over the cheek owing to the destruction of the lachrymal point.

No general symptoms of importance shewed themselves during the treatment. Besides the œdema above mentioned, there occurred only occasional sleeplessness, anxiety, and oppression, stomach-ache, flying heat, increased thirst. About half a drachm of the trituration in all was used.

About Christmas she began to be troubled with pains in the stomach, which occurred frequently, but were not very severe. Suddenly, however, vomiting occurred. It followed the ingestion of the least food, whether solid or fluid, and became so violent that after thirty-six hours of agony the patient died. The attending physician was of opinion that she died of cancer of the stomach. A post mortem examination was not made.

The history of this case seems to us to justify the name bestowed of old on such malignant ulcers of the face, *noli me tangere.*

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OBITUARY.

Dr. F. L. Schrön.

THE following obituary notice of Dr. Schrön, so well known to all conversant with homœopathic literature, will be read with interest by our colleagues. It is taken from an allopathic journal, the *Aerztl. Intelligenz-blatt für Baiern*, No. 13, and may consequently be considered as the testimony of the allopathic school to the worth and science of a homœopathist.

" Dr. Carl Herrich, who died at the commencement of January of the present year, has been followed into eternity at the commencement of February by a dear friend and fellow-student, who, like him, was energetic and faithful in his calling as a physician, and as a man gained the esteem of all, and the warmest love and respect of many. His memory will long survive him in a wide circle of affectionate friends.

" We allude to Dr. Frederick Ludwig Schrön, royal criminal physician of Hof, who was born there on the 28th April, 1804, and died on the 4th of February, 1854.

" The writer of this short memoir of our late excellent colleague has to regret that his occupations, being very different from those of the deceased, he had seldom an opportunity of coming much in personal contact with Dr. Schrön, and hence he can scarcely succeed in giving his portrait-sketch with that justness and fidelity with which it must be impressed on the remembrance of those who had the good fortune to enjoy a longer and closer intercourse with our Schrön.

" Schrön was the youngest son of a justiciary commissioner, established in Hof. Until the year 1820, he attended the educational seminaries of his native town. Whilst a student at the gymnasium of that town, he occupied himself much with the natural sciences, especially mineralogy and botany. Sent to the University of Erlangen, he devoted himself with zeal to the study of medicine. At that time a fresh and living spirit animated the young hearts of the students, and the sciences, especially those bearing on medicine, had received a new impulse. In physiology, the writings of Johannes Müller, which opened a new path, had just appeared, and Schönlein's doctrines infused fresh life into the natural historical method of treating pathology. An unusual number of highly-gifted young men were at that period congregated in our Universities. Many of our most

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remarkable men, who are now distinguished for their services to science, church or state, were prosecuting their academical studies about the year 1820. Schrön entered on his scientific career with the greatest zeal. Remarkable for a great gift of eloquence, for genial humour, and pungent wit, he was among the foremost ranks of the most distinguished students; and all his university friends still retain a lively recollection of their former fellow-student. Schrön quitted Erlangen to follow Schönlein to Würzburg, whose course of instructions he attended with a real enthusiasm. Afterwards he went to Munich, where he took his doctor's degree after defending his inaugural dissertation, '*De digitali purpurea*,' on the 14th July, 1829. For this thesis he had availed himself of a series of observations respecting the action of foxglove made upon himself. At that time, as he expressly stated, he had no thoughts of practising that system of medicine which he afterwards adopted, and which was then beginning to be spoken about. But the experiments he at that time instituted on himself, seemed to have led his mind towards specific medicine. He used to ascribe to these provings of the 'heart-disease curing' digitalis, the origin of a disease of the heart, with which he had to contend for years, and which, as will be presently seen, ultimately killed him.

"After gaining his doctor's degree with éclat, Schrön went for some time to Vienna; and on his return to the narrower sphere of his native town he was employed as quarantine doctor on the occasion of the threatened invasion of the cholera. In 1833, he became a practitioner in Hof, and was soon in the enjoyment of an extensive practice. As a practical physician he early directed his attention to homœopathy; and to this, it should be remarked, he was not impelled by external circumstances or by love of gain, but by a pure scientific conviction. He studied earnestly and thoroughly the literature bearing on this method of treatment, and soon contributed by his own labours to its advancement. Therein he did not shew himself to be a blind follower of Hahnemann's doctrines; on the contrary, he rejected most of Hahnemann's dogmas, particularly his posological rules; he only acknowledged the therapeutic principle *similia similibus*, and contended for the idea of a local-specific action of drugs. This is not the place to consider the justification and the importance of this therapeutic tendency—but we must distinctly declare that with all the reproaches that have been with more or less justice cast upon homœopathists, none are applicable to our Schrön. His whole nature

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was entirely free from anything like quackery; he was thoroughly grounded in all branches of medical knowledge, and the ancient and modern medical literature; he was a skilful physiologist, and well acquainted with all the auxiliaries to diagnostic knowledge; he did not reject the well-founded experience of any method of treatment, though he remained more particularly faithful to the specific method. His work published in 1839, entitled 'The Natural Curative Processes, and the Methods of Treatment,' shews us how well he understood his therapeutic position. Hence Rudolph Wagner is quite right when, in his *Encyclopædia and Methodology of the Medical Sciences*, he mentions Schrön as one of the writers who have 'given a better direction' to homœopathy. And thus it happened that Schrön enjoyed the highest consideration among both allopaths and homœopaths. As proof of this we may point to his election as member of the Physico-medical Society of Erlangen, and of the Medico-chirurgical Society of Bruges on the one hand, and on the other, to his election as corresponding member of the homœopathic Union of Baden, and as honorary member of the Hahnemann Medical Society of London.

"But it was not only as a physician and a master of natural sciences, more especially of mineralogy and entomology, that Schrön enjoyed unbounded confidence and general recognition. The accuracy and acumen he exhibited in the observation and comprehension of the works of nature did not fail him in his estimation and appreciation of the imitative works of art. He was considered in the circle of his friends to be a competent judge of all works of painting and statuary, and even artists attached great value to his taste and judgment. Inspiriting and entertaining to a high degree in society, gifted with a fresh natural wit, precise and accurate in his mode of expressing himself, he was much sought after as an entertaining companion; he was an upright and true friend, and in his endeavour to be of use to his poorer and richer fellow-creatures, he was most unselfish and indefatigable. As a proof of his active benevolence, we may point to the Institution founded and conducted by him in Hof for affording assistance to poor married pregnant women, which still continues to flourish.

"After acting for fifteen years as assistant to the royal criminal physician of Hof, he obtained last year the appointment to that office after the death of his former principal. Of his efficiency as a forensic physician we have testimony in the utmost respect he invariably received for the reports and judgments he gave to the jury. Within

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a few days of his death, he had to lay before the jury the results of his investigations on the bodies of three persons who had been at various times poisoned by arsenic, and on this, as on other occasions, he shewed himself completely master of his subject. He was carried out of court to his own house very ill, and there he died suddenly, the death which he had long anticipated. An examination of his body, shewed ossification of the cardiac valves, and a true aneurism of the heart which had burst.

"Schrön leaves behind him a widow, previously a Miss Palm, of Erlangen, whom he married in 1833, and four children.

"Of his writings the most remarkable is that we have already alluded to—*Die Naturheilprocesse and die Heilmethoden*, published in 1837; another is entitled *Die Hauptsätze der Hahnemannschen Lehre*, &c., published in 1834. Schrön began his literary career in 1833, with an essay in vol. 3 of the *Allg. Hom. Ztg., on the size of homœopathic doses and their repetition.* He afterwards presented frequent contributions to the same journal, then to the *Hygea*, and latterly to the *Vierteljahrschrift*, conducted by Drs. C. Müller and V. Meyer."

Dr. C. Rummel, of Magdeburg.

This distinguished homœopathic physician died of typhus fever on the 10th of October, the first anniversary of the day on which his friend and co-editor, Dr. Hartmann, died. In our next No. we hope to be able to present our readers with a more extended biography of one who so long filled a prominent place in connexion with homœopathic literature, and who was so universally esteemed by the geniality and kindliness of his disposition, and by his zeal for the promotion of our common cause.

Mr. Henry Smith Searle.

We regret to have to record the death of this gentleman, which took place at his residence at Kennington Green, in January last, in the 56th year of his age. Mr. Searle was a Member of the Royal College of Surgeons of England, and was one of the first batch of Fellows of that College. He practised as an allopathic surgeon for many years at Kennington, and was the author of several works (vide Hom. Directory), and of some papers in the *Lancet* and *Medical Gazette*, pointing out the fatal tendency of the antiphlogistic treatment of inflammation and other diseases. He was a disciple of Brown, and wrote in defence of the mode of treating diseases recom-

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mended by that distinguished but unhappy author. He was a very well-informed and intelligent practitioner. About four years before his death he became a convert to the homœopathic system, and practised it with conscientiousness and ability. A year before his death he was elected to the medical staff of the London Homœopathic Hospital, and did duty at the branch Institution in Aldersgate Street with great punctuality and care. He had a respectable but not very extensive private practice.

During his last long and painful illness with cancer in the stomach, he was chiefly under the medical care of his brother-in-law, Mr. Kiernan; and owing to this circumstance he could not indulge uninterruptedly his own predilection for homœopathic treatment, but from time to time his sufferings were much mitigated by the use of *nux*, *arsenicum*, and *phosphorus*. It is somewhat remarkable that whilst to others his symptoms appeared unmistakeably indicative of cancer of the stomach, his learned relative remained to the last in doubt as to the precise nature of the disease. A *post mortem* examination removed all doubt on the subject. It has often been remarked that long-continued mental anxiety is one of the most common causes of cancer of the stomach. It is more than probable it was so in this instance. Mr. Searle changed his religious as well as his medical faith. Previously a Protestant, he embraced, a year or two before his death, the creed of his wife, and died a member of the Church of Rome. He has left a widow and four children to deplore his loss.

Dr. Emanuel Nusser

On the 30th of August Dr. Emanuel Nusser, of Augsburg, while devoting himself to the treatment of cases of cholera which had broken out in the town where he resided, fell a victim to the fatal pestilence. He had been particularly successful in the treatment of this formidable malady among his fellow-townsmen, but was unable to withstand its attack himself. He was 43 years of age at the time of his decease. Dr. Nusser is known to the homœopathic world by several useful suggestions relating to practice; and he at one time edited a homœopathic journal in conjunction with Dr. Buchner, of Munich.

Hofrath Wolff, of Darmstadt.

The Darmstadt local journal of September the 4th, gives the following obituary notice of this gentleman:—"Yesterday (Sept. 3),

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at half-past 6, p. m., the pensioned grand-ducal court-counsellor, Wolff, died, after a long and painful illness, in the 64th year of his age. He was an honourable and worthy man in the true meaning of the term, as is proved by his active life in the military as well as in the civil service—a brave, determined, and loyal soldier, a well-informed and able officer, highly esteemed by his comrades and his superiors. After the termination of the great war, during which he had received many honourable wounds, especially in the Spanish and French campaigns, which bore testimony to his qualities, he quitted the military profession and devoted himself with equal zeal to the civil service of his country. Of his zeal he gave many proofs; first, as clerk of the exchequer in various districts of the country; afterwards as superintendent of the lunatic asylum of Hofheim; and also for many years as member of the second chamber of representatives. All who came into contact with him can testify to his unwearied efforts to promote objects of general utility, his successful efforts for the benefit of his fellow-creatures, his benevolence, and they knew that he was more bent on serving others than himself. Whatever Wolff undertook, he entered on it with all his soul and energy. This is shewn, among other things, by his labours to promote homœopathy, in which art he is considered quite an authority, as is shewn by many writings he published.—In a word, he was a man in the true sense of the word, and his numerous friends will receive the tidings of his death with deep sorrow. All that art could do was done to prolong his life, which was threatened by an organic disease of the heart. His sufferings commenced in February, so that he was altogether seven months ill. May the ashes of this brave man rest in peace!"

HOMŒOPATHIC INTELLIGENCE.

Hahnemann's Correspondence.

In Dr. Romani's "*Elogio Storico di Samuello Anemanno*," we find among other letters of Hahnemann, the following, which are interesting, as they give us an insight into the mode of practice adopted by him in the last ten years of his life.

The first is a letter addressed by Hahnemann to a Russian General residing in Naples. It refers to a child of the latter, a boy

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of 10 years of age, who had a serious affection of the eyes (probably scrofulous ophthalmia, though Dr. Romani does not inform us what its nature was).

"Your Excellency, "Koethen, 31st August, 1833.

"However well I might treat your son medicinally, it will be impossible to cure him unless his mode of living be completely altered, and that immediately. It is evident that the mode of treatment hitherto adopted for his case, has been very erroneous, if not highly prejudicial.

"His whole constitution, physical and moral, is not at all established, but on the contrary, very undecided. If an effort be not made to procure for him a more robust physical frame, and a more active moral energy, the best medicines will be without effect upon him. His affected eyes will never recover if their vitality, as at present, shall continue to shew such a weak reactive power. The cure of every disease chiefly depends on the active reaction of the vital forces, stimulated by suitable medicines. It seems that your former physicians were not alive to this truth. They talk of putting off the treatment of the patient until next year. Then it will be too late to obtain his cure. In order not to lose such precious time, I forward seven small globules. The patient is to take one of them every seven days, in the morning on an empty stomach. The globules are to be dissolved in a spoonful of water. When taking the globule marked No. 1, the patient is to smell at the same time with both the nostrils at the tube marked *S.* He must smell at the tube *C.* when he takes globule No. 3, and smell at the tube *H. S.* when he takes globule No. 5. Each time, I should remark, he should only make one olfaction.

"At the same time he must avoid all other internal and external medicines, all those things called domestic remedies, perfumes, dentifrices, baths, spices of all sorts in his victuals, and acids; he must not even smell them. He should drink wine and water: a sixth part of his accustomed quantity of wine, with five-sixth parts of water. He must abstain from tea, coffee, punch, and all other alcoholic beverages.

"I advise him to walk every day in the open air for two hours.

"Every week his state of health should be noted in a journal.

"I have the honor to be, &c.,

"SAMUEL HAHNEMANN."

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From what we know of Hahnemann's practice at the period when the above letter was written, we have little difficulty in guessing what was his exact treatment of this case of strumous ophthalmia. In 1833, as we learn from the last edition of the *Organon*, he was addicted to the administration of medicines by olfaction; so much so that he says (*Org.* § cclxxxviii, note) that in this manner they act most surely and most powerfully. It is then probable that the globules directed in this case to be taken by the mouth were unmedicated, and that the medicine was contained in the tubes, which were apparently Sulphur, Calcarea, and Hepar sulphuris. These medicines were thus administered at intervals of a fortnight. At that period, Hahnemann seldom gave a medicine in a chronic case oftener than once a fortnight or month. Latterly, as is well known, when he adopted the plan of giving medicines in solution, he advised the repetition of the dose every 24 or 48 hours in chronic diseases. (*Chron. Dis.* iii, Preface.)

The letters that follow give us some information respecting his practice during the last years of his life.

"Sir, "Paris, 5th June, 1841.

"I have directed to you one of my dear patients, Mlle. D' Argout, who intends passing some days at Naples with her father.

"If during her residence there she should require your care, you will have to exercise the greatest caution in treating her, in consequence of her excessive susceptibility. One globule of medicine in fifteen spoonfuls of water, of which a teaspoonful is mixed with a large bottle of water, and well shaken, will suffice for her. Of this she should not take more than one or more teaspoonfuls in case of an acute attack.

"I hope you have received my letters, and the little portraits of me which Madame Hahnemann forwarded to you. We wish you every success, and offer you our affectionate compliments,

"SAMUEL HAHNEMANN."

The two next letters relate to a patient affected with cancer of the tongue. It was a hopeless case, and Dr. Romani being at a loss what treatment to pursue, applied to Hahnemann for assistance.

"Paris, 4th January, 1843.

"I have read with all the attention it deserves, the consultation of

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Mr. N. N., and hasten to send my advice to Dr. Romani, to whom I present my sincere regards.

"The disease is of the gravest nature, and has been aggravated by the bad treatment of which the patient has been the victim. In order to be cured, he will require to follow strictly and for a long space of time the homœopathic mode of treatment. If we are asked to perform a miracle, it is but fair to allow us time to perform it in.

"The patient must take very little salt, and must abstain generally from all irritating things. He should live principally on animal food, especially beef-tea; and if he take meat, it should be well cooked and finely minced, and a little beef-tea added to it so as to make it into a kind of *purée*.

"Large pieces of food should not be put into the mouth, because, as mastication is painful, it will be prejudicial to the cure of the tongue. I would advise the patient to abstain entirely from wine: I consider this a most important point to attend to. I also advise him to speak as little as possible, or even not to speak at all. He may write on paper what he wishes to say to those about him. It is scarcely necessary to say that coffee, tea, vinegar, lemon and spices are prohibited. He should not drink much soon after eating. Too great a quantity of liquid taken during the process of digestion is injurious to that function. The patient should go out every day and walk in the open air, but not so as to fatigue himself.

"The medicinal powder enclosed is to be put in a smooth bottle with fifteen spoonfuls of water and one of alcohol or rum. The bottle is to be strongly shaken ten or twelve times. Then a table-spoonful of this medicine is to be put in a tumbler containing ten spoonfuls of water. The mixture in the tumbler is to be stirred for half a minute with a small spoon. The first and second days the patient is to take a teaspoonful of the liquid; the third and fourth days he is to take two teaspoonfuls; the fifth and sixth days he is to take three teaspoonfuls of the fluid in the tumbler; and thus he is to go on adding a teaspoonful more every two days. But if any aggravation of the pain in the tongue should ensue, he is immediately to diminish by one the number of teaspoonfuls; and if the aggravation does not cease he must diminish gradually the number of teaspoonfuls.

"The tumblerful of water should be prepared afresh every day

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and what remains should be thrown away, in case any mistake should occur.

"Every day the state of the patient should be carefully recorded in writing; so that an exact account of his condition may be obtained: the present will thus serve for the future. Moreoever the appearance of the disease should be accurately examined and recorded every day.

"The medicine in the bottle should be shaken ten or twelve times every morning, before making the mixture in the tumbler: this is of the greatest importance.

"The medicine I enclose is *acidum muriaticum*. On account of the gravity and complications of the disease, I cannot at present suggest any others. I shall be able to do so after the present medicine has been consumed if you will consult me.

"The disease is by no means a mere local one, notwithstanding that its visible sign is confined to one spot. It is the product of a psoric disease, and above all, of the monstrous treatment to which the patient has been subjected. I beg to know the name of the patient, as it is not my habit to prescribe for anonymous individuals.

"SAMUEL HAHNEMANN."

Dr. Romani having written to give an account of his patient after the above prescription, received in reply the following letter:—

"Paris, 25th February, 1843.

"Doctor and Friend,

"I have received your letter of the 9th of February, containing a particular account of the health of Mr. N. N., during and after the use of the *acidum muriaticum*, which was one globule of the 30th attenuation.

"I now enclose you *thuja*, two globules of a very highly perfected dynamization, which will be fully described in the forthcoming sixth edition of my Organon.

"The powder is to be put in a new bottle with eighteen spoonfuls of water and one of alcohol or rum: the bottle is to be vigorously shaken, and one spoonful of the mixture is to be put in a tumblerful of water—the tumbler should contain ten or twelve spoonfuls of water—and this well stirred with a spoon. The patient will take a teaspoonful of this mixture early in the morning fasting, and every subsequent morning he will increase the quantity taken by one teaspoonful. The tumblerful of medicine must be prepared afresh

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every morning, with the spoonful of medicine out of the bottle, which latter should be shaken strongly twelve times every morning. In order to avoid mistakes, what remains in the tumbler should be thrown away whenever the dose has been taken.

"If while thus increasing every morning the dose by one teaspoonful, the patient should suffer more in the tongue, or rather if his pains should become aggravated, or the tongue should shew externally some aggravation, then he must cease to increase the quantity of medicine he takes by one spoonful every day, and he must only take a single spoonful every morning. He should not neglect to pass some portion of every day in the open air, except those days when it rains violently; in that case he must stop at home, or take a drive in a carriage.

"I am deeply sensible of all your marks of friendship, my dear doctor, and am happy to be loved so cordially. I hope you may remain happy, and in the enjoyment of good heatth, and I pray God to bless you.

"SAMUEL HAHNEMANN."

Dr. Romani does not tell us the result of the treatment of this case. Doubtless the disease terminated in the usual way, either under Romani's care, or that of some other physician, for it is rare that a patient, affected with such an incurable disease, remains constant to one physician.

These letters shew in a striking manner the vast difference in Hahnemann's mode of administering remedies between 1833 and 1843. At the former date one single dose of a remedy was to be given, its action allowed to continue uninterrupted for a week, a fortnight, or even a month, and on no account was another dose of the same medicine to be given without the interposition of some other medicine, which also was allowed to exhaust its full term of action. In 1837, as we learn from the last edition of the *Chronic Diseases*, his views on the subject of the repetition of the dose altered very materially. He then advised that in chronic maladies the medicine should be repeated not seldomer than every forty-eight, but more usually every twenty-four hours. During his last years, as we learn from the above and other documents, his practice was not only to give the medicine every day, but to give it in increased doses until aggravation supervened.

He alludes in one of the foregoing letters to the discoveries rela-

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tive to the preparation and dose of remedies to be revealed in the sixth edition of the *Organon*. The publication of this work has, as is well known, been withheld by his wife, and we are not sure that it would add much to its author's fame, for we scarcely think the art of medicine could have derived much advantage from the speculations of an irritable octogenarian, who banished from his presence all who ventured to differ from him in the slightest particulars.

Homœopathic Treatment of the Insane.

In our last vol. p. 484, we mentioned that Dr. Kallenbach had promised to give us some more details respecting Dr. Wittfeld's treatment of the patients in his lunatic asylum. We find that he has fulfilled his promise as well as he could; but the mode in which Dr. Wittfeld kept his books does not seem to have been very perfect, consequently Dr. Kallenbach is only able to present us with very scanty information on the subject. Such as it is we offer it to our readers, as it appears in a recent No. of the *Allg. Hom. Ztg.*

"It is (says Dr. Kallenbach) remarkable that Wittfeld seldom or never used those homœopathic remedies which are known to be useful in mental diseases, and which have been recommended by Hahnemann himself, such as *verat.* and *helleb.*; that on the other hand he very frequently used others which are usually looked upon as nearly inert, such as *viola odorata* and *teucrium.*

"He very seldom stuck long to one medicine, he generally prescribed a series of medicines to be taken one after the other, often a dose every day, more frequently every two or three days.

"Patients who were brought into the institution in a state of mania, always got *bellad.*, *cicut.*, and *stram.*, either one of these or two or three of them in the above order. The maniacal state generally went off after from two to eight days, so that there can be no doubt of the action of those remedies. I am unable to find the special indications for the employment of these medicines in his journals.

"The following remedies were frequently given for the states mentioned in connexion with them, and appear by Dr. Wittfeld's account to have acted successfully. *Arnica* in mania, where the patient is in possession of his senses. *Digitalis* in intermitting mania, melancholia alternating with great irresolution, great debility

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after the attacks, always accompanied by marked disorders of the digestion. *Phosphorus* (very often prescribed) efficacious in mania with predominant happy disposition. *Ignatia* in melancholia after disappointment in love (here also *staphisag.*), when there were at the same time symptoms of spinal affection. *Secale* in great excitement, when the patients became completely furious, and threatened to commit acts of incendiarism; it was generally used for women, probably in consequence of derangements of the uterine system. *Ambra* in melancholia, where the patients would sit the whole day long quite silent and often wept (frequently in alternation with *pulsat.*), usually accompanied by great prostration of the strength, pain in the small of the back, and constipation. *Selenium* in great obtuseness of the senses, complete insensibility and indifference to external impressions. *Opium* in visions, especially in patients who had been too much addicted to the bottle. *Viola odorata* in distraction, childish behaviour, disobedience, refusal to take food, at the same time very low voice: often alternated with *acid. phos.* *Oleander* often did good in melancholic states with obstinate constipation. Besides these, *sepia*, *conium*, *staphisagria* and *iodine*, were frequently given when the symptoms pointed to them."

Coroner's Inquest at Brooklyn, New York.

Another of those violent efforts to undermine the confidence of the public in homœopathy, which are from time to time put forth by our professional opponents, has lately been made at Brooklyn, New York; terminating, as has invariably happened in similar instances, in the signal defeat of our allopathic assailants.

The inquest referred to appears to have excited considerable interest on the other side of the Atlantic, the investigation having extended over seven days, and the report occupying upwards of eight closely-printed columns of the New York *Evening Post*. The history of the matter is simply as follows:—Dr. Wells, a homœopathic physician at Brooklyn, lost a patient; the parents of the child were induced to allow a *post mortem* examination to be made by the allopaths; after which the coroner of the city called a jury to ascertain whether the deceased had come to her death in consequence of mal-practice on the part of her medical attendant. The coroner, it is important to remark, is an allopathic practitioner,—and, as is very clear from the *animus* with which he seems to have conducted the enquiry, has anything but a friendly feeling towards his homœopathic brethren, or the system of therapeutics they practise. Indeed, as far at least as homœopathy is concerned, he evinces

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a strong resemblance to a certain notorious coroner, who holds his courts in and around the metropolis of this country.

The first witness summoned was Dr. Wells, whose statement was to the effect, that when first he was called to see the deceased, a girl of twelve years of age, she was suffering from meningitis, which was recovered from in about ten days; on this followed intermittent fever, at first of a tertian, but subsequently of a quotidian type. The fever lasted for nearly eight weeks; the paroxysms during the last four gradually becoming but little more than noticeable. At the end of this time the mother, who was in constant attendance on her sick child, had an attack of mumps, was prescribed for by Dr. Wells, and recovered. The deceased now complained of symptoms about the neck, which appeared to indicate that she was going to be similarly affected. Two days afterwards severe headache set in, convulsions supervened, a large quantity of dark blood was vomited, and in a few hours she was dead. Dr. Wells having given in detail the above report, the *Evening Post* says—

"The coroner then questioned him as to the treatment, which was the usual homœpathic treatment of meningitis and intermittent fever. Three hours were spent in cross-questionings and endeavours to entrap Dr. Wells, during which the whole theory and practice of homœopathy were unfolded and explained, the evident object of the coroner being to cast discredit upon this system of medical practice."

Dr. Wells was now examined as to his opinion of the nature of the disease, and the cause of death. The latter he believed to be a "metastasis of the mumps to the brain."

In reference to the treatment pursued in this case, the following examination was instituted by the coroner:—

"Q. Is not quinine a specific remedy for ague and fever?

"A. No. It is a specific remedy for some forms of ague and fever: for those forms which are similar to the symptoms which quinine produces on the healthy subject, and for no others. I do not often use quinine, because the form of ague and fever which it cures is not very common in this part of the country. It oftener suppresses ague than cures it. I have given it in a few cases, and cured one. I gave it in the first and third centesimal triturations.

"Q. Is there enough force in these small doses?

"A. That depends on the similarity of the diseased condition to the disease which the drug is capable of inducing in the healthy person; the greater similarity, the smaller the dose required to effect a cure. The reason why homœopathists succeed in curing with such small doses is because they select their remedies in accordance with this similarity."

The paper then goes on to say—

"Dr. Wells's examination lasted six and a half hours, and was chiefly on topics wholly irrelevant to the case, which is an inquest into the cause of the death of the child."

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On the following day Dr. Dunham, who had seen the patient in consultation with Dr. Wells, was examined. His report of the case and opinion as to the cause of death coincided in every particular with Dr. Wells's.

Dr. Hall, a homœopathic physician, who likewise saw the patient in consultation with Drs. Wells and Dunham during the last few hours of her life, was now called and agreed with the other medical men both as to the cause of death, and in the propriety of the treatment which had been pursued.

Dr. Wellard Parker, the professor of surgery in the New York College of Physicians and Surgeons, who, with Drs. Gilman and Wood had made the *post mortem* examination, stated that he had found the arachnoid thickened and opaque, the pia mater congested and thickened; the lungs highly congested throughout; the spleen congested, and four times its normal size; and the kidneys were the seat of Bright's disease. From these appearances he says that—

"Had the history of the case not been related to me, I should have said the deceased had had intermittent fever. That is a common disease in this region; the treatment is well understood by every physician. The cause of the disease is supposed to be a poison, the character of which is not known, and the great antidote was bark and is now quinine. Arsenic holds a high rank as a remedy, and so does ducking head over heels in cold water. Quinine is the great remedy."

The coroner then proceeded to enquire into the witness's knowledge of homœopathy, and was answered:—

"Years ago I went thoroughly into the study and practice of it. I found the high dilutions invariably inefficient. With the low dilutions of aconite, arsenic, nux vomica, corrosive sublimate and belladonna I got good effects. These are remedies we use with great caution, and make them our dernier ressort.

"Q. (*Coroner.*) Have you witnessed or heard of any ill effects from these low dilutions?

"A. Yes, from *phosphorus* and *nux vomica*. I have seen *rhus* produce its peculiar eruption."

Dr. Parker, it appears, has "got good effects" from low dilutions of medicines administered homœopathically—he does not draw any comparison between his results so obtained, and those which have followed his allopathic practice; neither does he state any good or sufficient reason for not always using homœopathically selected low dilutions. He is the first physician we ever heard of who, having gone "thoroughly into the study and practice" of homœopathy, returned to the vague and uncertain theories of allopathy. We are curious to know his reasons for having done so; and what he understands by going thoroughly into the study and practice of a system of medicine.

The next witness, Dr. Gilman, who assisted at the *post mortem*, gave

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an account of it in all respects similar to that of Dr. Parker. He denied the existence of mumps; and consequently, that death resulted from a metastasis of that disease to the brain. He attributed the congestions of the internal organs, and the fatal event, to the intermittent fever; for the occurrence of the convulsions he advanced the following original theory: he says,—

"I suppose the convulsions originated from the paroxysms of fever and ague, which produce, as is admitted on all hands, congestions of internal organs and, among them, of the brain. The hemorrhage came from the lungs. I suppose the blood rushed to and fro in the body of the child, until she could stand it no longer, and then the vessels gave way. It was an effort on the part of nature to cure the disease, (!) and the remedy was worse than the disease, and destroyed life."

Of course Dr. G. denies in toto the efficiency of the remedies employed; but, unlike Dr. Parker, does not appear to have tried them in any case.

A Dr. Dudley was then called, and in the course of his examination makes the following observations:—

"I think the child died of hemorrhage. I attended the *post mortem* examination. We could discover no traces of any drugs or poisons. If the organs had been affected by the medicines given, we should have discovered it; the small quantities given could not have produced any effect. I have experimented and know that the high dilutions have no effect; I have obtained good effects from homœopathic remedies in large doses.

"Q. (*Juror.*) State particularly what remedies you have tried in your experiments, and for how long a time your experiments lasted?

"A. (In some confusion.) I have tried aconite and nux vomica several times—got no effects from high dilutions—never tried them on healthy persons. I do not, from my own knowledge, think that mumps ever seriously affects the brain."

The coroner here wished to close the enquiry, and proposed to the jury that they should retire to consider their verdict—but from the evident *malus animus* of the coroner towards homœopathy, they stated through their foreman, "that as the case seemed to have been pushed beyond the usual limits of an inquest, and to have been made a question between two medical systems, and as they had heard evidence on only one side on this point, they would like to have further evidence, and would give the coroner the names of some homœopathic physicians whom they wished him to summon as witnesses, viz.: Drs. E. Bayard, B. F. Joslin, B. F. Bowers, and J. F. Gray, of New York. 'Very well, gentlemen, said the coroner, warmly, 'if you wish to prolong the matter, I am willing; but if you hear two or three homœopathic, and three or four more allopathic witnesses, you will have enough to do.' Adjourned to Friday next, 2 P. M."

Accordingly, the following day was occupied in the examination of Drs. Wood, Smith, and Clark, all allopaths, and the two latter professors in the New York College of Physicians and Surgeons. The first-named,

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having assisted at the *post mortem* examination, detailed the appearances observed; to which we have previously referred. He then entered into an account of the pathology of mumps, and intermittent fever; stating, that the latter is "not a dangerous disease," and that he "never knew a patient die from it." He expressed his "theoretical opinion," that the patient had not mumps, but "could not say whether she had the inception of them or not." The convulsions he believed to arise from the pulmonary congestion. In reply to some questions by a juror, Dr. W. made the following extraordinary remarks:—

"From the symptoms read by the coroner, I should not in this case have departed from the established line of treatment. The treatment of homœopathists in this disease is the same pursued by allopathists. (!) Hahnemann held that the principle, '*similia similibus curantur*,' was fully established in the treatment of this disease. There is no getting rid of the disease without using the anti-periodics."

The next witness endeavours to explain to the jury the pathology of intermittent fever; and being, as he says, "practically unacquainted with most of the remedies given," he declines giving any opinion as to the efficacy of the treatment. How favourably does such an honest avowal of incompetency contrast with the hasty, and too often wilfully, false statements of the value of homœopathic medicine hazarded by our brethren of the old school! Dr. Clark, having heard the report of the *post mortem* examination, attributed death, not to the lesion of the brain, which he stated to be of old standing, but to congestion of the several organs of the body, produced by intermittent fever. He considered that a metastasis of mumps could not occur without the disease having been first fairly developed in the parotid glands. The coroner then asked the following question:—

"What is the *modus operandi* of medicines in general?

"A. The question is too big for me. We don't in general know. We only know they act. The use of medicines is all the result of observation."

The witness further says—that he has no experience in the homœopathic treatment of disease, and therefore cannot give an opinion upon it. Another instance of a degree of candour it would be well for some of our opponents to imitate.

At the next meeting of the jury Dr. Gray, a homœopathic physician, well known in New York, was called: we give the report of his examination and cross-examination in full—

"Dr. John F. Gray, of New York, a homœopathist—I have seen congestion occur in intermittent fever. My treatment is with anti-periodics. The chief used by me are quinine, arsenic, ipecac., and tartar emetic. During the paroxysm I sometimes give opium, if congestions occur during the cold stage, and aconite and belladonna during the fever. In the choice of remedies I am governed by the homœopathic law; as to doses I follow

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my own experience. The main maxim of this law is *similia similibus curantur*. This does not apply to doses—these are a pure matter of experience. Perhaps in a majority of cases I use quinine. It is but right to add that in this respect I differ from a great majority of my colleagues. If the case is not complicated, I generally find the third or fourth paroxysm to terminate the disease. The cases in which I use quinine are those in which the chill and fever are followed by a copious sweat.

"Q. From the testimony given by Dr. Wells, what do you think of this case?

"A. I can't answer in full. She appears to have had inflammation of the brain and *then* intermittent fever. (Then follow irrelevant inquiries into Dr. Gray's mode of practice, &c.)

"Q. In my opinion mumps belong to the natural family of erysipelas. They consist of inflammation of the parotid, and are, properly, divided into two stages—the incipient and developed. The former lasts from six to forty-eight hours, sometimes even longer; is marked by loss of appetite and great loss of strength, nausea, headache, bad taste and peculiar pain in centre of forehead. Sometimes in this stage, there is a decided chill, followed by fever—this is almost the rule in this country.

"Not unfrequently this stage of mumps is attended with convulsions, especially in children who have not reached the age of puberty. There is often, too, a state verging closely on *coma*, and I have often been agreeably surprised to find cases of this kind after several hours fairly develop themselves into mumps. I wish to remark to the jury that mumps is a disease almost entirely unknown in some parts of Europe, and hence in European medical works it is scarcely mentioned; and therefore in its treatment here every physician has to depend upon his own experience, &c. The second stage is when inflammation of the parotid gland has begun to appear.

"Q. In which stage do you consider the danger the greatest?

"A. In the incipient stage, in which metastasis is more liable to take place.

"Q. At what period may convulsions be expected to occur?

"A. They occur generally before the inflammation of the parotid gland occurs.

"Q. How do you treat the incipient stage?

"A. Belladonna and mercury, &c.

"Q. (*Juror.*)—Suppose you had a case of inflammation of the brain immediately followed by intermittent fever, would you then make use of quinine?

"A. As an abstract case—if the inflammation of the brain were all gone—I should then use quinine, if indicated by the form of the fever.

"Q. (*Juror.*)—Would there be any hazard attending such practice?

"A. Yes, if there had been such a previous inflammation as to leave

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lymph deposits on the membranes of the brain; but only the physician in attendance would be able, I think, to decide this question.

"Q. (*Coroner.*)—If no symptom of brain disturbance had existed for five days, what should you do?

"A. I should treat it as an uncomplicated case.

"Q. (*Juror.*)—Are convulsions usual or necessary results of congestion?

"A. I cannot say; I see no connection between them.

"Q. (*Juror.*)—How are convulsions produced?

"A. They may be produced by fear, fright, shocks, poisons, &c. They often occur to young children in intermittent fever, very much oftener than to adults.

"Q. (*Juror.*)—When do they generally occur in intermittent fever?

"A. Whenever they occur it is always in a chill. I never knew them to occur after the chill had lasted over one hour; never after it had lasted over fifteen minutes. The same may be said of mumps; they always occur in the incipient stage.

"I consider my patients free of danger when they have been sick an hour or two hours.

"I do not remember ever hearing of a case of mumps arising during intermittent fever. I do not say it may not be.

"Q. You are aquainted with this case—in your opinion, would convulsions be likely to occur in it.

"A. I should not think them likely to occur with simple stiff neck or tenderness of one side of the neck. (The coroner read to Dr. Gray only the specific symptoms described by Dr. Wells, not the signs of general constitutional disturbance.) But on the other hand, the presence of convulsions in such a case would lead me to suspect that the child was labouring under some very unusual, new and dangerous irritation, not connected with the intermittent fever. The testimony read, showing that mumps existed in the house, would lead me to think that the irritation in this case might have arisen from mumps, inasmuch as the convulsions occurred so long after the chill had passed.

"Q. (*Coroner.*)—Suppose no mumps had been in the house, with such symptoms as have been described, would you be led to suspect it was mumps?

"A. I should suspect it was one of three things, viz.: Some eruptive fever, the presence of poison, or mumps.

"Q. Why should you suppose so?

"A. Because of the case being so entirely out of the usual course of intermittent fever.

"Q. When does inflammation of the brain occur in a case of mumps?

"A. I think in a majority of cases it occurs before the inflammation of the parotid gland commences.

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"Q. Have you heard of or seen a case of inflammation of the brain occurring in a case of mumps?

"A. I have heard of cases of metastasis to the brain, but never saw one.

"Q. (*Juror.*)—Have you any experience with the 30th centesimal preparations?

"A. I ceased to use them 22 years ago, having previously used them. I thought I cured intermittent fever with them then. I am now satisfied with my present mode of practice. At that time I never lost a case of intermittent fever. Have since lost two cases under desperate circumstances.

"Q. (*Juror.*)—The practice adopted in this case was that which would have been adopted by almost every homœopathic member of the profession throughout the world. I may, perhaps, say it was not in accordance with what I, myself, would have done. I generally use stronger doses, but I should have adopted the same law. The majority of homœopathists would go with Dr. Wells.

"Q. In what stage does the translation of mumps occur?

"A. In the incipient stage. Inflammation of the brain is very apt to occur in a case of mumps.

"Q. When might metastasis be expected to occur?

"A. Metastasis could not take place until after the second stage had begun, although mumps would, of course, attack the brain, primarily, in the incipient stage. There might have been inflammation of the sexual glands, but this never takes place before the age of puberty.

"Q. (*Juror.*)—I have never had a case of intermittent fever last many weeks. Perspiration does not always occur in the paroxysms. In many cases the fever is not followed by sweat. These would not be quinine cases.

"Q. (*Juror.*)—From what I have heard and know of this case, I think that mumps were present."

At this stage of the enquiry the bias of the coroner was exhibited in a very marked manner. The jury, at a previous session, had requested that Drs. Joslin, Bayard, and Bowers should be summoned for examination as to the power of homœopathic medicines; on their names being called, they were found absent; and the coroner having been asked if he had summoned them, and replied in the affirmative, evidence to the contrary was immediately produced—no subpœnâ having been served on either of these gentlemen up to the hour of the meeting! On this the New York *Evening Post* remarks—

"Thus it appears the coroner had no intention of allowing the jury to hear testimony on the side of homœopathy, although he had made the question at issue one between the two systems."

Dr. Bowers, however, happening to be present, was sworn, and expressed himself as follows:—

"I think the case began as meningitis, which was followed by a mala-

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rious remittent. This became intermittent, and was terminated by a fatal convulsion induced by the specific irritation of mumps. I suppose the case was complicated throughout. My impresssion is the brain was never restored to absolute soundness throughout the whole case.

"Q. How far should you agree with the treatment pursued in this case?

"A. I should, in a similar case, be guided by the same principles.

"Q. In the cases of intermittent you have seen, where has the congestion, when present, been?

"A. I have seen it in brain and lungs, indicated in the former by *coma* and in the latter by labored respiration. (Then followed a multitude of abstract questions about homœopathic treatment, wholly irrelevant and very impertinent)."

The subsequent examination of Dr. Bowers related to the pathology of intermittent fever,—congestion,—and convulsions.

Dr. Watson, (allopath), surgeon to the New York Hospital, was next examined. His opinion coincided with that of the other medical men called, as to the primary nature of the disease; in reference to the immediate cause of death, he thought it quite possible that a metastasis of mumps to the brain had occurred. The treatment he adopted in cases of ague was the administration of quinine in large doses. He was generally successful; but, unlike the other allopaths who had been examined, he acknowledged that cases occasionally resisted treatment for many months.

On the fifth day of the inquest, the proceedings commenced by Dr. Dunham entering into some explanations as to his connection with the management of the case, gave his opinion as to its nature, and the pathology and treatment of intermittent fever. Some anxiety appears to have been manifested by the parents to obtain further professional advice for their child, and in answer to a question by a juror on this point Dr. Dunham says—

"I don't remember Mr. Lottimer ever mentioning to me his desire to have additional medical attendance. Mr. Edey met me and said he was going up for Dr. Gray; I think I asked, is that Mr. Lottimer's wish? I remember distinctly saying that if Mr. Lottimer wished to have the opinion of Dr. Gray, or even of any allopathic physician, he ought to have it, by which I meant I had no objection; but that if his object was to intimate to us that we might feel free to call for additional advice, if we felt we needed it, then I did not think it at this time necessary, and I did not think if we did select, we should select Dr. Gray."

From a subsequent part of the examination this refusal to meet Dr. Gray (for, as we shall presently see, Dr. Dunham's observation amounted to this) appears to have arisen from his generally using low dilutions, Dr. D. and Dr. Wells, on the other hand, being in the habit of prescribing the higher attenuations. Declining to meet a brother-practitioner on such trivial grounds, we cannot but consider reprehensible, and more particularly

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when the physician proposed to be consulted is a man of the age, experience, and position of Dr. Gray.

The father of the child was then examined, and stated the general progress of the illness from its commencement to its termination. He seems to have desired Dr. Gray to be consulted very much, and in reference to this wish, as he says frequently expressed, he remarks,—

"Had I not been prevented from the fact that Dr. Gray was somewhat different in practice, and my respect to the medical profession, I should have had him called in that night."

The nurse was then examined, but without adducing any evidence of importance.

Dr. Joslin was now called, and testified to the success of homœopathic treatment, and of the efficiency of the high dilutions in intermittent fever. He also explained to the jury what was understood by the term Homœopathy, and gave a slight sketch of the history of the system. Dr. Joslin's examination being concluded,—

"Dr. Wells asked permission, since there seemed difficulty in getting testimony on certain points in this case, to introduce as evidence statements made and sworn to before a commissioner by Drs. C. Hering, C. Neidhard and A. Lippe, homœopathic physicians, of great eminence and experience in Philadelphia.

"On request of the jury, Dr. Wells stated that the points testified to by these gentlemen were the following:—

"1. Congestions and convulsions caused by intermittent fever occur during the chill, and never during the interval.

"2. From the history of the progress of this case they would not have been likely to occur in it; but that the favorable issue of this case seemed from the history to be certain.

"3. Mumps and intermittent fever have been known by these gentlemen to co-exist actively.

"4. Mumps and intermittent fever have been known to attack the brain without first producing swelling of the parotid gland; and in such cases congestion and fatal convulsions have followed.

"5. The 30th centesimal preparations have been used successfully by these gentlemen in treating intermittent and other diseases, during an experience respectively of twenty-six, twenty, and sixteen years of large practice.

"The coroner refused to admit these affidavits as evidence."

On the following day the mother of the deceased was examined. She appears to have been very anxious about her child for some time before its death. But beyond this, and her statement that Drs. Wells and Dunham told her when ill about a week before her child's death that she was suffering from mumps, no further evidence as to the nature of the case, cause of death, or character of the treatment, was advanced.

Dr. Rosman was afterwards called, and the following is his evidence:—

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"Am a homœopathic physician at Brooklyn; the homœopathic law is *similia similibus curantur*, that is the whole of it; the sizes of the doses of medicine have nothing to do with it; I profess to practise according to to that law, and use my medicine in doses which, I think, will cure my patients.

"I treat intermittent fever with *ipecac.*, *belladonna*, *arsenic*, *nux vomica*, *Peruvian bark* and *quinine*; use the mother tinctures, some five or six drops in half a tumbler of water; the doses are a spoonful; might use a table or teaspoonful, or double the quantity; of nux, sometimes the first and sometimes a centesimal dilution; I vary the doses of quinine; sometimes give half a grain; use it when necessary.

"*To a Juror.*—I have heard a portion of this case; independent of the reputation of Dr. Wells, I am satisfied of his treatment; I should, perhaps, have used stronger doses than Dr. Wells; it is a matter of opinion in our profession which is the proper mode of administering tinctures; I often treat intermittent fever; the disease varies, but I have arrested the paroxysms in three days, and sometimes it required as many weeks.

"I do not generally use quinine in intermittent fever; the action of quinine is dangerous in inflammation of the brain; think I have heard sufficient of the case to form an opinion that the child had the mumps, and that they were translated to the brain; think so from her having soreness at the end of her jaw and convulsions.

"The testimony which I have seen has led me to the opinion that the child had mumps, and that the translation to the brain was the cause of the convulsions.

"If I had not heard that the mother had the mumps, the convulsions would not have led me to believe that the child had the mumps.

"I have never had in my practice a case of translation of mumps to the brain; think I have not known of any such case except of the one spoken of."

The only other witness called was Dr. Chelton, a scientific chemist, who stated that he had examined the stomach of the deceased, but without finding poison of any kind.

The evidence was here concluded, but the inquest was again adjourned to allow the coroner and the foreman of the jury to compare their notes of the proceedings, in order that errors, should there be any, should be corrected.

When the jury again met, the coroner called on Dr. Dudley to read a report of the *post mortem* examination made by him on the body of another child of the same parents, who had died about a month previously in convulsions. But as it has no bearing on the present case, we need not further allude to it.

The coroner having read an extract from the law relating to inquests, proceeded to deliver his charge, commencing as follows:—

"Gentlemen of the Jury: This case comes under the head of sudden

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death, insomuch as the patient, according to the statement of the attending physician, was in no danger, slowly progressing to recovery, when she is suddenly taken with unexpected convulsions and dies in the course of a few hours.

"This case, gentlemen, is one of a peculiarly delicate nature, involving, as it does, inquiry on your part into the mode of practice and conduct of the medical attendant. It becomes you, therefore, to divest your minds of all prejudice and to be governed in your verdict solely by the testimony before you. You are to decide, so far as you can from the evidence, in conjunction with the *post mortem* appearances, of what disease Agnes E. Lottimer died, and all the circumstances attending such death."

He then points out what he conceives to be the evidence of the nature of the disease. The existence of intermittent fever is admitted; on the probability of mumps having been present either in the mother or her deceased child, he endeavours to throw as much doubt as possible;—and in so doing, ignores entirely the opinion of Drs. Wells, Dunham, Hull and Gray—treats it as though it had never been expressed! In reference to the treatment pursued the coroner remarks,—

"And now, gentlemen, I come to the last and to me by far the most delicate part to discuss—to you the most difficult to decide upon—I allude to the conduct and treatment of this case.

"Patients sometimes die from too active treatment; at others, from misapplied remedies, arising from a mistaken view of the case; again, from inefficient treatment, whereby the disease is allowed to kill. In either case a physician is responsible."

Having mentioned the several salient points in the course of the case, and remarked, that both the homœopathic and allopathic practitioners examined had stated, that intermittent fever generally yielded very easily to remedies, he submits to the jury the following question:—

"How far was he (the attendant physician) justified in pursuing his own course, relying upon his own judgment, and discouraging the employment of additional counsel, who might have discovered some cause for the slowness of the recovery, and suggested some improvement in the treatment which might have escaped the notice of the medical attendant, and thus have secured a different result? This view of the case I feel in duty bound to present for your notice. Of all professional men, there are none in whom more blind and implicit confidence is placed than in physicians. Patients are completely at their mercy. Their accountability cannot be too strict. No class of men should be more distrustful of their own judgment if there is the least shadow of doubt on their minds, or bear with more humility the responsibility imposed upon them by the Almighty when they selected the profession of medicine as their path of usefulness through life. 'All that a man hath will he give for his life.' When we reflect that physicians hold the fearful balance between life and death, and by their judgment is the scale made to preponderate, we cannot but

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acknowledge that the responsibility is too grave, the consequences to those entrusted to their care too important, to be lightly assumed or rashly exercised."

After this comes, so jesuitically insinuated, what he wishes to make THE point for the consideration of the jury; it amounts to this:—"how far is any man justified in treating a patient homœopathically?" Here, however, are the coroner's own words—

"One other suggestion, and I have done. How far was the physician justified in totally neglecting an established mode of practice, in this disease of intermittent fever, by bark and remedies of a like nature—which has been pursued by physicians for some two hundred and fifty years—and by quinine, a preparation of bark, for some fifty years, with sufficient success to continue its use unto the present day in all cases, and this, too, before the varieties of the disease that are made by the homœopathists; and pursuing another course of later date, when he saw that these remedies did not prevent the continuance of the disease for so great a lapse of time beyond the usual period for arresting it?

"As to the comparative efficiency of high and low dilutions, if you consider it necessary to make that a part of your enquiry, you have the testimony of physicians using both to guide you.

"With these remarks, gentlemen, I leave the case in your hands."

After two hours' consideration, the following verdict was recorded by the jury:—

"The jury, on view of the body of Agnes E. Lottimer, and after hearing the testimony in the case, find and certify that she died on the 7th day of October, 1854, at the house of her father in Union-street, in the city of Brooklyn, from hemorrhage of the lungs, the result either of unusual congestion of that organ, or of convulsions arising from a generally diseased condition of her system consequent upon an unusually protracted intermittent fever.

"That the treatment of her disease by her physicians was homœopathic, and the remedies used were what are commonly known as high dilutions; but whether those remedies were efficient or not, the jury are unable to determine.

"November 4, 1854."

Shortly after the above remarkable inquest, as we learn from an American correspondent, the election for coroner of Brooklyn came off, and Dr. Ball, who had held the office for six successive terms, polled only six votes, among a population of 130,000 souls, so great was the feeling excited against him by his conduct on this occasion. The successful candidate is not a medical man.

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MISCELLANEOUS.

Flint Soup.

Most of our readers are, no doubt, familiar with the celebrated receipt for flint soup, but for those who are not, we may subjoin it. Take a large flint stone, put it into a pot of water, add a few pounds of beef, a sufficient number of vegetables, salt and pepper *à discretion*, and boil the whole together the usual number of hours. In the following new cure for cholera we conceive that the sugar plays precisely the same part in the prescription as the flint does in the soup; for, as the ingredients of the latter have been found very nutritious without the addition of the stone, so the camphor of the former has often proved very efficacious without the added sugar, and we have about the same amount of evidence to prove that a hungry man could be nourished by flints, as we have to show that a cholera patient could be cured by sugar.

Dr. Mackintosh, of the St. Olave's Infirmary, Southwark, observes on this subject:—"I am not aware that sugar has ever been tried as a remedy for cholera; but that its administration in several cases under my care has been attended with such favourable results as to merit the attention of the profession, the mortality of only four in thirteen cases of deep collapse, in which it was tried, sufficiently shows. I have been induced to try the effects of sugar for the following reasons: that it is a powerful antiseptic, both of animal and vegetable substances, preserving them unchanged for any length of time; that its solubility in water, and the facility with which it acts by endosmosis, point it out as a substance eminently adapted to pass into the circulation, and in this manner, it may be, exercise a conservative influence on the blood until the choleric poison is extracted from the system by the excretions, &c. It may be objected that sugar cannot enter the circulation as such, that it is changed by the digestive process in the stomach and alimentary canal; but however true this may be in a state of health, it cannot hold good in cholera, in which the vital processes have received a check; that it contains the elements of water, in large proportion, and is therefore a likely substance to restore, to a certain extent, that portion of the blood which has been lost by the watery evacuations; and lastly, that it is a very nutritious substance when given along with other nutritious substances. It is very probable also that sugar is a powerful diuretic [not the slightest doubt of it, when given along with gin and water], if grape sugar may be considered as having any part in producing the large secretion of urine in diabetes [*sic!*] Its antiseptic powers are generally known; that it contains a large proportion of the elements of water, that it acts with facility by endo-exosmosis, and that it is very nutritious when given with other nutritious substances, are also undoubted facts. But, whatever may be the true *modus operandi*, the result of its administration in thirteen cases of collapse affords a hope that it may

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prove, on more extensive trial, to exercise a beneficent influence in arresting the tendency of that disease to a fatal termination. I shall not trespass on your valuable space by detailing the cases which were subjected to this particular mode of treatment, suffice it to say, that they were cases which presented the usual features observed in cases of deep collapse. In all the thirteen cases the pulse was scarcely perceptible; the extremities cold, blue, and shrivelled, the features sunken, and the breath cold, unquenchable thirst, vomiting, husky voice, and restlessness, rice-water purging and suppression of urine. The phenomena observed during the administration of the sugar were as follows: a few hours after the first dose, a slight change became perceptible in the pulse; this change consisted in a short interval of reaction, which again subsided into the original state in which it was at the commencement; and this oscillation of the pulse betwixt extreme depression and slight elevation continued up to the full period of reaction, which generally took place in from twenty-four to forty-eight hours. The purging generally ceased within one or two hours at furthest after the first dose. The vomiting also ceased after a short time, but this, I apprehend, was due more to the large draughts of water being prohibited, which the patient constantly craved after. Urine was made in large quantities several hours after reaction. Some of the patients, after several hours, vomited large quantities of dark green, bilious matter, of the consistence of gruel. Although the mixture was taken very well at first, yet after its administration for some time, it became so loathsome to the taste of all, that it required much persuasion to cause it to be taken. The coldness and lividity of the extremities persisted until the period of full reaction, and the shrunken features generally remained for a week or ten days after. In all, mild typhoid fever supervened, with delirium only in two. In several cases of rice-water purging, before the supervention of collapse, in which sugar was administered, the purging ceased in a very short time, and the patients, with the assistance of wine and beef-tea afterwards, invariably recovered very rapidly. I should mention, that of the four fatal cases, one was the subject of organic disease of the heart, for which he had been, antecedent to the attack of cholera, repeatedly under my care for dropsy and other concomitant affections. Another had been in the habit of frequently getting drunk, and had returned home on the night previous to the attack in a state of deep inebriation. The sugar was administered in the form of mixture. Two ounces of refined sugar dissolved in six ounces of camphor mixture, with a few drops of rectified spirit [the beef and vegetables of Dr. Mackintosh's flint soup]. One table spoonful was given every ten minutes. Wine was also given in frequent quantities, and beef-tea. It must be observed, that visible improvement up to the period of reaction was not very encouraging, and such, I apprehend, must always be the case in deep collapse from remedies intended to operate through the alimentary canal. I should have mentioned that the first case treated with sugar occurred November 1, 1853, and the last on

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the 14th December, a period corresponding with the subsidence of the epidemic in this locality. It is very possible, from what is known of the amenability of cholera to treatment during its decline, that other modes of treatment might have proved equally successful." (*Lancet*, April 8, 1854.)

Next to the assumption that the sugar was the sole cause of cure in Dr. Mackintosh's cases, the best part of the joke is the *physiological* explanation of its remedial process. The original author of the receipt for flint soup does not, as far as we remember, attempt to explain physiologically the nutritious action of the flint. Dr. Mackintosh, we are convinced, could supply this omission. He would remind his readers of the nutritious properties of silica "when given along with other nutritious substances," as is familiar to us all when calf's-foot jelly is given to a patient in a glass. He would call attention to the fact that the siliceous mineral contains two elements, oxygen and silicon, that enter into the composition of some of our tissues; and, in short, he would find fifty other reasons for giving flints as an article of diet, all quite as ingenious and as plausible as those he has stated in explanation of the remedial power of sugar in cholera. The beef and vegetables would have played as small a part in his explanation of the nutritious powers of the soup as the camphor does in that of the curative powers of his wonderful mixture, though assuredly the nutritious properties of the other ingredients of the soup are scarcely more familiar to the generality of mankind, than are the remedial powers of camphor in cholera to homœopathists. But seriously, the cool assumptions in the above narrative, with respect to the medicinal virtues of that most innocuous substance, sugar, while the really powerful agent in the mixture is altogether lost sight of, is a sad burlesque on the practice of allopathic physicians, who give in one prescription a vast number of heterogeneous substances, and then arbitrarily ascribe the result to one particular ingredient of the mess. It is worth while to quote here Hahnemann's bitter ridicule of such unwarrantable assumptions:—

"Is it not foolish," he exclaims, "to estimate the effect of one force, while other forces of another kind were in action, which often contributed mainly, though in common with the rest, to produce the result? It would not be more absurd if some one were to try to persuade us that he had discovered a good article of nutriment in kitchen salt; that he had ordered it to a half-starved man, and that he had no sooner eaten of it than he was invigorated, satiated, and strengthened, as if by miracle; that the ounce of common salt was the basis and chief ingredient of the receipt prescribed by him, which he had caused to be dissolved, *lege artis*, in *quantum satis* of boiling water, as the excipient and vehicle; then he had added, as a corrective, a good lump of butter, and, as an adjuvant, a pound of finely-cut rye-bread. This mixture, after being properly stirred, he caused to be taken at once by the famished patient, and by it his hunger was completely appeased. All the latter ingredients were merely accessaries

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in the prescription, the chief ingredient was the ounce of salt. This was prescribed by him as the basis of the whole receipt; and see, in his hands, it had, when prepared accurately according to these directions, always exhibited the most beneficial results. If, in the *kitchen* Materia Medica, the virtues of *saturans, analepticum, restaurans, reficiens, nutriens* should, from these circumstances, be ascribed to the article, *sal culinare*, it would not be more childish and absurd than the conduct of the physician who should arbitrarily ordain one substance to be the basis of the diuretic, than add two, three, or four other powerful medicinal substances (with the sage object, forsooth, of serving as *corrigens, dirigens, adjuvans, excipiens*), and order the patient to walk up and down the room, while taking the mixture, drinking in the meantime largely of warm sack-whey, made of Rhenish wine well sweetened with sugar, and then publish triumphantly the extraordinary success of the basis he had prescribed: 'the patient has passed more urine than usual.' In his eyes the added substances and the regimen are mere unimportant accessaries, and innocent of the result, in order that he may be able to ascribe the sole honour of the effects produced to the substance which he has constituted the chief ingredient in the recipe, in which (he knows not why) he takes the deepest interest, and whose fame he wishes to extend. This is the natural course of things, when, by such arbitrary and capricious praise of a medicine which some one has taken a fancy to, and to which he was determined to attribute some definite curative property, the undeserved and surreptitious attributes of diuretic, emmenagogue, resolvent, sudorific, expectorant, antispasmodic, are inscribed in the facile Materia Medica, where they afterwards figure as truths, deluding those that trust to it." (*Lesser Writings*, p. 750.)

Degenerated Homœopathy.

In an account of the cholera that raged in Russia during 1852 and 1853, by Dr. Everard, (quoted in the *Jour. de la Soc. Gallicane*), we have a description of a new method of treatment pursued by Dr. Mandt, physician to the Czar, which he terms the "*atomistic method*," on account of the smallness of the doses he gives. The whole system of this imperial doctor is such a barefaced theft from the homœopathic method, that we are overwhelmed at once with amazement and indignation. Amazement, that a man in Dr. Mandt's position could have the unblushing effrontery to put forward this miserable plagiarism as something original and good; indignation, that the pure practice of homœopathy should be so adulterated and mutilated. However, we shall allow our readers to judge for themselves the character of the precious discovery. The great principle of the treatment (if such an unprincipled robbery can have any principle) is, that the remedies administered should be triturated for two hours at least, and given in doses of only a fiftieth part of a grain.

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Dr. Mandt's remedies for cholera are *veratrum album, phosphoric acid, camphor, musk, arsenic,* and *nux vomica.* These remedies are, it will be seen, taken from the homœopathic materia medica; but Dr. Mandt improves (as he supposes) on the homœopathic treatment, in the indications for these medicines, and in generally mixing a couple of them in one prescription. Whatever be the form or stage of the cholera, if the pulse is still perceptible, and the coldness of the skin not universal, the invariable treatment is the internal administration of a powder containing $^1/_{50}$th of a grain of *nux vomica,* $^1/_{50}$th of a grain of *phosphoric acid,* and 5 grains of sugar of milk. This dose is repeated every five, fifteen, or thirty minutes, according to the violence of the vomiting and purging. In addition to this, the patient is wrapped in a sheet previously dipped in cold salt water. If, however, after some hours, no improvement is observed, the above powder is alternated with another, having $^1/_{50}$th of a grain of *veratrum album,* in place of the Phos-ac. If, notwithstanding, the heat is not re-established, the cold wet sheet is again applied, and also a poultice composed of linseed and the seeds of the carduus marianus. If however, notwithstanding these energetic means, the disease progresses, the oppression increases, the pulse disappears, and the skin becomes quite cold and blue, the patient is rubbed with ice and salt, then again enveloped in the wet sheet, put to bed, and covered with blankets. Then alternately with the first powder there is given another composed of *musk,* $^1/_{50}$th of a grain, *nux vom.,* $^1/_{50}$th of a grain, sach. lact. 5 grains. A powder is given every five, ten, fifteen, or twenty-five minutes. If after the lapse of some hours, warmth is not restored, the frictions are repeated.

If the cholera is dry, extremely rapid, apoplectic, with or without paralysis, the same external treatment is had recourse to, and there is administered alternately a powder containing Musk and Nux vomica as above, and another containing $^1/_{50}$th of a grain of *camphor.* When the cold stage is past, and the reaction commenced, *nux vomica* always is given, alternated occasionally with the 50th of a grain of *aconite* or *bryonia.* In addition to these remedies, *bellad.* is given for certain cerebral symptoms, *rhus tox.* for great feebleness.

No further details concerning Dr. Mandt's treatment are required to shew that he has merely copied homœopathy, and spoiled it in the copying. It seems that the Czar put at Dr. Mandt's disposal two large hospitals, in order to give his system a trial, and it is stated that the best results were obtained. One of these hospitals only was devoted to the reception of cholera patients, the other was a general hospital, and it seems that Dr. Mandt practised his pseudo-homœopathic system in all diseases, generally stealing his indications for the use of his $^1/_{50}$th grain doses from the works of homœopathists, but very often having recourse to the unhomœopathic method of giving two medicines in a prescription.

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Dr. Bönninghausen's last.

Dr. Bönninghausen's name is already familiar to our readers in connection with several extravagant propositions bearing on homœopathic practice. It is well known that, though not a doctor by virtue of a university degree, he has obtained a license to practise physic *de par le roi;* and that he is generally looked up to by the partisans of the Jenichen preparations as the great champion of high-potencies. He has recently favoured the readers of the *Allg. Hom. Ztg.* with a series of cases of typhus fever and contusions which he treated from the reports of friends with perfect success by means of globules of the 200th dilution. The last novelty he has offered us, is a series of questions and answers relating to vaccination drawn up by him in the French language, so as to gain thereby the universal ear, and read at the meeting of the Rhenish and Westphalian homœopathists in July last. For these questions he seems actually to have obtained the sanction of the meeting, if we may judge from the way in which the document is worded. It runs as follows:—

"Advice of the Rhenish and Westphalian Homœopathic Society concerning questions relating to vaccination.

"1st *Question.* Is vaccination a boon or an evil to humanity?

"*Answer.* We look upon vaccination as it is practised among us, employing the vaccine virus of children, and not that of cows, as an evil to humanity. We are persuaded, that this virus can no longer be pure, nor, consequently, the true homœopathic remedy for small-pox; that, therefore, it has no longer the force and the power to act as a sure preventive against this disease, and that it only serves to propagate many kinds of chronic diseases, which have increased in a frightful manner during the last lustra.

"2nd *Question.* Do the governments act rightly in enforcing vaccination?

"*Answer.* Certainly not!—unless those governments shall be in a position to provide all vaccinators with a quantity of virus taken direct from the cow sufficient for all who present themselves for vaccination.

"3rd *Question.* Has homœopathy the means of rendering it efficacious and of restoring its virtues?

"*Answer.* Not yet—at least we have not a sufficient number of incontestable proofs that the vaccine virus prepared and administered according to the rules and maxims of homœopathy can be employed in a perfectly sure manner against the small pox. It is, however, probable that it may, because the homœopathic remedies have proved, in many other diseases, both acute and chronic, their power to extinguish completely the whole disposition to receive various kinds of infections, and to act as infallible preventives.

"4th *Question.* Can we find a real substitute for vaccination, supposing it should be prohibited?

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"*Answer.* Yes!—One of our own colleagues [Dr. Bönninghausen, to wit, though he is too modest to say so] has had the happiness to discover in the *thuja occidentalis* the true specific for small-pox, and since this happy discovery, which was immediately published in the homœopathic journals [the happy discoverer scorning to take out a patent for it], several physicians have had the opportunity to put it to the proof and to confirm its truth. A remedy of sufficient power to cure this disease without inconvenience and without the least danger in less than eight days, without leaving the least disfigurement or mark upon the skin, and without introducing into the human body the seeds of another disease, often worse than the small-pox itself, seems to us to be preferable to any kind of vaccination, even to that where the virus has been taken immediately from the cow.

"By the authority and in the name of the Rhenish and Westphalian Homœopathic Society,

"C. DE BÖNNINGHAUSEN.

"Cologne, 27th July, 1854."

Had this precious document appeared on the sole responsibility of Dr. Bönninghausen, we should have passed it over without notice, as it had not then appeared to us inconsistent with that learned gentleman's previous exploits in the department of practical medicine. But coming before us as it does with the sanction and by the authority of a Homœopathic Society, it has a claim upon our attention. We find from the reports of the proceedings of the meeting whence this document issued that it consisted of six medical men besides the Bönninghausens, senior and junior, consequently, double the number of the "people of England" assembled in Tooley-street on a memorable occasion. The only names among these six known to us through homœopathic literature are those of Dr. Gauwerky, who is rather transcendental on the subject of high potencies, Dr. Stens, of Bonn, who is an elegant speaker and facile writer, but also exclusive on the subject of the high potencies, and Dr. Kallenbach, late of Frankfort, whom we should have scarcely expected to indorse such an absurdity as the above. Let us examine for a moment the assertions contained in this emanation from the collective wisdom of the Rhenish and Westphalian Homœopathic Society.

In the first place it is asserted the number of chronic diseases has frightfully increased of late years. Now we have no hesitation in saying that this statement is frightfully at variance with the fact; for it is well known to the actuaries of our life-assurance companies that human longevity has increased considerably during the last thirty years, which could not have occurred had the number of chronic diseases increased, but is a palpable proof of the decrease of diseases generally, seeing that the average duration of life is increased in the inverse ratio of the unhealthiness of the community. It has frequently been *asserted* that disease has been propagated by vaccination, but no satisfactory proof of the fact has been offered, nor does Dr. Bönninghausen furnish anything of the kind. Doubtless it

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frequently happens that children become affected with inveterate eruptions, glandular swellings, and other chronic diseases after vaccination, but the *post hoc* in these cases is often not the *propter hoc;* and even could it be proved that the chronic malady was excited by the vaccine disease, we could not wonder at the circumstance, for it is a matter of common observation that the germs of latent chronic disease are frequently roused to action by any febrile exanthematous affection, such as measles and scarlatina, so that we can easily understand how a similar exanthematous malady, as vaccinia is, might have the same effect on an infant with hereditary predisposition to scrofula or cutaneous disease. If moderate care be taken to procure vaccine virus from healthy children, we believe there is no danger whatever in communicating the cow-pox to any infant. At all events, the good wrought by the protection vaccination affords against small-pox, infinitely outweighs the problematical evil dreaded by Dr. Bönninghausen and his Rhenish-Westphalian confederates.

It is undoubtedly true that vaccination has of late years been found to be less of a permanent preservative against small-pox than it was when first introduced, that cases of small-pox occurring after vaccination are observed to be of more frequent occurrence than formerly, and it is alleged that vaccination does not take so readily as it did some years back; but it may well be that this partial failure is owing to a greater feebleness in the virus, occasioned by its repeated transmission from body to body, and the proper remedy for this seems to be to procure the virus anew from the cow, as is being done by several medical men in France and Germany, and by numbers in this country, among whom we may particularize Mr. Badcock of Brighton, who has for many years devoted himself to the labour of obtaining fresh vaccine from the cow, by inoculating that animal with the matter of human small pox, as advised by Mr. Ceely. In our last No. we described a new method of procuring vaccine virus by the commingling of variolous virus and cow's milk, which had been found to answer by some French physicians. Such efforts to improve the strength of the virus for inoculation are extremely praiseworthy; but to abandon vaccination altogether, for the reasons, or rather no-reasons given in this document, would be the height of folly, unless some efficient substitute were offered in its stead. But Dr. Bönninghausen will assert that he does offer a substitute—or at least he offers a remedy which shall infallibly cure the small-pox in less than eight days, without leaving a mark on the skin. This remedy is *thuja occidentalis.* We remember perfectly the announcement some years ago, by Dr. Bönninghausen, of the mode in which he was led to select *thuja* as a remedy in small-pox. For a person so particular about insisting on the complete harmony of the medicine with the complex of the symptoms of a disease as Dr. Bönninghausen is, it struck us at the time, that his selection of *thuja* for small-pox was made on very insufficient grounds. He was guided to it by the symptom marked 262 in those observed by Hahnemann: "Pustules on

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the knee, like true variola in appearance; they suppurate, do not itch, and disappear entirely in eighteen hours." Their disappearance in eighteen hours would seem conclusive evidence against the resemblance of these pustules, in pathological character, to the pustules of variola, notwithstanding their superficial likeness; but on this slender foundation did Dr. Bönninghausen build up his grand scheme for the suppression of vaccination, and all its imaginary concomitant evils. We remember also the cases of small-pox cited by Dr. Bönninghausen as having been cured by him with *thuja* in the 200th dilution. It appeared to us at the time, that those cases owed their mildness, not to the curative power of the very un-homœopathic *thuja* given, but rather to the protective influence of that very vaccination in their youth which Dr. Bönninghausen would seek to suppress. It augurs a mighty strong faith in the superlative potency of his boasted discovery, to propose the abrogation of the well tested and universally acknowledged protection afforded by vaccination, in the belief that a disease so terrific in its unmodified invasion would be immediately reduced to the mildness of an ephemeral febricula, by the administration of a globule of the 200th dilution of *thuja*. We have little fear that Dr. Bönninghausen will induce many of his colleagues to drop the substantial advantages of vaccination, in order to grasp at the feeble shadow of a hope, that *thuja* 200 will cure infallibly every case of natural small-pox.

REPLY TO A CORRESPONDENT.

Percentage on Prescriptions.

We have received a long letter from the practitioner to whom allusion was made in the Proceedings of the British Homœopathic Society (reported in our last volume, p. 523), in reference to his arrangement with a chemist to receive a percentage on the prescriptions he sent to be made up at that chemist's shop. The practitioner alluded to considers himself aggrieved by the editorial remarks appended to that report, wherein we joined with the Society in reprobating a trading connexion between a medical practitioner and a chemist, and quoted a rule of the College of Physicians of London, which formally condemned that practice. We at the same time stated that we had been informed that the chemist, on discovering that such an arrangement was discountenanced by the most respectable practitioners, endeavoured to put an end to it. Our correspondent admits that he had for years such a trading connexion with the chemist in question, but denies that the latter ever made any proposition for its termination until after a quarrel between the two. Moreover, he endeavours to justify the practice by asserting that it is by no means an unusual one in the profession; and he submits documentary evidence to prove that the chemist who now asserts that he is convinced of the impropriety of the arrangement, is still in the habit of allowing a similar percentage to other practitioners.

We will not deny that there may be instances of such an alliance between a medical practitioner and chemist, as there are also examples of doctors who advertise, or do other unprofessional acts, but the circumstance of some others perpetrating these unprofessional acts does not render

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them less reprehensible; and, as we have before shown, this particular act which our correspondent acknowledges he committed, is formally denounced, and visited with the penalty of expulsion by the chief college of the faculty in England.

As regards the other point alluded to by our correspondent, viz., the granting of a similar percentage by the same chemist, to other medical men, though we cannot see how this charge, if proved, would exculpate our correspondent, we are willing to admit that it would show the chemist to have been actuated by other motives than the impropriety of the act in wishing to terminate the trading connexion with our correspondent. But our correspondent's assertions and documents only go to show that the chemist had allowed to a medical man a commission on medicine-chests bought by patients recommended by him, and that to others who sent their prescriptions habitually to his shop, he supplied the medicines they required for their own use free of charge. [We should remark that the documents in question were examined by a committee of our colleagues, appointed for that purpose, who certify that they corroborate the facts alleged by our correspondent, relative to the chemist allowing a commission to medical men on medicine-chests bought by their patients, and giving gratuitously their medicines to his medical customers.]

Now, although we cannot look upon it as a very dignified procedure on the part of a medical man to take a commission on the medicine-chests furnished to his patients, this is quite a different thing in principle from receiving a percentage on prescriptions. The latter is, beyond all comparison, the more reprehensible practice, as it gives the practitioner a direct interest in the quantity of medicine he prescribes for his patients, and holds out a temptation to give more prescriptions than are needful. As for the other accusation that the chemist gives to those practitioners who patronize him the medicines they require for their own use, without charging for them, we can see nothing to condemn in this practice, but must regard it as a proof of the chemist's liberality and gratitude.

Our correspondent enters on other subjects which have nothing to do with the question of the propriety of the trading union between a chemist and a practitioner, we shall not, therefore, allude to them.

We forbear publishing our correspondent's letter, partly because we do not see that its publication would do him any good, or in any way strengthen his point, and partly because, besides the irrelevant matter just alluded to, it contains personal attacks on individuals, who in justice would require of us to admit their replies, and in this way our journal would become the field of personal disputes, altogether at variance with the principles on which it has hitherto been conducted.

BOOKS RECEIVED.

Philadelphia Journal of Homœopathy.

Journal de la Societé Gallicane.

Metcalf's Homœopathic Provings.

Small's Domestic Homœopathy.

Gollmann's Diseases of the Urinary and Sexual Organs.

Peters on the Eye.

Rückert on Mental Derangement and Nervous Disorders.

The British and Foreign Homœopathic Directory for 1855, by DR. ATKIN.

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

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

INTRODUCTORY LECTURE DELIVERED AT THE LONDON HOMŒOPATHIC HOSPITAL IN 1855.

By T. R. Leadam, M.D., M.R.C.S.

Surgeon Accoucheur to the Hospital.

Gentlemen,—In commencing the delivery of a few lectures on the subject of obstetrics and uterine diseases in connection with homœopathy, I shall have to crave your indulgence to a considerable extent;—*in the first place*, on account of the partial interest that may attach to the subjects on which I shall have to discourse, much of them being necessarily very common place to my hearers, and likewise for the lack of novelty, which must appear to many, my seniors and superiors in medical practice. This position, which is barely relieved by the presence of students, (of whom we have unfortunately a deficiency) will probably continue to exist so long as the Medical Colleges preserve their silent, though not less hostile and obstructive posture, against a fair and philosophical enquiry after "*the truth*" in medicine; so long as they brand as medical heretics, or object to as medical graduates all those who evince a desire to enquire into homœopathy, or act upon their convictions when investigation shall have proved to them that they are based on reason, experiment and truth.

In the second place, I must crave your indulgence for the absence of any new discoveries which might be supposed to justify my occupying the position which I have consented to take upon this occasion.

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Therefore, gentlemen, if I am not so happy as to claim your interest, or to rivet your attention by the exposition of ingenious novelties in the department to which I am more especially attached, I will at least endeavour to focus some rays from other more gifted sources, and thus to return you the only gratitude in my power for your kind attendance here this day.

But my present observations will bear little on the *special* subject to which my other lectures will refer, since I appear to-day as introducing the *whole*, rather than *my own* particular lecture, and am happy to announce that Dr. Quin will bear me in countenance by the delivery of a few lectures on those parts of the Materia Medica which apply more particularly to the treatment of cholera. After which, Dr. Hamilton will give some lectures on clinical medicine, and Dr. Russell will complete the series with a few lectures on *the subject of diet.*

When entering upon a subject for the first time, in connection with homœopathy, or, as may be said in the present state of medical science, having the homœopathic doctrines as its basis, it would hardly be just, and would be a very meagre evidence of the value we set upon this great therapeutic discovery, if we were to pass over in silence the character and labours of the great founder, Hahnemann.

Hackneyed though the subject may be, and from that circumstance, however stale and unprofitable it may be thought, the character of a man like Hahnemann presents so many varied phases, that, when contemplated by different individuals, the mind of each may receive a distinctive impression, and reflect into the future, points of fresh interest. It is not, therefore, with the prospect of fatiguing your attention by the repetition of an "oft and well told tale," that I would briefly do homage to the genius and philanthropy of Hahnemann, in this the London Homœopathic Hospital, which may figuratively be considered as a scintillation of his genius—an offspring of his labours.

I am one of those who think that the name of Hahnemann and the distinctive title of Homœopathy should never be lost sight of, for have we not handed down to us for honour and immortality—Hippocrates and his aphorisms,—Galen and his

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critical writings,—Avicenna and his herbarium,—Ambrose Parè and the Cesarian section,—John Hunter and his physiology,—Linacre and the College of Physicians,—Jenner and vaccination,—Harvey and the circulation of the blood,—and shall we not perpetuate by adding to the list, Hahnemann and homœopathy? the most expansive discovery that any of them can lay claim to; limited to no era; imprisoned within the language of no country; not isolated in the indigenous herbarium of any *one* Materia Medica; nor lost by diffusion through the complex preparations of any *one* pharmacopœia; but applicable, appreciable, comprehensible, and remediable in every clime and by every people. Is the light of Hahnemann to be hid under a bushel, while every other great benefactor of the human race is made to adorn the discoveries with which his name was associated, and is floated down the stream of time a beacon for his generation?

As then we have the example of the Royal College of Surgeons in doing homage to the name of John Hunter by an annual oration, in which *his* career and *his* labours for science are repeated to an untiring audience, I believe we should be fulfilling a duty to the memory of a *greater* than John Hunter, as well as to the rising generation of medical men, by annually drawing forth to public hearing some of the varied treasures bequeathed to us in the labours and works of Dr. Samuel Hahnemann, the founder of homœopathy. This will be more strikingly appreciated if we survey the inroads now being gradually made into the domains of homœopathy, by the adoption of its remedies one by one by the allopathic branch of the profession, and by their applying them to the more prominent conditions of disease, *in material doses*, which can only exert a favourable action where the symptoms exhibit a certain amount of intensity; yet at the same time they repudiate homœopathy and all connected with it; it must be clear, however, that in *thus* grafting the fruitful branch of homœopathy into the old tree of allopathy, the desired result (such as is witnessed in the vegetable world) will not be accomplished, but a spurious fruit will be the offshoot, and the benefit to mankind, in the same proportion, limited. After this manner, *belladonna* has been

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appropriated by Dr. Gardner of London, as a new cure for scarlatina; *arnica* has been recognized and used as a valuable surgical auxiliary; *aconite* has been honoured by the patronage of Dr. Fleming, in a volume in which he has confirmed its powers as a valuable substitute for the lancet. *Cannabis sativa* has become a fashionable sedative in *nervous headaches*, for *nervous coughs* and other derangements of the nervous system. *Nux vomica* has of late come into vogue as a remedy for *dyspepsia* and *constipation;* and *camphor*, though not yet adopted by the Board of Health, has received the encomiums of the profession as a successful medicine for the incipient stages of *cholera*. But the few cases in which these remedies can be found useful when administered after this fashion, will leave homœopathy rich in resources beyond the reach of such unacknowledged plagiarisms.

The branch of therapeutics as taught by the old schools, must be entirely lopped off from the good tree of medical science before they can hope to graft in with success the fruitful boughs of homœopathy.

The career of Hahnemann may be advantageously compared with that of John Hunter; the one the father of British surgery, the other the father of modern physic. Alike, in rescuing the domains of surgery and medicine from the coarse and rude details of the middle ages. Alike, in advancing,—the one—physiological study; the other—the therapeutical doctrines, until they were established upon a basis which should stand the test of ages, and exhibited a series of fundamental truths which have now been acknowledged as established laws. Alike, too, in the persevering energy with which they battled against prejudice and error, and alike in the difficulties and opposition they encountered in diffusing the results of their researches; but, oh how *unlike* is their characters as men: how simple, how pure-minded, how philanthropic, how self-denying was Hahnemann; on the other hand—but let us say "*de mortuis nil nisi bonum.*" Hahnemann attempted to diffuse his discoveries by publicly lecturing to the *few* he could collect to listen to him; Hunter, in London, could never obtain a class of twenty pupils to hear his lectures on physiology and comparative anatomy, although

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at that time the subjects were new and surpassingly interesting. Let *us* not, then, lose our patience or our industry, though in endeavouring to diffuse a knowledge of the true therapeutical doctrines as discovered by Hahnemann, we find ourselves compelled to address a limited audience.

The character of Hahnemann, on some occasions approaches the sublime; indeed, but for a few passing clouds of occasional puerilities and extorted recriminations, which resulted from repeated persecutions, it was sublime. "*To err is mortal.*"

We may glory in his discoveries in medicine and therapeutics, but that which is above all this, was his single mindedness and integrity. "*Incorrupta fide vir, ob id, Fama celebratior.*" Take, for example, the following quotation from his Paper in *The Lesser Writings*, called "*The Friend of Health.*" He is discussing dietetics with his brother, and says: "To retort in that way would be as if from the innumerable daily examples of want of conscientiousness we should seek to prove that there was no such thing as conscience. Oh, my brother! he who has preserved this delicate, never deceptive feeling for the good and the noble, in all its simplicity and innocence, and exercises it with the readiness of an unsophisticated child, for his own and his brother's benefit, he asks not if there be human beings so degenerate as to presume to demonstrate away the conscience to a mere shadow, who assert kindness to be a necessary fashion, and a Sybarite's life to be a lawful recreation."

Again, in his "View of professional liberality in the nineteenth century," when referring to the treatment he received on announcing the discovery of Belladonna as a prophylaxis of scarlet fever, he says: "The furtherance of every means, be it ever so small, that can save human life, that can bring health and security (a God of love invented this blessed and most wondrous of arts), should be a sacred object to the true physician; chance, or the labour of a physician, has discovered this to me. Away, then, with all grovelling passions at the altar of this sublime Godhead, whose priests we are! We all strive after a common holy object, but it is not easy to be obtained. It is only by joining hand in hand, only by a brotherly union of our powers, only by a mutual intercommunication and a common dispas-

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sionate development of all our knowledge, views, discoveries and observations, that this high aim can be attained—the perfecting of the medical art. Physicians of Germany, — be brothers,—be fair,—be just."

Once more he writes: "I know full well that it requires heroic courage in order to cure ourselves of prejudices grown almost into mental infirmities, which have become sacred to us on account of their hoary age, and that it demands a very uncommon strength of mind to eradicate from our memory all the absurdities that have been imprinted upon our youthful susceptibilites as oracular deliverances, and to exchange them for new truths; but the oak-garland with which a consciousness of acting right crowns us, rewards these victories over ourselves a thousand-fold!"

It may truly be said with the poet, "*he owned no common soul.*" Hahnemann passed through the usual phases of genius. His early struggles with poverty, his successful scholarship, his first professional efforts, ill succeeding and ill rewarded, his despair at the imperfect state of the *art* of medicine, his recourse to literary efforts, which led to his discovery of the power of Bark to produce ague, and thence his glimpse of the true *modus medendi*, from which (after a long painstaking investigation, the object of which was to ascertain how far the reported cures by specific medicines confirmed the idea which had sprung up in his mind) resulted his assertion of the law, "*Similia similibus curantur.*"

Then came his public writings, his controversies, his efforts to establish this great truth in medicine, his persecutions, his discovery that *Belladonna* was a prophylactic against scarlet fever, his indignation at the unfair suspicions that were cast upon him in his worldly endeavours to obtain a hearing for the new fact, and his consequent magnanimous publication of it for the good of mankind; perceiving that the world would not consent to remunerate him for the information, he indignantly yielded up his knowledge and turned aside the arrows which malignity and ignorance had forged. Then came his introduction of the moral treatment of the insane, and who, of the present day, save his few devoted followers, ever dreams that Samuel

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Hahnemann was foremost in the application of this humane treatment. After this, persecutions again waited on his path. In consequence of his successful treatment of his patients at Königslutter, the jealousy of the apothecaries seems to have been aroused, and they succeeded in expelling him from that town in 1799. From that time till 1810 his life was wearisome and chequered; still his untiring energy and dominant genius kept the helm and guided him onward, whilst the results of his studies and experience were given forth in those original works, which laid the foundation of the homœopathic doctrines, as "*Æsculapius in the Balance*," "*The Medicine of Experience*," and the *first* "*Sketch of a Materia Medica*;" besides various papers in Hufeland's and other journals.

In 1810 the *Organon* appeared; which, as the concrete of his literary labours, settled the foundation of his fame, and bore him in triumph again to Leipsic. This great work is the exponent of his views as to the mode in which disease ought to be treated. Then came in 1811 the first volume of that elaborate work which points out the weapons with which sickness is to be combated,—their various powers and capacities of cure,—*the* remedies for the treatment of disease. Again, obstructions to his practice and persecutions intervened; but nothing daunted he laboured on in the experiments of proving the various drugs upon the healthy, delivering lectures, and completing the other volumes of his Materia Medica. Now, again, obliged to quit Leipsic at a time when he seemed about to reap some reward for his labours, the apothecaries having discovered that he was accustomed to dispense his own medicines, which was contrary to the law that regulates the practice of physic in that city. He went to Cöthen in 1821, and here he is said to have worked incessantly, and produced three editions of his "*Organon*." In 1827 his further discovery of the *treatment of chronic diseases* was first mooted to his friends, and the next year the first volume of his great work on that subject appeared. In due time these were completed; homœopathy as a reformed medical practice was disseminated far and wide, growing in the midst of difficulties,—prospering, as the truth always does, by opposition, and heralded by persecution. Then came the cholera in 1831,

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that new scourge of humanity, but to the penetrating gaze of Hahnemann's sagacious mind, armed as it now was with the knowledge of remedies worthy of the name, it came not as a bewildering novelty that struck dumb the oracle, but found the philosopher prepared at once with a reply and a remedy. He waited not for its arrival at his own door, but sent forth his opinions and directions over the country, suggesting, from his intimate acquaintance with the virtues of drugs, the mode of treatment most likely to be successful, both for the cure of the disease as well as for its prevention. His opinions proved perfectly correct, and we can testify to this moment, and even at the present juncture, to the invaluable efficacy of his mode of treatment. There it is, just as he delivered it twenty years ago, *unaltered and unalterable*, the most certain and efficacious which has yet been suggested. Can this be said of any other of the various floating schemes which only tend to perplex the public at the present day?

Alas, no! There is despair in the medical councils, and division in their ranks!

Hahnemann at last reached Paris, practised, and died there.

His was a master mind, doubtless; there was a mass of brain which secured power to his conceptions, and force to his resolves, which enabled him to work on unsubdued by difficulties, and heedless of persecution, hoping and believing that some moment or other, the light would suddenly break in upon him, and illumine all that was dark before, and so it was. Nature always unfolds her treasures to him who diligently seeks her, and follows on into her recesses with the lamp of faith. He did not want—

> "The spur that the clear spirit doth raise
> (That last infirmity of noble minds)
> To scorn delights, and live laborious days."

To have lived in advance of the age has been said to be the truest test of genius, and doubtless this was the case with Hahnemann. His mind was cast in the Hippocratic mould, and there is no physician since Hippocrates whose character has exhibited so much originality and foresight.

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The lamp of medicine and therapeutics may be said to have been lighted by Dr. Samuel Hahnemann. He was one of those men who exist but once in a century, who have been termed by Scaliger, '*homines centenarii*.'

But, Gentlemen, it is easy enough for us now to travel over the career of a great man, and recount his triumphs, but who can estimate the self-sacrifice,—the self-denials which they cost him? Years of toil and anxious thoughts, are not to be weighed with the accuracy of merchandise. The testimony borne by Hufeland, Sigmond, Forbes, Mott, Uwins, and others, to the high character attained by Hahnemann as a scientific and accomplished physician, are on record, and cannot be withdrawn; they are the honorable acknowledgments of his opponents, and not the enthusiastic plaudits of his admirers. Their value, then, is without alloy, and we may preserve them among the archives of the homœopathic treasury.

Having glanced at his character as a genius and as a physician, let us for a moment regard him as a philanthropist. His whole career was encircled with a halo—*the desire of benefitting humanity*. The love of his profession and of science was the delight he felt, that in proportion as he advanced them, he enlarged and extended the blessings of mankind. In his preface to "The Friend of Health," after inculcating a popular knowledge of the laws of life and health, (Hygiene), he writes as follows—"Oh! that in the following pages I were so fortunate as to be able to contribute something to the happiness of mankind, if they would listen to the voice of a warm friend of his fellow creatures, as if it were the voice of a friend! In a few years, nay, days, and we have reached the termination of our earthly life; would that I could now and then prolong it but for a few hours, would that I could improve it only in trivial things!"

Such sentiments as these could only emanate from a heart deeply imbued with the love of mankind. It has been often urged by those who delight in evincing upon all occasions their contempt for homœopathy, and are ever on the alert for an argument, *ad captandum*, in the absence of the only argument that ought to weigh with philosophical minds, namely, the

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having put the doctrines to the test,—that Hahnemann, and consequently his followers, have repudiated the value of physiology and pathology; the one, the operation of the natural laws of the economy in health; the other, the operation and results of morbid action as witnessed in disease. This is one of the fallacies with which the world is cajoled by the enemies of homœopathy.

While we are conscious that the medical world has been led astray by the too ardent votaries of science, from the habit of simple, close observation of disease, as respects the individuality of the case, and have thus been led by nosologists to treat rather the name of a disease, as an abstract entity, than the real morbid state as detailed by accurately collected symptoms; a practice which has stimulated the minds of those who are called nosological writers to attempt an infinitesimal division of disease, (however much they may abjure an infinitesimal division of drugs) with a nomenclature proportionately extensive, and I need scarcely add confusing, we are, nevertheless, aware, that the connection and true value of symptoms cannot be fully appreciated without a knowledge of *physiology*; or their possible and probable results anticipated without a reference to *pathology*. So, likewise, as regards the application of *therapeutics* in the treatment of disease, it has been the fashion to take the sensible properties of drugs, and to form a guess as to the probable effects they might have upon the tissues and organs of the human body; or, from some accidental or experimental effect upon the lower animals, to draw an inference as to their properties and powers, and the part of the system upon which their poisonous qualities were most exploded, and hence to start at once upon an experimental excursion in some human body under the influence of disease. But, is this fair and scientific experiment? Is it not rather a crude operation, beginning in ignorance and ending in confusion; a mere haphazard attempt, without induction, and without result, with the merest shadow of a physiological connection, and the dimmest outline of a therapeutic action. What wonder then if the materia medica of allopathy is found in perpetual change, with nothing stable—nothing definite! What marvel

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need there be, that remedy after remedy has appeared upon the stage, with vaunted powers for the cure of diseases, has run the gauntlet of fashion, and ere long dropped neglected, repudiated, and despised, like the beauty of a season who has disappointed the hopes of her admirers.

But such has been the ever recurring process of therapeutical researches; such the fate of the majority of the remedies for disease. So, again, as regards *pathology*, and its bearing upon the *treatment* of disease. Physicians have been ever striving to combat an imaginary *entity*, a supposed morbid state, which could only be guessed at, and must therefore always be open to doubt, by means of an equally imaginary *antithesis*, or therapeutic operation in the animal economy; which, of necessity must as often fail as succeed. For, in summing up the virtue of drugs, they habitually resolve them into classes, distinguished by the various active processes or effects which they are found *at times* to induce; such as, sudorifics, diuretics, derivatives, purgatives, expectorants, &c.; and in prescribing any drug with the view to produce some or all of these operations in the system, they do so with the belief that they are counteracting, *antipathically*, a morbid condition, which, with them, has a distinct nosological character, but which, nevertheless, may not exist at all, since we daily find the most experienced physicians deceived upon the pathology of a case. This mode of procedure is, therefore, simply a forcing process, operating upon different parts of the economy, without any real pathological or physiological connection whatever. It was reserved for Hahnemann to trace out and bring to perfection the only true and scientific mode of determining the virtues and qualities of drugs, and of applying them to the cure of disease.

His was, indeed a method of pure experimentation, and the propriety and correctness of the principle, of proving drugs upon the healthy human body, is fully borne out by the success which has attended the application of the law "*similia similibus curantur*," which sprung up and dawned upon the mind of Hahnemann, while he was testing the virtues of Cinchona Bark.

Here then, was a physiological and pathological basis—

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a certain drug was taken in order to note its effects upon a healthy body; it was found to disturb certain functions; to induce definite symptoms; to create a morbid state: the similarity of this state to one which had been cured by the same drug in a smaller quantity led to the inquiry—"Possibly this very similarity *may* be the reason it was cured by it? and if so, the same result may attach to similar experiments with other drugs?" Patient and long continued investigations confirmed the expectation, and, as you are all aware, consummated the triumph of Hahnemann's sagacity. I say, then, the assertion that homœopathy necessarily sets aside the valuable aid of *physiology* and *pathology*, is an invention of the enemy, and as baseless as the majority of the arguments which have been brought against Hahnemann and his followers. In proof of this, I would only refer you to a perusal of his *Lesser Writings;* and will here only make a single quotation from his popular treatise on Dietetics. He says—"I saw a lying-in woman, who after a difficult labour suffered from intolerable after pains, and a great loss of blood. She cried for coffee, although when she was well she could scarcely endure it.* * * Her hæmorrhage *resulted* from atony of the womb, and this from diminished irritability of its fibres, and the specific remedy for this was *coffee.* A few cups of very strong coffee were given to her, and hæmorrhage and pains ceased suddenly. *Opium* would have had no effect in such a case."

This mode of reasoning does not indicate a contempt for physiology or pathology certainly. On the contrary, it is evidence of a mind taking a comprehensive and philosophical view of a simple case, and shows how he at once reasoned through the physiological bearings of the symptoms, until he arrived instinctively, as it were, at the pathological basis to which his remedy applied. But this discourse on dietetics, as it exists in his *Lesser Writings,* is full of similar examples of correct reasoning, and consummate knowledge.

The further development of pathology, is a study of the consequences,—the sequelæ of disease,—and gives us no distinct information of the morbid process as it is going on during life. While, therefore, it is highly necessary that it should be

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cultivated as a branch of medical study, and bears the same relation to the study of disease, that chemistry and botany do to the study of therapeutics, and, without a knowledge of which the medical education would be very incomplete, it still only unravels to us the terminations of the morbid process, together with the often abortive efforts of nature in her attempts to preserve the integrity and freedom of the organic functions, or, to remove the impediments which the morbid process has left in her way, or, to compensate, in some way or other, for structural alterations. But this is all effected by the operations of the vital force, that internal instinctive energy which is resident in the organic nerves, which, with a force, in proportion to the amount of organic vigour, either inherent in the individual originally, or still preserved in a partially impaired organ, ever continues to act towards the accomplishment of the organic function in any given organ of the body, and in so doing effects those compensating changes or partial reparations, which enable the organ to continue as an integral part of the body, performing its functions, often feebly and very partially, yet sufficiently to respond to the necessities of organic life.

These changes, then, inform us of the direct and collateral results of morbid action, and of the extent to which the struggle of the vital force has failed to relieve the organs; but, as it is the *organic vital force* which presides over the functions, that we have to direct, to stimulate, and to controul, and which, if preserved in its integrity would certainly prevent disease, (as we cannot operate upon the inorganic results of morbid action) the extent to which a knowledge of pathology is competent to aid us in the cure of disease, is tolerably well defined, and certainly limited. For example, our pathological studies may enable us in a given simple case, to determine the region within which active disease is proceeding; or, possibly, by the help of some extrinsic evidence of functional aberration, such as an examination of the secretions and excretions, by ocular, chemical, or microscopical investigation, may direct us to the organ which is principally or primarily affected; but, beyond this, when extension of disease has taken place into neighbouring tissues, and other organs have become involved in the

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complex web of chronic disease, the efforts of the wisest are too often unavailing to unravel the catenation of morbid action, and trace to their source the confused mass of symptoms, which overlay and obscure the *fons et origo malis*. And, even, if we could arrive by these means at the desired object of research, and expose with unerring faithfulness the original point of departure from health, how little would it, in many of the complicated cases of chronic disease which come daily before our eyes, assist us in arriving at a means of cure, since by the lapse of time, in some instances, and in others, by the abortive efforts of the vital force to preserve the functional and organic integrity, the morbid actions have passed to other organs, and induced a development of phenomena whose predominance demands an equal if not prominent consideration. This process is, in the language of the schools, called the '*Vis medicatrix naturæ*,' '*The Recuperative powers of nature*,' '*The restorative power*;' brought about by what John Hunter calls '*The stimulus of necessity*,' '*The organic instinctive power*,' or in other words, '*The vital force*.' Well may we say here 'what's in a name!' Nevertheless it is in the due appreciation of this vital force, as exhibited in the physiological actions of the different organs, and of their compensating and subservient relations to each other, that the success of treatment will often depend; and by the regulation of the *juvantia* and *lædentia* of hygienic management, which are the true *auxiliaries* to all treatment, we shall best carry out the wholesome maxim of Bacon, and be the 'servant and interpreter of Nature.'

But in spite of the belief which exists, that this instinctive power of nature is really a *vis medicatrix*, I think it can be easily shown that the contrary is the case, and that the language so constantly held out to students about '*trusting to Nature*,' and '*aiding the efforts of Nature*,' is simply a confession of ignorance, and a refuge from the more dangerous practices in vogue for the suppression or correction of morbid action. *For example.* A copious or superabundant secretion of bile takes place in the liver, it passes off by the bowels as a diarrhœa. To assist nature, a purgative is administered, but

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this only increases the diarrhœa, and perhaps stimulates the liver to a fresh formation of bile, instead of modifying the organic vital force, and so diminishing the functional activity. Is *this* to assist nature? It is much the same as if a horse were driven at increased speed over a barricaded street, instead of being checked, and so enabled to overcome the difficulties of the route.

So again, with an active hæmorrhage, whether of the lungs, nose, or stomach. This is often taken as a natural indication for treatment, and more blood is drawn from the arm, as a safer place; but is that to assist nature to a cure? Is that *natural* indication *to be relied on?* Certainly not. The hæmorrhage has resulted from an obstruction of the circulation in one of the internal organs, caused probably by diminished vital power, or failure of innervation at the part, and consequently a torpid and dilated state of the circulatory vessels. The stream has overflowed its banks, as a result of some impediment having occurred in its usual course, but this, or an increase of this, does nothing towards remedying the evil.

Nature has been unable in these instances to restore the '*status quo ante*,' and failing this, has forced a way in some other part of the economy, and so allowed an exit, without which, the more important organ would, probably, have been sacrificed. But still there has been no *vis medicatrix naturæ* in action, and the part originally impaired must have the equilibrium of its vital power restored, before a recurrence of the danger can be prevented.

Homœopathy supplies the means whereby it can be accomplished, and in this way aids nature where she is herself incompetent.

Again, let us take another example of the imperfect manner in which the *vis medicatrix naturæ* acts, and how entirely its operations are confined to the supplying a compensation for the morbid action, instead of, as is erroneously asserted by the teachers of allopathic medicines, removing disease. Two men shall have an attack of pleurisy, and in one individual there shall be an effusion of lymph, with consequent adhesions to the walls of the chest; in the other, effusion of serum into the

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cavity of the pleura, and no adhesions. In the latter instance, it is said, *ex-cathedrâ*, that the effusion of serum is a provision of nature, an effort of the *vis medicatrix naturæ*, to preserve the respiratory organ from the dangerous effects of the former condition.

In either case, *under ordinary care*, the effusion relieves the inflammatory process, as though it had expended its force thus and then subsided; but the real explanation is this, namely, that the result of the inflammatory action is modified in the individuals by the constitutional peculiarities of each, and, by *the intensity* of the inflammation, and that instead of its being a vis medicatrix, it is a morbid result which the vis medicatrix has not been able to avert.

The same thing happens in *peritonitis*, or inflammation of the peritoneum covering the bowels, and the dropsy sometimes consequent thereon. Here we may have precisely the same conditions occuring in different individuals, but to say that either the serous effusion in the one case is an operation of the vis medicatrix naturæ to prevent the more serious complications of the other, is a straining of the case to meet an argument, and is not worthy of the name of a theory. On the contrary, it is well known to all present that these morbid results must themselves be submitted to medical treatment, and the vis medicatrix naturæ be relieved of the imperfect attempts to restore the healthy state of the system.

Homœopathy enables us in all these cases to preserve and to restore the vital force, and to *remove* the morbid consequences of its abnormal efforts, and to bring about a healthy state of an organ without being dependent upon the vis medicatrix naturæ, which means nothing more than the instinctive organic vital force in a state of equilibrium. The only difference to be noticed here is *that* in the case of pneumonia, resulting in exudation into the air cells and producing hepatization; the pressure of the exuded matter, as shown by Professor Henderson, exerts a mechanical obstruction on the capillary circulation in the cells, and so, as it were, puts out the fire and terminates the inflammatory process; but such is not the case in *peritoneal* inflammation. Therefore, it cannot be considered as an in-

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stinctive preservative process, but as an accidental mechanical result.

I have said thus much about the *vis medicatrix naturæ* because it has repeatedly been asserted by those, who are unwilling to acknowledge that infinitesimal doses can possess any, much less a curative, action, that the beneficial results which could not be gainsaid, were nothing more than the tendency of nature, by its own instinctive and preservative energy, to recover from disease. But if more were wanted to convince those who favour the convenient theory of a vis medicatrix naturæ, I would refer them to that able exposition of the results of the four modes of managing acute disease, namely, by *venesection*, by *Tartar emetic*, by *homœopathy*, and by *the powers of nature*, which has been given to the world by Professor Henderson of Edinburgh, in his unanswerable reply to Professor Simpson, in "*Homœopathy fairly represented.*" In comparing the *results* of pneumonia (inflammation of the lungs) as published by Dietl, the average duration of the cases treated by venesection were found to be 35 days; of those treated by Tartar emetic, 28.9 days; and of those treated by the expectant method, 28 days; whilst the average duration of the disease in 43 cases treated by homœopathy was only 11⅘ days. "This very remarkable result," he says, "places beyond all rational doubt the claim of homœopathy to a high degree of active curative power in pneumonia. The cases under the expectant treatment lasted, on an average, 16 days longer than the homœopathic cases."

But, it is to the collective aggregate of the symptoms that we must at last be referred for the only sure basis of the therapeutic application. Hahnemann has taught us that these are the true expression of the disease, and as these one by one recede, so we have a right to conclude that by degrees the disease itself is subdued; subdued, I say, not obscured or suppressed merely, as is often the practice under the old system of treatment, but withdrawn from the strongholds of the economy, by the cessation of the morbid actions.

But there has been much unnecessary discussion about the application of the therapeutic law and the necessity of an irk-

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some comparison of the detail of the symptoms with the pathogenesis of the remedy.

I fear that in many instances a minute detail of the symptoms as practised by observers is not always a correct exponent of the disease; on the other hand, I believe, that a clear physiological view of an individual case, with an accurate grouping of the symptoms, will easily lead us to the right remedy, and save a vast deal of needless and pedantic labour. I do not wish to undervalue the painstaking research which in many instances of chronic disease is absolutely necessary, but in a vast number of cases we find that groups of symptoms are offsets, as it were, from some peculiar and morbid feature in the constitution of the patient, which, to the practised medical eye leads at once to the remedy,—but without which the fullest catalogue of aches and pains, sensations and expulsions, phenomena and epiphenomena, is incomplete and of little value.

For example, I witness a yellow pustular eruption in a child whose excretions indicate an unhealthy action of the liver, with a cachectic aspect, pallid cheek, and impoverished condition;—some external morbid influence has so impaired the organic power of the liver as to interfere with its function of depurating the blood, consequently it is loaded with carbon, instead of having that element properly eliminated; unhealthy bile of a dark colour is formed, the roseate hue of health is gone, and the cutaneous follicles become inflamed and pustular, in places where the obstruction to the transpiration is the greatest. Here is recognized an instance of *porrigo favosa*, and is any one to be called a routinist because he does not deliberately sit down and recount the symptoms, and compare the pathogenesis of half a dozen remedies, before he ventures to prescribe—aye even a course of medicine, for this oft recurring group of symptoms? If there be any special symptom peculiar to the individual in addition to the more common phenomena, the practised eye should surely at once discern it, and give it its due proportion of consideration before applying the remedy.

Again, two cases of amenorrhœa shall present themselves; the one a lively, plethoric girl, with flushings of the face;

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irregular nervous action; cold extremities; pain in the back; palpitation; and headache—indications of a functional derangement from too great excitability of the nervous system, and excess of vital action; to her we may administer *aconite*, perhaps followed by *pulsatilla*, unless the Aconite, as often happens, effectually establishes the equilibrium of function: while the other is a pale and delicate girl, with cold extremities; shortness of breath, and palpitation of the heart; feeble pulse, and languid temperament; together with a strumous diathesis; here there is evidence of a deficiency of organic vital power in the ovaries. To her we may administer *sulphur*, followed most probably by *pulsatilla*, if the former has not been sufficient to arouse the organic force and so produce the desired result.

In both cases success attends or follows the exhibition of the remedies.

Is any one a routinist because from a repeated observation of such cases, he knows and acts upon the knowledge that similar treatment will be successful in the like cases?

I cannot assent to such a book-worm constraint as some would exercise upon the reasoning faculties, and so give license to our opponents to taunt us with a repudiation of pathology and physiology, and to a blind adherence to a confused heap of symptoms which require a vast deal of weeding before they can become intelligible to an adherent of the old system.

Nevertheless we *are* guided by the aggregate of symptoms, but we must take care that we include the *whole* of the morbid picture, and thus every individual case will stand upon its own foundation. I see a man with a wound upon his leg—deep, excavated, irregular, and sloughy. Tortuous veins reach it from above, and a red or dusky areola is observed around it; the circumference is likewise indurated; there has been inflammatory exudation into the cellular tissue surrounding some veins; ulcerative absorption has taken place, and an ulcer is the result. Perhaps the neighbouring veins are bunchy and tender; the liver is occasionally the seat of pain; constipation exists, and the digestive function is faulty. If we were to proceed to attempt the cure of the ulcer upon this collection of symptoms, the probability is that we should fail; but there is a sallow

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complexion and psoric taint to be gathered either from the appearance of the individual or from his history, some other local irritation may attract our notice, and then we may find that the most prominent symptom of the case, namely, *the ulcer*, is the most insignificant feature after all. The deep seated psora must be attacked; the internal disease must be treated; and then probably the *ulcer*, the most prominent external symptom, will yield with the rest, and a healthy cicatrising wound be established.

In the recent afflictive epidemic too, we have had the opportunity, through the beneficent means afforded by this Hospital, of comparing, with the most satisfactory results, the treatment of cholera by the homœopathic remedies with the returns of cholera from the other London Hospitals, and without making any more observations than are necessary to show the great superiority of our treatment even in this fatal disease, I will merely state that from the report published in the *Medical Times and Gazette*, in the month of September, it appears that the lowest average of the old school treatment exhibits a loss of 10 out of 25, or 40 per cent.; and the highest, a loss of 76 out of 130, or about 59 per cent.; while the average loss under homœopathic treatment at the same period was 7 out of 35, or 20 per cent. With respect to the *castor oil treatment*, which has been so lauded by some and decried by others, I can only believe that where it has succeeded, it was in consequence of its homœopathicity; or else, that by virtue of its oleaginous quality, it has acted like oil poured upon the waves of the sea, or by so blocking up the exhalent vessels of the stomach and intestines, (its irritating property being abnegated by the insensible torpor of the collapsed mucous membrane) as to cause an arrest of the current of the fluids to the surface of the stomach and bowels. But the very fact that attacks of cholera have been induced, during the prevalence of the epidemical atmosphere, by doses of castor oil and other purgatives, *must* make it a very doubtful remedy, and the hypothesis put forth by Dr. Johnson, (its great advocate) is so unsound and untenable, that it can give no encouragement to the supposition that it is a specific for cholera. Dr. Johnson argues that the purging is good, that

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it *is the vis medicatrix naturæ*—an effort of nature to get rid of the poison, and *in the old style of assisting* nature, a purgative is the best indicated remedy; so that by increasing the loss to the system, we may hope to eliminate the *morbid agent*—the poison of cholera!

But who ever proved that the poison of cholera *was* a material ponderable molecule? or, if it were, how could it be expelled from the blood until the whole mass, the grosser as well as the finer parts of it, were forced out of the vessels? And how does he explain the arrest of the cholera, if combated in its premonitory symptoms, by the arrest of the *diarrhœa*? So much for the theory; but the practice is one of those chance things with which the history of cholera abounds, and which is found successful in a few cases, and therefore supposed to be useful in all, and ultimately fall into disuetude from having no scientific basis to rest upon.

But, gentlemen, it is not so chance a thing, as we all know, in homœopathy. Our remedies vary to a certain extent when applied to different individuals, but are always regulated by the same principle, that of "*Similia similibus curantur*," and are thus apportioned to the exigences of every case, whether there be the deadly collapse, or the attendant vomitings or purgings, or both. So that our patients may really be said to be *treated* scientifically and judiciously, and not by haphazard, speculative specifics, alike doubtful in their origin and their result.

The comparison is before you, and we need not be ashamed of it.

It is then to Samuel Hahnemann that we are indebted for the most successful means at present existing with which we can meet this terrible scourge, and as our remedies have not changed for twenty-two years, namely, from their application in the epidemic of 1831-32, to that of 1853-54, but hold the same possession of our confidence; we have no reason to doubt that they will continue to be our staff and stay whenever a similar visitation shall recur, and the name of Hahnemann must, therefore, be recorded with perpetual praise, for the time will surely come when it shall possess the citadel of fame, and be revered among physicians far above the names of Mead, and Sydenham,

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of Huxham, Baillie, and the Hunters. In the language of Tacitus:

"Quidquid ex Agricolâ amavimus, quidquid mirati sumus, manet; mansurumque est in animis hominum, in æternitate temporum, famâ rerum." *

THE HISTORY OF A CASE OF ACUTE (RHEUMATIC) PERICARDITIS LEADING TO HYPERTROPHY, WITH DILATATION OF THE HEART,

By Joseph Kidd, M.D.

Late in the evening of Nov. 24, 1850, I was hastily summoned to see Master N., aged 10 years. I found him, propped up in bed by a number of pillows, panting and struggling for breath, and complaining of sharp rending pains along the sternum and into left shoulder: pulse rapid, weak and fluttering; respiration rapid and short; extreme anxiety of countenance, and distressing restlessness and sleeplessness for forty-eight hours; tongue covered with a yellow fur; no appetite; intense thirst; hot dry skin.

I was told that the child—from birth weakly and delicate—was a patient of Dr. Chapman's, and for upwards of a fortnight under his care for a severe attack of rheumatic fever, to slight attacks of which he had been subject occasionally for four years, and to which he was hereditarily predisposed, as his father and grandfather were the subjects of rheumatic gout.

Examining into the cause of this urgent dyspnœa, I found the left supra-mammary region dull on percussion, up to about the lower edge of the third costal cartilage; the heart's action was muffled, indistinct, and very weak; no friction sound, but a very soft *bruit de soufflet* was heard accompanying the first sound of the heart. It evidently appeared that extensive effusion had resulted from acute pericarditis, and also that the endocardium was slightly affected. Dr. Chapman saw the case the day before, and prescribed Phosphorus and Arsenicum alternately, which had been taken for about twenty-four hours. As

* Tacitus, Agricola.

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the case had evidently altered much since his visit, I laid those medicines aside, and gave two drops of Colchicum Φ every half-hour for four or five doses, and then every two or three hours afterwards.

The effect was most immediate and beneficial: gradually the pain was lessened, the dyspnœa became less urgent, and by midnight he could take some light food, and afterwards had refreshing sleep. The next day I sent for Dr. Chapman, who found all progressing favourably, and the effusion into the pericardium still very extensive, but lessening. (He also reminded the parents of a reserve medicine he had left, to be given if the pains or difficulty of breathing increased, and which was Colchicum, 1st dec. dilution.) The Colchicum Φ was continued at longer intervals for some days, and the improvement continued without interruption, so that in about a week he could walk about the room, and gained flesh and strength.

In order to prevent over-exertion or over-excitement, I explained to the parents, that in all probability adhesion of the pericardium to the heart had occurred, and some obstruction in one set of valves. For two years after this attack the boy's general health remained much as it had been for four or five years previously. Constant succession of small illnesses, as slight rheumatic attacks, treated by Rhus or Dulcamara; irritation of the mucous membrane, with foul yellow tongue, and want of appetite, treated by Mercurius and China; attacks of dyspnœa and palpitation, treated by Ignatia or Spigelia.

On December 13, 1852, about two years after the first attack, a violent attack of rheumatic fever again occurred, treated by Rhus Φ in the beginning, and as the heart became implicated, by Colchicum again, but now with little or no result. About the 16th day it seemed as if he were about to die, through the extreme anguish and pain in the heart, for which I then prescribed Acid. hydrocianic., 8 drops every hour for two or three doses, with the most marked relief and rapid recovery. Dr. Quin now saw him, and examined the heart carefully: its action was tumultuous, heaving up over the greater part of the left side with a muffled diffused sound; a very slight *bruit de soufflet* still audible over the mitral valve.

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After his recovery from this attack, I saw clearly that no permanent or decided improvement in constitutional health had resulted from the treatment (symptomatic and general) of Dr. Chapman for several years before I saw Master N., nor from my own during the previous two years. Careful regulation of diet, gentle open air exercise, a favourable change of climate (from Liverpool to Greenwich, and from thence to Blackheath) had also failed to make any radical change. He still looked pale, chlorotic, and feeble, and his nervous system was as excitable as in hysteria.

Searching into the cause of this, it seemed to depend upon the lactic acid dyscrasia, with deterioration and diminution of the red corpuscles of the blood.

I then prescribed Lemon juice for six weeks, two ounces about one hour after dinner and breakfast. This improved the digestion, and lessened the tendency to rheumatism. I then prescribed Ferri sulphas, the first decimal dilution (in distilled water), one drop, gradually increased to three, about a quarter of an hour after meals, three times a day, in a wine glass of cold boiled water, also the use of a vapour bath once a fortnight, and carefully regulated nutritious diet.

This course was continued for eighteen months, and a great change came over the constitutional health: the pale chlorotic look gave way to the ruddy glow of health; the heart became capable of enduring the most active exertion without distress; the appetite, strength, and flesh increased amazingly; the rheumatic attacks became less severe and less frequent.

From a variety of causes the Ferri sulph. was much interrupted or discontinued from May to December 1854, and rapid growth (as he approached fourteen years of age) weakened the nervous and muscular systems. With more intelligence, the poor boy became most keenly sensitive to the organic imperfections and impediments in the heart preventing his taking the active exercise of other boys, and unfitting him for the ordinary occupations of life.

He frequently spoke of being a dead weight in the family; and although surrounded by all the love and kindness that could endear this life to him, his mind seemed to dwell upon

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the feeling of an early removal to another, where pain and sorrowing cease.

In this state of mind, with much physical depression, he was suddenly and violently seized, December 13th, 1854, by an attack of rheumatic fever, with painful swelling of the wrists, legs, and ankles; tongue coated with yellow fur; bowels constipated; urine deep brown, coloured from bile, coagulating on being boiled, but restored quite clear by Nitric acid (showing excess of phosphates); no appetite; intense thirst; dry hot skin; restlessness and sleeplessness, with anxiety of countenance and urgent dyspnœa. Aconite 1 d. and Bryonia Φ were freely given for two days, and the bowels emptied. As the pains became aggravated by the rest and warmth of bed, Rhus Φ two drops every two hours, was given. Afterwards, as the joints improved, and the pains about the heart became more troublesome, Colchicum was given followed by Arsenicum. Towards the end the heart sufferings became quite different from the former attacks; he complained of choking constriction in the heart, with a deep internal sinking as if a large hole existed in the heart, requiring pressure to support the left side. China was now given frequently, and moderate quantities of wine when faintness or exhaustion came on.

On the 20th he got out of bed and walked a few steps, when all pain ceased for a minute or two, but only to return with greater violence; emboldened by this momentary relief, he attempted the same about 9 P.M., but with excruciating agony: fainting, he screamed out "press it," pointing to the region of the heart; this was done, and a glass of Port wine hurriedly swallowed, but without avail, as the paroxysms of faintness and sinking exhaustion gradually increased, and he died placidly in a few hours.

On a *post mortem* examination, forty-eight hours after death (Mr. Mackern also present), I found the pericardium externally adherent by numerous fibrous bands to the sternum and ribs; internally the pericardium was universally adherent to and continuous with the muscular fibres of the heart, so as to admit of no separation except by the knife. The heart was enormously hypertrophied and dilated; it covered and filled up the greater part of the left side of chest, and weighed, with the vessels

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cut short, and all fluids well squeezed out, *twenty-seven ounces;* The muscular fibres were thin, pale, and friable; the walls of the ventricles thin and expanded; the ventricles very large and nearly empty, with the chordæ tendineæ thin and white, nearly three inches long, stretched across the chambers; the mitral valve slightly thickened; the aortic valves healthy.

Remarks.—This case shews how closely the heart requires watching in rheumatic fever. Within thirty-six, or at farthest forty-eight hours, it had advanced to most extensive effusion to which the anemic condition of blood predisposed the child's constitution. The action of the Colchicum was the most strikingly efficient that I ever witnessed in any disease from any medicine. In rheumatic pericarditis with serous effusion, the action of Colchicum is most homœopathic and most effectual.

Probably for many years before the first attack of rheumatic pericarditis, the child's heart was feeble and dilated.

The influence on nutrition and on the blood set up by the Ferri sulph. was more like that of highly suitable food than of medicine. It truly fed the red corpuscles, and, through the blood, the muscular and nervous systems. The necessity for Iron Dr. Chapman had also seen, and given at Liverpool for the child's constitutional health, but without much result, as he gave *ferri carb.* the first centesimal trituration, which was not sufficiently potent to influence the nutrition of the blood corpuscles.

In all diseases of the heart characterized by dilatation, or by degeneration of muscular tissue, I have for many years acted upon the principle, that the chief indication of treatment should be to promote the development and energy of the muscular tissue by all physiological means in our power—as animalized food, careful regulation of muscular exercise, bracing air, freedom from anxiety, iron, best of all when it can be used as in the natural chalybeate waters. As long as its influence in this case was regularly kept up, the boy's muscular power and the action of the heart continued vigorous; but when, during the last six months of his life, it was omitted or nearly so (owing to a variety of trifling circumstances), both seemed to flag, and then more dyspnœa and more palpitation occurred.

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ON THE SWEDISH GYMNASTICS,

By Dr. Roth.

(*Continued from page* 61.)

Flexion and extension of the arms.

The external side of the arms, when freely hanging down, is the stretching side, and the internal the bending side.

Arm flexion and extension (in the shoulder joints only).

The arms are kept perfectly stiff, and are moved from the "rack" into the "yard position," from "speak position" to "forwards, and upwards," to "outwards, and upwards," and slightly to "backwards, and outwards." Only the first of these movements is a real arm extension, and in the opposite direction, an arm flexion, while all the others are called *guiding*, and are described under that head.

The arm flexion and extension are done first, only with one arm, three times in succession, and then as often with the other, or first with one arm and then with the other, and so alternately, which is called, alternate arm flexion and extension, or with both arms at the same time, called, double arm flexion and extension; the movement done with one specified arm, is denoted by the words "right" or "left," or by the name of the position in which the movement is to be done, for instance: right-rack-standing, arm extension; right-yard or half-yard-standing, right arm flexion. In these instances, the commencing position indicates that the right arm only is moved.

The rack half-lying, double arm extension (G. R.), and the yard half-lying arm flexion (P. R.), with resistance of one gymnast, has been described, page 71; left rack standing arm extension (G. R.), and left yard standing, arm flexion (P. R.) are described, page 72. When two gymnasts resist, they stand behind and sideways of the patient, one places the hand next the patient on his shoulder, and the other on the external side of the wrist. The position of the rest of the body in which the arm flexion and extension may be executed, are the standing, sitting, kneeling, lying, and hanging positions; in the last only with one arm. The trunk and legs may be in

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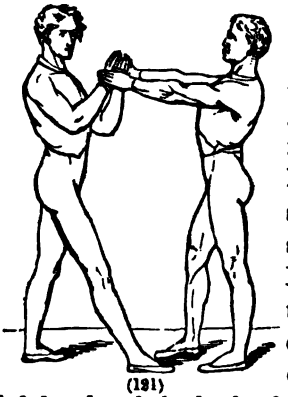
fall, inclined, twist, walk, stride, curtsey, squat, kick, and other positions.

Instances: 1. Yard walk standing, double arm flexion (P.R.) and extension (G. R.). Two gymnasts stand, one on each side of the patient, whose arms are in yard position, and the legs in walk position, and place one of their hands on his hip or on his shoulders, and the other, during the arm extension (G. R.) or flexion (P. R.), on the outside of the wrist joint. During the arm extension (P. R.) or flexion (G. R.) the second hand is placed inside of this joint.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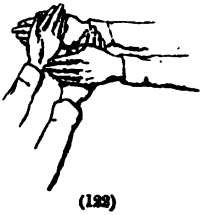
2. Rack right walk standing, arm extension (P. R.) and (G. R.), fig. 121. If the patient is strong enough, one gymnast stands in pass position before him, and places the back of his hands on the inside of the patient's stretched hands. Fig. 122 illustrates this position much clearer; the palm of the gymnast's left hand and the back of the patient's left hand are seen, the first on the inside of the patient's right hand, and the second on the back of the gymnast's right hand; when the strength of the hand is deficient, the resistance is given on the wrist joints.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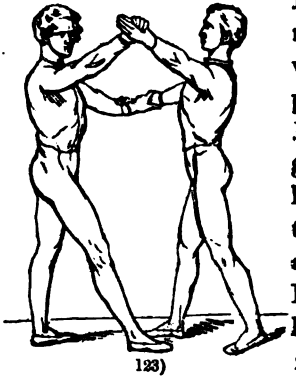
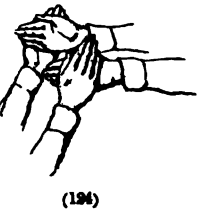

123)

Fig. 123 illustrates one of the intermediate positions of this movement, which finishes with the arms of the patient being in yard position. Fig. 124 shows how the gymnast places his hands on those of the patient in rack arm extension (G. R.), the patient's hands in the horizontal position, are covered outside by those of the gymnast.


(124)

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3. Yard standing, double arm-flexion (P. R.) and extension (G. R.), differs from the first instance by the feet of the patient being placed apart.

4. Rack pass standing, double arm extension (G. R.) and flexion (P. R.), one of the feet is placed about two or three distances forwards from the fundamental position, in which the feet are placed heel on heel at a right angle.*

5. Right rack left walk standing, arm extension (G. R.) and flexion (P. R.). The arm extension (G. R.), precedes the flexion (P. R), because the arms are bent at the shoulder joints in the commencing position—the left leg and right arm are specified by the name of the commencing position; the left leg might be placed into walk-position, while the right arm only is moved.

6. Rack chine lean, close-standing double arm-extension (P. R.). The patient leans with his chine against a horizontal bar, one gymnast places one foot transversely before the toes of the patient in close position, to prevent them from slipping, and with his hands he fixes the patient's hips; two other gymnasts stand behind the patient on the other side of the bar, place one hand on the shoulder the other on the back of the stretched hand, and execute the movement while the patient resists; the arms are brought into the rack position actively, that is, by the patient alone. The active flexion and half-active extension are alternately done three times.

7. Rack chine lean fall close standing, double arm extension (G. R.). This differs from the previous by the patient's body being in fall position.

8. Yard thigh opposite inclined-standing, double arm-flexion (P. R.). The patient leans with the anterior side of his thighs against a padded horizontal bar, while his body is inclined forwards, and the arms kept horizontally outwards.

9. Rack chine lean reclined-standing, double arm-extension (P, R.). The commencing position is similar to No. 5, only the body is reclined.

10. Yard abdomen opposite crooked standing, double arm-flexion (P. R.). The body, which is bent forwards, leans with the abdomen against a horizontal bar.

* The more detailed description of the pass position, with the engravings may be seen at pages 127 and 144 of my book, "The Cure and Prevention of Diseases by Movements."

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11. Yard abdomen opposite deep crooked standing, double arm flexion (P. R.). The bending of the body is more considerable than in the previous movement.

12. Half rack twist standing, arm extension (G. R.). Either arm may be stretched forwards, and the body twisted on either side, because neither the arm nor the side is specified, consequently the body may be in twist position to the right, and the left arm in rack position; or the contrary may take place, and the arm of the side to which the body is twisted may be in rack position. When a definite arm and side are to be used, this is especially expressed, as in the following instances; half rack, twist standing (right rack, left twist), arm extension (G. R.), which means that the movement is done successively with both arms; but when the right arm is used, the body is twisted to the left, and when the left arm is to be moved, the twist is to the right; the words "right rack twist" indicate that the right arm is used, and the body twisted first on one side and then on the other side in succession; "alternate twist" means that the movement is done while the body is twisted alternately to one and the other side; "right rack, right twist," in a parenthesis, denote that the arm of the side to which the body is twisted is used.

13. Yard span standing, arm flexion (P. R.). One arm is in yard, the other in span position, and when the movement is done three times, the position of the arms is changed, and the movement repeated three times.

14. Rack stride high kneeling, double arm extension (G. R.) The patient's knees are placed apart on an elevated level.

15. Yard inclined standing, double arm flexion (G. R.). The resisting gymnast places one hand on the shoulder, and the other on the inside of the patient's wrist joint.

16. Rack stride fall sitting, double arm extension (G. R.). The patient's knees are fixed by a third gymnast.

17. Rack oblique high sitting, double arm extension (G. R.) The patient's hips are fixed by a third gymnast, while the body is bent on one side.

18. Wing yard twist high stride sitting, arm flexion (P. R.) One gymnast executes the movements, a second stands behind the patient, and while fixing the hips, places one of his hands on the patient's hand in wing position.

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19. Right yard left stretch left oblique high stride sitting, arm flexion (P. R.). One gymnast fixes the knees, a second the hips, while the third executes the movement.

20. Right rack left angle leg-forwards-lying, arm extension (G. R.). The legs are fixed by a gymnast sitting upon them.

21. Half yard twist forward-leg-lying, arm flexion (P. R.).

22. Rack leg-lying, double arm extension (G. R.). One gymnast fixes the legs, two others, while resisting the movement, support the patient's body.

23. Wing rack twist forwards-leg-lying, arm extension (P. R.); may be done in four different ways, by changing the arms and the side to which the body is twisted.

24. Yard stem lying, arm flexion (P. R.). The patient is supported at the abdomen by one or two gymnasts, who at the same time prevent him from bending the knees, while the third gymnast executes the movement.

25. Yard swim hanging, arm flexion (P. R.). The feet and abdomen are supported by gymnasts.

26. Rack hanging, arm extension (G. R.). The patient's body is prevented from twisting by a gymnast fixing the hips, but when he becomes stronger this assistance is unnecessary.

Upper and forearm flexion

Is a flexion of the arms at the shoulder and elbow joints at the same time.

The arms of the patient in stretch-position are slowly drawn down into the heave-position, and this action is continued till the upper arms are in their whole length at the side of the trunk while the forearms are bent back on the upper arms, the gymnast resisting during the whole movement; when the resistance is made by the patient, the movement is also called *arm-down-pressure*. In this case it is advisable that the patient should slightly bend his arms in the commencing position, and special care should be taken that the shoulders of the patient should be raised as little as possible during the movement.

When the upper and forearm extension (P.R.) is done, and the arms are brought from the position, close to the trunk into the stretch position, the movement is called *guiding;* by the

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same name is also designated the upper and forearm flexion, when done from the stretch position to flight position. The movement may be done with one or with both arms in a variety of commencing positions as regards the rest of the body.

Instances.—1. Stretch stride sitting, double upper and forearm flexion (G.R.) and extension (P. R.) See page 83, figs. 113, 114.

2. Right stretch right walk standing, upper-and-forearm flexion (G.R.), and extension (P.R.) See page 82, fig. 112.

3. Free standing, double upper and forearm extension (G.R.), from the position forearms bent up. The gymnast in right-walk position takes hold of the bent forearms at the wrist joints, and resists while the patient stretches both arms upwards. The dotted lines indicate the final position.

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4. Stretch close standing, upper- and forearm flexion (G.R.), (fig. 125).

5. Half stretch fall stride standing, upper and fore arm flexion (G.R.) The patient's feet are placed apart (stride), he reclines with the whole body a little backwards (fall), the right arm is stretched upwards (half stretch), one gymnast stands behind him on a chair and executes the movement, while two other gymnasts standing one at each side of the patient, fix his hips, if he is unable himself to remain in the stride position.

6. Half stretch reclined walk standing, upper and forearm flexion (G.R.). This movement is done three times in succession, with one arm and leg, after which the patient changes his position, and the movement is done three times with the other arm and foot. If no limb is specified, the arm and leg on opposite sides are used.

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7. Half-yard walk standing, double upper and forearm flexion (active) and extension (G.R.). The arm in the horizontal position is brought forward by the patient, until the tips of the fingers touch the opposite shoulder. One gymnast fixes the shoulder with one hand and resists on the wrist joint, while the patient stretches his arm, two other gymnasts, one before the other behind the patient, fix his hips during the extension backwards, done in a horizontal line, and at the height of the shoulders. The movement can only be executed with perfect exactness by one arm at a time.

Forearm flexion and extension

Is a flexion and extension of the arms only at the elbow joints.

Instances.—1. Heave elbow support half lying, arm extension (P. R.) and (G. R) The patient sits on the flap, by which name the low operating chair with a moveable back is frequently distinguished. Two gymnasts stand one on each side of the patient, with one foot on a chair, the patient puts his elbow on their raised knees or thighs; the gymnasts fix the upper arms, and take hold of the patient's forearms, at the inner side near the wrist joint, and extend the forearms, which action the patient resists. When the forearm extension (G. R.) is done, the gymnast resists by taking hold of the wrist joint outside. The forearm flexion (G.R. and P.R.) is similar to those described, pages 13 and 14, where the commencing positions only are different.

Hand-flexion and extension

Is a flexion and extension of the hand at the wrist joint.

Instances.—1. Half-lying, double-hand flexion (P.R.), and extension (G.R.) is described page 65, fig. 92.

2. Yard stride sitting, double hand flexion (G.R.), and extension (P.R.). The patient sits with his feet apart, while the knees are fixed by a gymnast, two other gymnasts standing sideways take hold of his arms, and resist while the patient moves the hands at the wrist joints, the fingers being kept stiff (hand-

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flexion G.R.) from this bent position the hands are extended by the gymnast while the patient resists, and this is hand-extension (P.R.).

3. Arm support stride fall sitting, double hand flexion and extension (P.R.) and (G.R.). The flexion as well as the extension are done three times with resistance of the patient, and as often with resistance of the gymnast.

Finger-flexion and extension.

Is a flexion and extension at the finger joints alone, and is also called fist clenching and fist opening.

The finger-flexion and extension are frequently combined with the same movements of the hands. In some cases, only the thumb or one of the other fingers is acted upon. The finger-flexion and extension are done at the metacarpal joints only, or on any other of the finger joints; in all these cases, the rest of the hand must be well fixed, and any action at the wrist prevented by the gymnasts. The arms may be in yard, rack, or other positions.

Leg-flexion and extension.

Before entering into the description of these movements it is necessary to mention the bending and stretching side of the joints of the leg; while the body is upright the hip and ankle joints are bent forwards and stretched backwards, the knee and toe-joints are bent back and stretched forwards, consequently the flexions and extension of the joints vary on the anterior and posterior sides of the leg.

Flexion and extension of the hip joints alone, while the knee and ankle joints are kept stiff, is called according to the different positions in which these movements are performed, ***leg-raising***, ***leg-lifting***, ***leg-guiding***, ***leg-downwards-pressure***, and will be described under these heads.

The flexion in the hip and knee joints at the same time, in the direction upwards, is also called ***knee-flexion*** or ***knee-upwards-pulling***. The extension of the hip and knee joints at the same time, in the direction downwards, is named ***knee-extension***,

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and also *knee-down-pressure*. The knee-flexion and extension are also done in different directions, as forwards, outwards, or inwards, expressed in the prescription by the words "in different planes," which words are enclosed in a parenthesis.

Instances.—1. Stretch grasp inclined reclined squat heel lean standing, knee flexion (G.R.) and extension (G.R.) See page 78, figs. 108, 109.

2. Yard squat half lying, double knee extension (P.R.), and flexion (G.R.). Two gymnasts standing one on each side and before the patient, fix with one hand the shoulders, while the other is placed on the knees.

3. Wing squat half lying, double knee extension (G.R.) and flexion (P.R.). Two gymnasts fix the hips with one hand, and place the other hand on the lowest part of the posterior side of the thigh near the knee joint.

4. Wing stride standing, double knee flexion (P.R.), and extension (G.R.). The gymnast stands behind the patient on an elevation, and reaching over him, places his hands on the hands of the patient. He then presses the slightly resisting patient down, till his knees are bent, and then the patient again, by stretching his knees, raises himself while the gymnast resists. When two gymnasts assist, they stand one on each side, and behind the patient, and place their hands on the patient's hands in wing position; they cross one of their arms in such a manner that the right hand of the gymnast standing on the left, is on the patient's right hip covered by the other gymnast's left hand; the contrary takes place on the other side, the two gymnasts may also be placed one before the other behind the patient, in which case they also mutually cover one of their hands.

5. Opposite standing double knee flexion, (G.R.) and extension (G.R.), with stomach and loin pressure. This is an instance of a half-active movement, combined with a passive, viz., the pressure in the stomach and loins, done by two gymnasts standing one on each side of the patient. They cross one of their hands on the stomach, and press the parts of the body mentioned during the whole action.

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6. Speak grasp squat standing, knee extension (P.R.), with stomach pressure. Two gymnasts fix the hips and make the passive movement, while the third pushes the knee down.

7. Span grasp squat reclined standing, knee extension (P.R.)

8. Span grasp reclined half standing, knee flexion (G.R.). Nos. 7 and 8 are frequently done alternately.

9. Stretch grasp squat hanging, knee extension (P.R.), in different planes.

10 Stretch grasp hanging, knee flexion (G.R.), in different planes. Nos. 9 and 10 are also done alternately.

11. Span grasp lean squat standing, knee extension (G.R.) and (P.R.), in various plans.

12. Span grasp lean half standing, knee flexion (G.R.). Flexion and extension of the legs in the knee joints only.

Instances.—1. Air standing, knee extension (P. R.) and (G.R.). The gymnast stands sideways near the leg in air position, fixes the knee with one hand, and places the other on the heel; when the extension is done by the patient, he places his hands on the anterior side of the ankle joint and resists.

2. Opposite half standing, knee flexion (G.R.). The gymnast kneels sideways near the leg, which is to be bent, prevents the knee from being pushed up and forwards, with one hand and resists with the other placed on the back of the heel.

3. Forearm support reclined air forwards lying, knee extension (P.R.). The hips and knees might be well fixed.

4. Half long sitting leg extension, and flexion (G.R.) The legs in long position, resting on a second chair, and the hips are fixed by two gymnasts, while a third executes the movement.

5. Half lying, leg-extension and flexion (G.R.). These two movements are also called *calf spanning.*

Foot flexion, and extension.

Is a flexion and extension of the legs at the foot joints.

Instances.—1. High opposite standing, foot extension (P.R.)

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and foot-flexion (G.R.). This is also called *instep spanning*. See description of the movement, page 76.

2. Half lying, foot flexion (G.R.) and (P.R.) and foot extension (P.R.) and (G.R.). See description of this movement, pages 67 and 68, figs. 94, 95, 96, 97.*

3. Instep support standing, knee-flexion (P.R.) and knee-extension (G.R.) The patient stands on one foot while the instep of the other leg which is bent at the knee, is on an elevated level, as in fig. 37, while the rest of the body is upright.

4. Toe support toe-standing, knee flexion (P.R.) and knee extension (G.R.)† For the two last instances the patient takes hold with his hands of the high back of a chair placed in front of him, two gymnasts stand one on each side of the patient, and place each one hand on his shoulders; one gymnast places the other hand on the heel of the patient, while the second gymnast presses with his second hand on the loins, The patient bends slowly the knee of the straight standing leg, while the gymnasts press the whole body as much as the supported foot; afterwards the patient, by extension of the previously bent knee, raises himself while the gymnasts resist.

Toe flexion and extension

Being analogous to the finger flexion and extension, are usually done in lying and half lying positions, but also in some kneeling and standing positions; the patient's leg and instep must be perfectly fixed so as not to permit any movement except of the toes; the shoes must be off, and care taken that the stockings be not too short or tight, as is often the case, and which prevents the development of the moveability natural to the toes.

Instances.—1. Half-lying, toe flexion and extension (G.R.) and (P.R.). The position of the gymnast is the same as in

* Pages 179 and 180 of my book, "Prevention and Cure of Diseases by Movements."

† The commencing and final positions of the patient are engraved pp. 184 and 185 of my book, "The Prevention and Cure of Diseases by Movements."

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the half-lying foot flexion and extension; the movement should be done only on one foot at a time, and the second gymnast assists in fixing the foot.

2. Half stride kneeling, toe flexion (G.R.) and extension (P.R.). The patient kneels with one leg, the other is standing on the floor.

Head-flexion.

The movements of the head in which it is bent in any direction are usually denoted by the word "flexion," as, for instance, forward-flexion, backwards-flexion, sideways-flexion, and when the head is in turn-position, oblique-forwards-flexion, oblique-backwards-flexion; or more definitely, right-oblique-forwards-flexion, and left-oblique-backwards-flexion of the head, &c. All these movements are generally executed by the patient while the gymnast resists; the word "extension," to denote a head movement in a direction opposite to a previous head flexion, is less frequently used.

Head-back flexion

Is a flexion of the head backwards.

Instances.—1. Standing-head-back flexion (G.R.). See page 86, figs. 117, 118.

2. Twist sitting, head back flexion (G.R.). The flexion being done in twist sitting position, the head is directed obliquely backwards, therefore in right twist sitting position; the back part of the head being turned to the left, the flexion is done obliquely backwards towards the upper and posterior angle of the left shoulder blade.

3. Swim hanging, head back flexion (G.R.). The patient being nearly in a horizontal position the flexion is in fact in an upwards direction, and the gymnast resists from above.

4. Stem lying, head back flexion (G.R.). is similar to the preceding as regards the head movement.

5. Stretch inclined stride-standing, head-back flexion (G.R.) Weak patients must be supported by a gymnast taking hold of the stretched arm of the patient.

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6. Lying, head back flexion (G.R.). With the exception of the head, the patient lies on a low couch, the head with the chin down is bent forwards, and supported by both hands of a gymnast, standing or sitting near the head; a second gymnast standing sideways, fixes the shoulders by pressing them on the couch, and a third gymnast pulls the arms down which the patient himself stretches down near his thighs.

Head forwards flexion

Is the bending of the head forwards, and may be executed in positions similar to those in which the head back flexion is done, and in many other commencing positions.

Head sideways flexion

Is the bending of the head to one side. This movement is very difficult to execute without either a slight or strong turn of the throat, so that often a head-turning is performed with it. The movement executed alternately on both sides is "alternate head sideways flexion." Head-sideways flexion means that the movement is done first three times on one side, and then as often on the other.

"Head right sideways flexion" is the movement to the right side only. "Left-head-sideways flexion" is the movement to the left only. If the head is turned to either side and then bent, the movement is called "head-oblique-backwards flexion, head-oblique-forwards flexion," and if more specified, "head-oblique-left (or right) back flexion."

In right-turn-position of the head, the sideways flexion backwards is called "head right oblique back flexion," and is done in the following manner:—The gymnast places his hands on the right side of the patient's head, and resists while the patient bends the head, the forehead being turned towards the right, to the upper and posterior angle of the right shoulder blade, in such a way that the forehead and back parts of the head are equally near to this point.

Head left oblique forwards flexion, is a flexion of the head to the left and forwards, while the head turned to the right is bent towards the left collar bone.

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Instances.—1. Standing, left head flexion (P.R.) is described page 54.

2. Swim hanging, head alternate sideways flexion (G.R.). The patient must be prevented by the gymnast from moving the shoulders.

3. Stomach opposite right turn and twist deep crooked standing, head right oblique back flexion (G.R.). The body and head being bent to the right, the head bends back towards the right shoulder.

4. Left turn and twist leg stride lying, head right oblique-fore flexion (G.R.). The head is bent towards the right collar bone.

5. Speak lying, head-sideways flexion (G.R.) and (P.R.). The patient's head is resting on one of the gymnast's hands, while the other hand executes the movement; the patient's body lies on a low couch, and two gymnasts fix the shoulders and pull the arm down.

Trunk Flexion.

The terminology of the trunk flexion is analogous to that of the head flexion, the word "extension" being seldom used for the bending movements of the trunk, which are denoted by the word "flexion"; trunk flexion is made in the directions forwards, backwards, sideways, obliquely forwards, and backwards; and is called forwards, backwards, sideways, alternate-sideways flexion; right side, left side, oblique forwards, oblique backwards, right oblique forwards, left oblique backwards flexion, are the names of the various bending movements of the trunk.

The oblique trunk flexions are sideways flexions, done in a twist position; one shoulder is directed obliquely forwards or backwards. The usual flexion forwards in twist position, in which the trunk also bends obliquely forwards or backwards, while the shoulders are moved equally forwards or backwards, are called forwards and backwards flexions, or are also further defined by the addition of the word "straight." In the trunk flexion the patient usually executes the movement while the

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gymnast resists; but when the gymnast executes the trunk flexion and bends his arms, the patient resists, it is called *pulling*, and *pressure* or *pushing* when his arms are stretched.

Trunk back flexion, also called back flexion.

This movement is generally executed in sitting and in long sitting positions, and combined with a raising up of the trunk into the erect position, which raising is always either active or passive.

During the back flexion the gymnasts resist, and stand in the following twenty-eight instances before or behind the patient, according to the nature of the commencing position. The patient sits with his back near one of the short edges of the flap, or of the high bench. One gymnast fixes the legs of the patient as firm as possible, and two other gymnasts place one of their hands on the back part of the head only; but when the patient is in the stretch or yard position, they place their other hands on the arms of the patient, and resist. If the patient is very weak, it is also necessary to give a support to the back, by placing the fore arm on it. The patient must execute the flexion so far that his trunk comes into the horizontal position, and the head even lower.

Instances.—1. Sitting, back-flexion (G.R.)
2. Stride-sitting, back-flexion (G.R.)
3. Twist-sitting, back-flexion (G.R.)

The patient bends obliquely backwards, and both his shoulders must be on a level. When one shoulder is lower than the other, it becomes an oblique back flexion. To distinguish between the flexions in twist position and the oblique backwards flexion, the word straight is added to the first.

4. Twist stride-sitting, back-flexion (G.R.)
5. Jump-sitting, back-flexion (G.R.)
6. Twist jump-sitting, back-flexion (G.R.)
7. Stretch-sitting, back-flexion (G.R.)
8. Stretch stride-sitting, back-flexion (G.R.)
9. Stretch twist sitting, back-flexion (G.R.)
10. Stretch twist stride-sitting, back-flexion (G.R.)
11. Stretch jump-sitting, back-flexion (G.R.)

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12. Stretch jump twist sitting, back-flexion (G.R.)
13. Yard-sitting, back-flexion (G.R.)
14. Yard stride-sitting, back-flexion (G.R.)
15. Yard twist-sitting, back-flexion (G.R.)
16. Yard jump-sitting, back-flexion (G.R.)
17. Long-sitting, back-flexion (G.R.)
18. Long stride-sitting, back-flexion (G.R.)
19. Long twist sitting, back-flexion (G.R.)
20. Long twist stride-sitting, back-flexion (G.R.)
21. Stretch long-sitting, back-flexion (G.R.)
22. Stretch long stride-sitting, back-flexion (G.R.)
23. Stretch long twist-sitting, back-flexion (G.R.)
24. Stretch yard long-sitting, back-flexion (G.R.)
25. Half yard long-sitting, back-flexion (G.R.)
26. Yard long sitting, back-flexion (G.R.)
27. Yard-long-twist-sitting, back-flexion (G.R.)
28. Yard long twist stride-sitting, back-flexion (G.R.)

In the following five instances (29, 30, 31, 32, 33) one gymnast, standing or kneeling before the patient, fixes the hips; two other gymnasts execute the movement.

29. Chine-lean stride-standing, back-flexion (G.R.)
30. Yard-stretch chine-lean walk-standing, back-flexion (G.R.)
31. Stretch twist chine-lean close-standing, back-flexion (G.R.)
32. Left-stretch right-rest chine-lean oblique-standing, back-flexion (G.R.)
33. Close-standing, back-flexion (G.R.) One gymnast in front of the patient fixes the legs; two others standing sideways with one of their legs prevent the patient from sliding backwards. They place one of their hands covering each other, on the abdomen, while the others are placed on the occiput.

Trunk Forwards Flexion, also called Fore Flexion.

The patient bends the body forwards, while the gymnast resists, and raises the body actively into the original position. Two or three gymnasts are necessary in these movements. They stand at the side of the patient, and place their hands on

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his chine and the anterior surface of his shoulders; or in stretch or yard position, on the arms, and support the patient, that he may be able to execute in the prescribed position the forward flexions and the active raising up of the body, which are to be done alternately three times. In the step standing positions, a gymnast sits in a stride position on a chair, and taking hold of the patient's leg in step position, places the foot between his thighs or knees on the chair, and fixes it in the step standing position.

Instances.—1. Standing, forwards-flexion (G.R.)
2. Stride-standing, forwards-flexion (G.R.)
3. Twist-standing, forwards flexion (G.R.)

In the twist position both shoulders remain at the same level. If one were lower than the other, the movement would be an oblique-forwards-flexion.

4. Yard-stretch walk-standing, forwards-flexion (G.R.)
5. Stretch stride-standing, forwards-flexion (G.R.)
6. Stretch twist-standing, forwards-flexion (G.R.)
7. Yard-standing, forwards-flexion (G.R.)
8. Yard twist-standing, forwards-flexion (G.R.)
9. Walk-standing, forwards-flexion (G.R.)
10. Stretch walk-standing, forwards-flexion (G.R.)
11. Yard walk-standing, forwards-flexion (G.R.)
12. Step twist-standing, forwards-flexion (G.R.)
13. Stretch twist step-standing, forwards-flexion (G.R.)
14. Yard twist step-standing, forwards-flexion (G.R.)
15. High opposite-standing, forwards-flexion (G.R.)
16. High opposite-stride-standing, forwards-flexion (G.R.)
17. High opposite yard-standing, forwards-flexion (G.R.)
18. High opposite stretch-standing, forwards-flexion (G.R.)

Trunk-Sideways-Flexion, or Sideways-Flexion.

The body is bent sideways by the patient into oblique position (fig. 71), while the gymnast resists, and then it is raised actively up into the commencing position. The resistance is

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given either on the head or on the arm-pits, or on the lateral parts of the chest.

The various sideways flexions of the trunk are analogous to those of the head, and are called right or "left sideways flexion," "alternate-sideways-flexion," &c.

Instances of sideways flexion in free standing position; that is, where no mechanical apparatus is used during the execution of the movement:

The gymnast stands before the patient, and places one hand in the arm-pit of the bending side, and the other hand on the shoulder of the opposite side, or sometimes on the hip of that side. Fig. 13 shows the final position of "left-stretch right-wing left-walk-standing, left sideways-flexion (active)."

1. Wing-standing, sideways-flexion (G.R.)
2. Stride-standing, sideways-flexion (G.R.)
3. Walk-standing, sideways-flexion (G.R.)
4. Twist-standing, sideways-flexion (G.R.)

The patient bends the body generally to the side of the shoulder which is directed forward, and such a movement is designated by oblique-forwards-flexion. The movement done in the direction of the shoulder which is turned backwards is called oblique-backwards-flexion. If the twist is a definite one, and the movement done only on that side; as for instance, in the right-standing position, then we denote the sideways flexion done forward by "left-oblique-forwards-flexion"; and when the movement is done backwards, by right-oblique-backwards-flexion.

5. Twist stride-standing, sideways-flexion (G.R.)
6. Step-standing, sideways-flexion (G.R.)

The flexion is done generally in the direction of the straight-standing leg, and is then also designated by "sideways-back-flexion," and in the opposite direction by "sideways-forwards-flexion."

7. Twist foot-edge support-pass-standing, sideways-flexion (G.R.) (oblique-forwards-flexion, oblique-backwards-flexion.)

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The patient places the foot, whose internal edge is to be supported in at least two instances, on an elevated level.

8. Stretch-standing, sideways-flexion (G.R.)
9. Half stretch standing, sideways-flexion. The arm of the bending side is generally stretched while the gymnast resists with one hand on the stretched arm, and with the other on the shoulder of the opposite side.
10. Stretch twist-standing, sideways-flexion (G.R.), (oblique-forwards-flexion, and oblique-back-flexion.)
11. Stretch twist stride-standing, sideways-flexion (G.R.)
12. Half-stretch step-standing, sideways-flexion (G.R.), (forwards-flexion and backwards-flexion.) The flexion is done generally on the side of the straight leg.
13. Yard-stretch foot-support pass-standing, sideways-flexion (G.R.), (oblique-forwards-flexion, oblique-backwards-flexion.) The arm which is opposite to the bending side of the trunk is in yard position. The gymnast standing behind the patient presses one hand on the arm which is in yard position, and resists with the other in the arm-pit of the stretched arm.
14. Half-yard-standing, sideways-flexion (G.R.)
15. Yard step-standing, sideways-flexion (G.R.), sideways-forwards-flexion and sideways-backwards-flexion.
16. Half-yard foot-support pass-standing, sideways-flexion (G.R.) (oblique-forwards and oblique-backwards-flexion.)
17. Half-yard-walk-standing, sideways-flexion (G.R.)

Instances of trunk-sideways-flexion in lean-standing position:

18. Chine-lean-standing, sideways-flexion (G.R.)

In the chine-lean-standing position, one gymnast standing before the patient, fixes the hips, by pressing them towards the horizontal bar against which the chine leans.

19. Chine-lean stride-standing, sideways-flexion (G.R.)
20. Half-stretch chine-lean-standing, sideways-flexion (G.R.)
21. Half-yard chine-lean-standing, sideways-flexion (G.R.)
22. Yard chine-lean-standing, alternate sideways-flexion (G.R.)

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The gymnast stands behind the patient, places one hand under one forearm, the other upon the other forearm, near the elbow-joints. The patient bends first sideways towards that arm under which the hand of the gymnast is placed, and before he moves in the opposite direction, the gymnast changes the position of his hands. This flexion is done three times on each side.

23. Yard-stretch chine-lean-standing, sideways-flexion (G.R.)

The patient is in stretch position on the side on which he bends, while the other arm is in yard position.

Instances of trunk-sideways-flexion in hip-lean-standing position :—

24. Hip-lean-standing, sideways-flexion (G.R.)

In the hip-lean-standing position the patient leans with one hip against the horizontal padded bar, while the hip is fixed by a gymnast standing sideways, and pressing the body towards the bar. Weak patients, being unable to keep their legs stretched during the movement, must be assisted by a second gymnast kneeling behind the patient; frequently a third gymnast, standing on the other side of the bar, is necessary to fix the head and body in the same plane; while the fourth gymnast, standing before the patient, executes the movements.

25. Right-hip-lean walk-standing, sideways-flexion (G.R.)
26. Left-stretch right-yard hip-lean right-walk-standing, sideways-flexion (G.R.)
27. Right-stretch left-rest left-hip-lean left-twist right-walk-standing, sideways-flexion (G.R.)
28. Left-stretch left-hip-lean right-walk-standing, left-sideways-flexion (G.R.) See figs. 119 and 120.

Instances of trunk-sideways-flexion in deep crooked standing position :—

In the deep crooked-standing position the feet and hips are fixed in a similar way as illustrated in fig. 90, in the crooked-standing trunk-raising.

28. Deep-crooked-standing, sideways-flexion (G.R.)

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29. Twist deep-crooked-standing, sideways-flexion (G.R.)
30. Half-stretch deep-crooked-standing, alternate sideways-flexion (G.R.)

The gymnast takes hold of the stretched arm of the bending side of the patient, and resists.

31. Half-stretch twist deep-crooked-standing, sideways-flexion (G.R.), (oblique-forwards-flexion and oblique-backwards-flexion).
32. Half-yard deep-crooked-standing, sideways-flexion (G.R.) The arm which is opposite to the bending side is generally in yard position.
33. Half-yard twist deep-crooked-sideways-flexion (G.R.), oblique-forwards and oblique-backwards-flexion
34. Yard deep-crooked-standing, alternate-side-flexion (G.R.)
35. Yard-stretch deep-crooked-standing, sideways-flexion (G.R.)
36. Yard-stretch twist deep-crooked-standing, sideways-flexion (G.R.), oblique-forwards-flexion and oblique-backwards-flexion.

Instances of trunk-sideways-flexion in sitting-position :

The sideways flexion in the sitting position may be done also on both sides alternately.

37. Sitting, sideways-flexion (G.R.)
38. Stride-sitting, sideways-flexion (G.R.)
39. Twist-sitting, sideways-flexion (G.R.), (oblique-forwards and oblique-backwards-flexion.)
40. Twist stride-sitting, sideways-flexion (G.R.), (oblique-forwards and oblique-backwards-flexion) fig. 126.
41. Half-stretch-sitting, sideways-flexion (G.R.)
42. Half-stretch stride sitting, sideways-flexion (G.R.)
43. Half-stretch twist-sitting, sideways-flexion (G.R.), (oblique-forwards and oblique-backwards-flexion.)
44. Half-stretch twist stride-sitting, sideways-flexion (G.R.), (oblique-forwards and oblique-backwards-flexion.)
45. Half-yard-sitting, sideways-flexion (G.R.)

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46. Half-yard twist-sitting, sideways flexion (G.R.), (oblique forwards and oblique-backwards-flexion.)
47. Half-yard twist stride-sitting, sideways-flexion (G.R.), (oblique-forwards and oblique-backwards-flexion.)
48. Yard stretch oblique stride-sitting sideways-flexion (G.R.) (figs. 127-128.)

Instances of trunk-sideways-flexion in long-sitting position:—

49. Long-sitting, sideways-flexion (G.R.)
50. Long stride-sitting, sideways-flexion (G.R.)
51. Long twist-sitting, sideways-flexion (G.R.), (oblique-forwards and oblique-backwards-flexion.)
52. Long twist stride-sitting, sideways-flexion (G.R.), (oblique-forwards and oblique-backwards-flexion.)
53. Long half-stretch-sitting, sideways-flexion (G.R.)
54. Long half-stretch stride-sitting, sideways-flexion (G.R.)
55. Long half-stretch twist-sitting, sideways-flexion (G.R.), (oblique-forwards and oblique-backwards-flexion.)
56. Long half-stretch twist stride-sitting, sideways-flexion (G.R.), (oblique-forwards and oblique-backwards-flexion.)
57. Long half-yard-sitting, sideways-flexion (G.R.)
58. Long half-yard twist-sitting, sideways-flexion (G.R.), (oblique-forwards and oblique-backwards-flexion.)
59. Long yard-stretch-sitting, sideways-flexion (G.R.)
60. Long yard-stretch twist-sitting, sideways-flexion (G.R.), (oblique-forwards and oblique-backwards-flexion.)
61. Long fall-sitting, sideways-flexion (G.R.)
62. Long fall stride-sitting, sideways-flexion (G.R.)
63. Long fall twist-sitting, sideways-flexion (G.R.), (oblique-forwards and oblique-backwards-flexion.)

The flexion is generally done on the side which is twisted backwards.

64. Half-stretch long fall-sitting, sideways-flexion (G.R.)

The arm is stretched either on the side to which the body bends, or on the opposite side. In the latter case the gymnast presses during the flexion with one hand towards the inward directed palm of the patient's stretched hand, and places his other hand in the arm-pit of the unstretched arm.

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65. Long fall half-stretch stride-sitting, sideways-flexion (G.R.)
66. Long fall yard-sitting, sideways-flexion (G.R.)
67. Long fall half-yard-sitting, sideways-flexion (G.R.)
68. Long fall half-yard twist-sitting, sideways-flexion (G.R.), (oblique-forwards and oblique-backwards-flexion.)

Instances of trunk-sideways-flexion in forwards-leg-lying position:

One gymnast sits astride on the patient's calves, and fixes them (see figs. 72, 73); another standing near the patient's head resists, by placing one hand on the shoulder of the side to which he bends, and at the same time supports the patient with the other hand placed on the other shoulder, especially if he is weak.

69. Reclined forwards-leg-lying, sideways-flexion (G.R.)
70. Reclined twist forwards leg-lying, sideways-flexion (G.R.), (oblique-upwards-flexion.) In this position the patient reclines obliquely-upwards and obliquely-downwards; therefore the sideways-flexion may be also called upwards and downwards-flexion.
71. Half-stretch reclined forward-leg-lying, sideways-flexion (G.R.) The arm of the bending side is generally stretched.
72. Half-stretch twist forwards-leg-lying, sideways-flexion (G.R.), (oblique-upwards and oblique-downwards flexion.)
73. Half-yard reclined forwards-leg-lying, sideways-flexion (G.R.)
74. Half-yard twist forwards-leg-lying, sideways-flexion (G.R.), (oblique-upwards and oblique-downwards-flexion.)

Instances of trunk-sideways-flexion in sideways-lying position:

In the sideways-lying position the feet, knees, and hips must be fixed by two or three gymnasts; and during the sideways-flexion, which is then an upwards or downwards-flexion, the gymnast resists slightly with one hand, supports with the other hand the patient's body, and prevents him from leaving the plane in which the flexion is done.

75. Right-angle right-sideways-lying, left-sideways-flexion (G.R.)
76. Left-angle right wing left-leg-sideways-lying, left-sideways-flexion (G.R.)

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77. Wing twist leg-sideways-lying, left-sideways-flexion (G.R.), (upwards and downwards-flexion.)

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I have referred the reader to the following three figures representing *stride-sitting, side-ways-flexions,* as their detailed descriptions might be of some practical use.

78. Left twist stride-sitting, right sideways-flexion (G.R.) (fig. 126.) The patient is fixed at the thighs by a gymnast, whose hands only are shown in the engraving. A second gymnast standing behind the patient resists the right-sideways-flexion with his right hand placed in the patient's right arm-pit, and at the same time assists with his left hand placed on the left shoulder to keep the patient in the twist position.

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79. Right-stretch left-yard left-twist left-oblique stride-sitting, trunk sideways flexion (G.R.) with left arm pressure (fig. 127). In the commencing position in which the patient is fixed as before, the second gymnast resists with his right stretched arm placed on the patient's right wrist, and presses with his left on the patient's left arm, in order to induce him to keep this arm in the yard position, and the body in left twist position; the patient moves only in the spine, and thus comes into the right oblique position as illustrated by (fig. 128). When this latter position is the commencing one, and the sideways flexion is done by the gymnast while the patient resists; the movement is also called *trunk sideways pulling,* because the gymnast actually pulls

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the patient's body sideways, but when fig. 126 represents the commencing position, from which a sideways flexion to the left is to be done by the gymnast, while the patient resists, the movement is called *trunk sideways pushing*, because the gymnast pushes the patient's body from himself. Many of the preceding instances of flexion and extension may consequently serve as instances both of pulling and pushing movements, the words "flexion or extension" being necessarily followed by the letters (P.R.). According as the gymnast is to pull to, or to push from him a part or the whole of the patient's body, the movement is designated as a pulling or a pushing one.

Although the preceding instances are numerous, they still form but a part of the trunk-sideways-flexion, which is a most important movement in many diseases; but I hope these instances will be sufficient to prove how rich the stock of medical gymnastics is, and that my previous statement of 2,500 movements being hitherto known is not at all exaggerated.

RAISING UP MOVEMENT.

Is a movement by which either a part, or the whole of the limbs, or the head, or the trunk, or several of these parts together are raised from a lower plane into a higher one; the movement is done either with resistance of the gymnast, or the patient.

Raising of the arms,

Is most commonly done from the lying position, but can be done also in standing, kneeling and sitting positions, and consists in raising the arm, which is moved only at the shoulder joints, while the arm in the elbow and wrist joints is stretched and kept perfectly stiff; several raisings of the arms are frequently designated by *arm guiding*.

Instances.—1. Speak half lying, double arm raising (G.R.) (fig. 129.) The patient moves the arms forwards and upwards to the *rack, yard* or *stretch* position; two gymnasts stand one on each side of the patient, whose shoulders they fix with one hand, while with the other placed on the wrist, they resist

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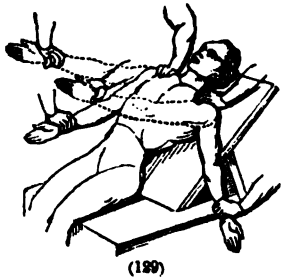

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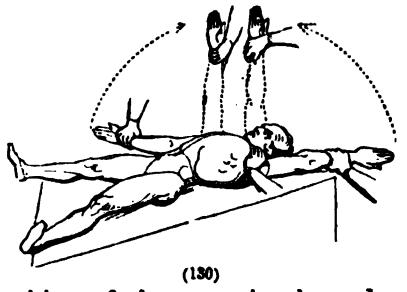
the raising of the arms; the engraving shows the commencing position, with the hands of the gymnasts placed as mentioned; the dotted arms of the patient, with the hands of the gymnast, show the final position, which is in this instance rack position.

2. Yard lying, arm raising (P.R.) Two assistants standing one on each side and near the head of the patient, raise the arms into rack-position till the patient's hands touch each other.

3. Stretch lying, arm raising (P. R.) Two assistants raise the arms into rack position, while a third fixes the body.



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4. Stretch speak lying, arm raising (G. R.) (fig. 130.) The arms are raised simultaneously till they are in rack position, and are replaced actively in the commencing position; when the movement has been done three times the position of the arms is changed, and then the movements repeated as before; the engraving exhibits *right-speak left-stretch stride-lying, arm-raising* (G.R.) (to rack position); the direction of the arrows shows how the arms are moved into the final position.

5. Right walk standing, arm raising (P.R.) Two gymnasts raise the stretched and downwards directed arms, either into *rack-*, *span-*, or *stretch-position*, according to the prescription; a third gymnast standing behind the patient fixes the body either by placing his hands on the patient's hips, or on both sides of his chest, stronger patients do not require a third gymnast.

6. Yard speak high half-sitting half-kneeling, arm-raising (fig. 131) (G.R.) One arm is brought from yard position into span

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position, the other from speak into yard position. The engraving exhibits *right-yard left-speak* commencing position, the hand of the gymnast is placed on the right arm of the patient in such a manner as is necessary to resist him, and on the left arm the hand of the gymnast is shown as placed when the patient resists, his shoulders being fixed by the hands of the gymnasts executing the movement; and on the hips are seen the hands of the third gymnast.

7. Rack- half lying, arm raising (P.R.) The arms are raised by the gymnasts into the stretch position.

Fore-arm raising,

The movement is analogous to the forearm flexion.

Instances.—1. Lying, forearm raising (G.R.) Two gymnasts standing one on each side of the patient, whose arms are stretched while the palms of the hands touch the thighs, fix with one of their hands the upper arms, and resist the movement with the other placed on the wrist joints till the forearms are in a vertical line.

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2. Standing (with the arms half forwards bent) forearm raising (G.R.) (fig. 132.) The upper arms of the patient are in yard position, the forearms are bent in a forward direction, at right angles with the upper arm, hand and fingers well stretched, palm inwards. The gymnast stands behind the patient beneath whose arms he places his arm, and takes hold from above of the wrist joints on which he presses while the forearms are raised, which is done by turning the upper arm in the shoulder joints, so that this move-

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ment belongs also to the half-active arm-rotations; the engraving exhibits one of the intermediate positions, the two dotted lines the direction in which the forearms are while in the commencing position.

Hand- and finger raising.

These movements are also analogous to the various hand and finger flexions, the forearms must be perfectly fixed in the hand raisings which are done while the forearm and hand are perfectly stretched.

Instances.—1. Yard standing hand raising (G.R.)

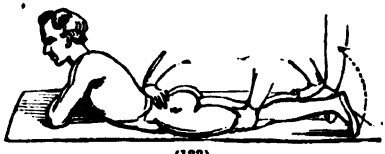
2. Rack standing hand raising (G.R.)

The finger raising is done either with the palm of the hand resting on a horizontal plane, or the hand resting with the ulnar edge only on the horizontal plane, while the fingers are spread or kept together; the gymnast resists by placing his hands either on all fingers, or on a single finger only, while the forearm and wrist as well as the metacarpus are kept perfectly immovable.

Leg raising,

Is a movement by which the leg kept perfectly stiff in the knee and ankle joints is raised upwards at the hip joint, with resistance of the gymnast or patient; several of the following instances are also designated by the name of *leg-guiding*.

Instances.—1. Lying, leg raising. (G.R.) The patient raises one leg, while the gymnast places one or more fingers on the toes of the foot to be raised, and resists very slightly; the perfectly stiff leg is raised to the height of a foot or a foot and a half above the couch.



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2. Forearm support reclined forwards lying, leg raising. (G.R) (fig. 133.) One gymnast fixes the body by placing one hand on the patient's chine, and the other on the leg which is resting; a second gymnast resists the leg-raising by one hand placed on the heel, while his other hand taking hold of the anterior and lowest part of the thigh, assists to keep the leg stretched, which is raised 6 to 8 inches. The engraving exhibits the commen-

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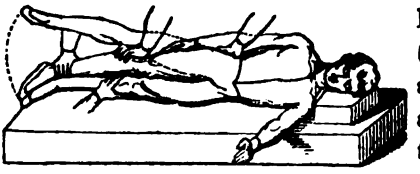
cing position, while the movement is done on the left leg, which is supported above the knee by the left hand, and resisted at the heel by the right hand of the gymnast executing the movement, and standing on the left of the patient; the two hands fixing the chine and right leg belong to the gymnast standing on the right of the patient.

3. Stride lying, leg raising (P.R.) One gymnast fixes the hips, the second the resting leg, and the third, who executes the movement, places himself in a right walk crooked position, takes hold with both hands of the patient's leg, which he raises to the height of 12 to 18 inches by raising himself from the crooked into the erect position.



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4. Half rack sideways lying, leg raising. (G.R.) (fig. 134). This is properly an abduction of the leg, the arm of the side in which the patient lies is in rack position, a pillow supports the head, in order to bring it into the mesial line. One gymnast standing before the patient fixes the body by placing one hand on the uppermost hip, and the other hand below under the knee of the leg which rests; the other gymnast behind the patient resists with one hand pressing on the knee, and the other on the ankle joint while the patient raises the leg. The engraving exhibits *left-rack left sideways lying, right leg raising.* (G.R.) The right hand of the gymnast fixing the patient is shown on the hip, while the left hand is placed below the patient's left knee; the right hand of the gymnast who resists is placed on the right ankle-joint of the patient, and his left on the patient's left knee; the raised leg shows the final position.

5. Yard-grasp chine lean half standing, leg forwards raising. (G.R.) One gymnast behind the patient fixes the hips, while the other kneeling before and sideways resists the movement.

6. Hip lean close high standing, leg sideways raising. (G.R.) The patient leaning with his hip against a horizontal padded bar, is fixed by a gymnast standing near the leaning side, while another gymnast either before or behind the patient resists the movement by his hand, placed on the ankle joint.

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7. High opposite swing standing leg forwards raising. (P.R.) (fig. 135.) The patient stands on an elevated level opposite a vertical plank, and takes hold with both hands at the height of the hips, of pegs projecting on each side of the plank. One gymnast standing sideways fixes the body by placing one hand on the chine bone and the other on the os pubis; a second gymnast standing behind the patient places also one hand on the chine bone, and the other on the heel, and raises the leg forwards, while the patient resists, the dotted lines show the direction of the leg in the backwards raising; when the movement is done with resistance of the gymnast, the hand of the latter is placed on the anterior side of the ankle-joint. The engraving exhibits ***high opposite right swing standing, leg forwards raising*** (P.R.) The gymnast fixing the body is on the patient's left; the gymnast executing the movement is shown in the final position.

Knee-raising,

Is similar to the knee upwards flexion, an instance of which is shown in fig. 108.

Heel-raising.

One or both heels are simultaneously raised, while the toes remain on the floor.

Instances.—1. Wing walk standing, heel raising. (G.R.) Two gymnasts take hold each of one foot joint by placing one hand on the back of the foot, and the other on the heel; the body is kept erect while the heels are raised from two to four inches.

2. Rectangular standing heel raising. (G.R.) The feet are at a right angle to each other, as in fig. 89.

3. Stride standing, heel raising. (G.R.)

4. Stride sitting, heel raising. (G.R.) Two gymnasts fix the toes with one hand, and with the other resist at the heel.

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Foot-raising.

The foot is raised while resting on the heel; this is analogous to a foot flexion. It is very difficult to execute the movement with both feet simultaneously, and therefore it is advisable to make the movement alternately with the right and left foot, in walk standing, stride standing, rest-angular-and other standing positions, the resistance is given by one hand placed on the patient's metacarpus.

Toe-raising,

Is an extension of the toes in standing position, while the foot is well fixed, and a slight resistance opposed by the gymnast's hand placed on the toes, when the patient makes the movement. Toe raising (P.R.) is best done while the foot is on an elevated level, and the toes only projecting beyond the edge of the level so as to allow the gymnast to take hold of the toes.

Head raising,

Is a bending of the head either backwards, forwards or sideways, according to the various commencing positions.

Instances.—1. Forearm support forwards lying, head raising. (G.R.) One gymnast resists while placed near the patient's head, and his hands transversally on the occiput; a second gymnast standing sideways fixes the body by placing his hands on the shoulders.

2. Sideways lying head raising. (P.R.) The head is raised laterally upwards by one gymnast, while a second fixes the body.

Trunk raising.

The movement consists in raising the trunk straight up, either from the inclined or fall position, and is combined in the first case with *trunk back flexion*, and in the second with a *trunk forwards flexion*. Also from the oblique position a trunk raising is done laterally, and is similar to many of the trunk sideways flexions. The trunk raising done from the inclined or crooked position, is also called *back raising*, and the trunk which is bent forwards, is not only raised to the vertical but also reclined backwards, while the gymnast resists; the

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body is brought again into the commencing position, either passively or actively. The resistance is given by the gymnast placing his hands on the back parts of the head, or on the shoulders, or on the region of the loins. The exact place on which the resistance is offered is mentioned in the prescription, either as *head-pressure*, *shoulder-pressure*, or *loin-pressure*, and if the resistance is to be done only on one side, this is expressed by the addition of right or left to the words "head, shoulder, or loin pressure."

Instances.—1. Crooked standing, back raising (G. R.). The patient with his feet at a right angle, and the heels close, stands with the body bent forwards and the arms hanging down, two gymnasts stand one on each side in walk position, and fix with their posterior feet the patient's feet, and place one arm on the abdomen the other on the back of the patient's head. The hands of the gymnasts cover each other on the abdomen as well as on the head; the hands on the abdomen serve as a support, and remain fixed, while those on the head resist till the patient's body gets into the reclined position. A passive movement, called *abdomen fulling*, executed by the gymnast's hands, is sometimes combined with this movement.

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2. Stretch deep crooked stride standing, back raising (G.R.) (fig. 136). The engraving exhibits the commencing position. Two gymnasts standing on each side of the patient resist with one hand at the stretched arm, with the other on the head. The hands placed on the back of the head cover each other.

3. Crooked walk standing, back raising. (G.R.) As the foot which is to be placed in walk position is not specified, the movement is done three times, with one leg forwards, and as often with the other in walk position.

4. Crooked step standing back raising. (G.R.) This movement is also to be done successively, first with one foot, and then with the other, in step position.

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5. Crooked heel support standing back raising (G.R.) (fig. 137.) The patient is bent forwards, places the heel of one foot on an elevation, and stretches his hands towards a gymnast standing or kneeling before him, who resists the raising; the engraving exhibits *crooked right heel support standing, back raising* (G.R.) The dotted lines show the final position, which is a reclining or fall position, the hands of the gymnast are placed in those of the patient; but the movement can be also executed in such a way that the gymnast takes hold of the patient's hands at the wrist joint, at which he pulls during the whole action.

ON ERYSIPELAS.

A Lecture delivered by Dr. Henriques *at the Hahnemann Hospital.*

Erysipelas, which will be the subject of this night's lecture, is a special inflammatory process of the skin, involving sometimes the subcutaneous cellular tissue. The distinguishing characteristics, as most of you are no doubt aware, are a shining red colour of the affected part, which on pressure disappears, but immediately returns on removing the finger, tumefaction, tensive burning pain, heat, and a great diversity of constitutional phenomena, that appear to vary considerably in every case, according to the nature of the remote causes, the previous condition of the organism, and the sympathetic derangements of the internal organs. The whole cutaneous surface is subject to this affection; hence it has occasionally been found to spread itself all over the body, but it shows in general a predilection for certain regions, such as the head, face, neck, and extremities. According to Celsus, erysipelas of the legs was very common

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amongst the Romans. Frank says that it attacks the lower extremities in old people, cachectic persons, and all those whose occupation obliges them to stand up a great deal. In our age it appears to attack more frequently the facial region. Be this as it may, it is certain however, that neither age nor sex is exempt from it—the newly-born infant and the decrepit old man are equally susceptible to the disease, which reigns in every country, climate, and season of the year; it is endemic in some localities; there are certain, but inappreciable atmospherical constitutions which sometimes render it epidemical; and, according to some authors, it may become also contagious under special external conditions. It has been divided into a great many varieties according to its anatomical phenomena, the age of the individual affected, the concomitant symptoms and complications it presents, the march it follows, and its primary seat; but all these distinctions established by the old school, must be regarded as merely nominal expressions of one essentially identical affection, which varies its form in every individual it attacks.

Although it is one of the oldest diseases recorded in the vast and ever increasing catalogue of human disorders, the "partizans of legitimate medicine" are at this moment as ignorant of its true nature and proper treatment as their ancestors were two thousand years ago; in fact, there is no affection upon which "rational medicine" has so fully proved its irrationality and incapacity, as is sufficiently evinced by its contradictory theoretical views and practices.

"A mystery," says Mr. Travers, in his *Inquiry concerning Constitutional Irritation*, "has hung over erysipelas to this day, which has rendered it a sort of enigma."

"Nosologists," says the *London Medical and Chirurgical Review*, Vol. XXI, "scarcely know where to place it, the systematics cannot tell how to treat it."

After these humiliating avowals, I am at a loss to understand upon what grounds the old school presumes to decorate itself with the pompous and unmerited title of "rational medicine;" and it is truly surprising to me, to see in this age of science, how men, with strong intellectual faculties, go on contented

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with their ignorance, and, as it were, denying to medicine the right of progressive development, refuse to examine by the positive test of experiment the homœopathic method, that proclaims the discovery of a law, by virtue of which medicine is rescued from the hitherto just charge of being a science of reveries and an art of guess-work and conjecture. Instead of loading with most opprobrious epithets the partizans of this medical reform, it appears to me that it would be much more "rational and legitimate" if allopathy were to study homœopathy, and dispassionately judge of the merits of its improved method of treating disease; for the legitimacy of error is an absurd faction, truth alone is the only lawful heir to human respect and obedience; it is therefore perfectly ridiculous to style the old system rational and legitimate merely on account its antiquity. Such men as Morgagni, Hunter, and Bichat must ever receive the admiration of all scientific men, but allopathy, as a system of practical medicine, must give way to the new light of reason and experience. Homœopathy has already effected a great good in the camp of our enemies, by modifying the abuses of medicinal substances, and I have no doubt that the time is not far distant, when homœopathy, modified and rectified by the master minds of medical science, will be admitted as perfectly rational and legitimate in the domain of medicine.

Our knowledge of the pathological anatomy of erysipelas is still very imperfect, although it has recently very much engaged the attention of modern pathologists. All are agreed as to the character of the lesions observed on the skin, but with respect to the anatomical element previously affected, there exists a great difference of opinion. According to Ribes, the venous capillaries of the integuments are the primary seat of erysipelas; he has observed the internal coat of these small veins inflamed, and their cavities filled with pus. But it has been demonstrated by M. Rayer, that these lesions of the capillary veins are not constant; and he very properly remarks, that the pus found by M. Ribes in the veins might have been absorbed.

M. Blandin thinks that the lymphatics are primarily affected, because, says he, erysipelas is often preceded by pains in the

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ganglions, and red lines are observed in those parts where the inflammation will subsequently establish itself; and, as a further proof, he adds, that œdema frequently occurs during convalescence from erysipelas, which must result either from venous or lymphatic inflammation, or from obliteration of the vessels which circulate the lymph.

Dr. Armstrong and Mr. Travers considered the nervous system as the primary seat of this affection: indeed, Mr. Travers calls it a "nervous inflammation." Without pretending to solve this problem, gentlemen, the pathology of erysipelas seems to me, to consist essentially in inflammation of the lymphatic system, and I attribute the difference of opinions simply to the particular complications observed by each author. I believe that the cutaneous inflammation is always posterior to the lesion of the lymphatic system, as you may readily convince yourself in every case by inquiry into the precursory symptoms of an attack of erysipelas. You will always find that it is preceded for several days by a remarkable derangement of the health, a painful tumefaction of the glands in the neighbourhood of the region where the eruption will take place, and not unfrequently the course of the inflamed lymphatics may be traced on the skin; in illustration of which, we have now in C.'s ward, an admirable instance in a child, who entered the hospital for phlegmonous erysipelas, following a scald on the foot. In this case you could distinctly trace the line of lymphatics from the great toe to the inguinal glands which are now in a state of suppuration. This is a highly interesting case, but as the result is not yet known, I shall reserve its history and what I have to say on it for another lecture.

Let us now turn from these general observations to the cases.

Case I.

Mary Tracy, a florid, robust, and healthy-looking servant girl, of a sanguineous temperament, and cheerful disposition, was admitted in C.'s ward on 16th February, complaining of redness, heat, pain and swelling of the left leg. She states that she is sixteen years of age, and has always enjoyed good health. The catamenia first appeared two years ago—ever since

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she has menstruated regularly and naturally. About six days ago she fell and struck the affected leg, and ever since this accident she has been suffering great pain, which has gradually increased, till she is now unable to continue her work, and it is so much swollen that she can scarcely walk. On examination the leg was found to be very hot, red, and swollen, from the ankle upwards to within a third below the knee joint; there was some degree of febrile action; pulse 90, full and strong; occasional shiverings; redness with burning heat of the face; redness of the conjunctiva and sclerotica; dryness of the mouth; tongue red; and agitated sleep at night.

Ordered Tincture of Belladonna, one drop 3rd dilution, a fourth part every 4 hours. Quarter diet.

17th.—No fever; inflammatory appearance of the leg diminished; a small circumscribed blackish-looking spot, like ecchymosis, is observed at about the centre of the anterior surface of the leg. Continue medicine and diet.

18th.—Is better in every respect; the black spot observed yesterday now assumes the aspect of a scab upon an excoriated surface.

Discontinue medicine. Same diet. Arnica lotion to be applied over the scab.

20th.—All constitutional disturbances and local inflammation have entirely disappeared; the scab is loose and very easily detached.

Same diet. No medicine. Continue Arnica lotion.

21st.—Continues well; scab has come away, leaving an excoriated-like surface about the size of a shilling.

Same diet. No medicine. Continue Arnica lotion.

24th.—Ulcer has cicatrized; feels quite well, except that she experiences some uneasiness and forcing before evacuating the fæces—fæces rather dry and hard.

Sulphur $^{5}/_{15}$, in four doses, one night and morning. Half diet. Discontinue Arnica lotion.

27th.—Quite well. Discharged cured.

I do not consider, gentlemen, the foregoing case to be one of those simple evanescent attacks of erysipelas, which frequently

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disappear spontaneously, by the sole reactionary effects of nature, in the space of a few days. It belongs to that variety which has been designated traumatic, because the cutaneous inflammation originated from external violence; but traumatic erysipelas always supposes a special individual predisposition, or a certain atmospherical constitution, without which it would not occur; hence such cases must never be left to nature, but, on the contrary, they should always be considered as complicated, requiring prompt and energetic remedial aid. This case was further aggravated by the circumstances of her sanguineous temperament, plethoric habit of body, and the symptoms of cerebral congestion which were manifest by the state of the circulatory system, the burning heat of the face, and hyperæmia of the eyes. Considering the local inflammatory action, the constitutional disturbances, and the age of this patient, it would have been thought impossible, by a practitioner of the old school, to cure this affection without sanguineous depletion. You have seen, however, the prompt manner in which it was combatted by a few doses of the tincture of Belladonna of 3rd dilution. This remedy is one of the most powerful and efficacious remedial agents we possess in the cure of erysipelas; it was indicated by the symptoms present, but it is useful because its specific action is on the lymphatics and venous capillaries, which I believe to be always the primary seat of the disease; hence it has been employed in all affections resulting from congestion. Its pathogenetic effects clearly demonstrate its homœopathicity with erysipelas, as you will find on referring to the Materia Medica. There are, no doubt, many other valuable remedies which act also on the several portions of the venous system—as for instance, Digitalis on the right side of the heart; Nux vomica on the venæ portæ; and Sulphur on the cutaneous capillaries; but you will find none corresponding so exactly with the pathognomonic signs of erysipelatous inflammation: in fact, gentlemen, Belladonna produces a sort of artificial cutaneous inflammation which is very analogous to natural erysipelas.

That this very valuable remedy really acts on the venous system, you will not fail to be convinced, if you will reflect on the numerous symptoms appertaining to its pathogenesis, bear-

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ing particularly in mind, that the whole superficial system of veins is visibly congested. This explanation of the action of Belladonna on the economy is also confirmed by morbid anatomy. Thus it is said by M. Giacomini, one of the highest allopathic authorities on Materia Medica: "The bodies of individuals who have been poisoned by Belladonna, present a blackish-blue hue, and their tissues decompose rapidly. Although some persons pretend to have seen traces of phlegmasia, it is easy to discover that what is so called by them is simply owing to venous congestion. The intestines are distended with gas, and present neither inflammation nor any other organic lesion."

The very day after taking Belladonna there was a marked amelioration in the patient, which continued till the fifth day after her admission, when all traces of the erysipelas had disappeared.

It was necessary on the third day to apply an Arnica lotion to the black looking spot, which I have described in the history of the case. I was apprehensive at first sight that it was gangrenous, but on further reflection I became convinced that it was merely ecchymosis, not resulting from the blow, but arising from rupture of some of the over-distended capillary veins, and consequent effusion, or simply from morbid exhalation of the disordered vessels, a circumstance occurring frequently in acute inflammation of the mucous and cutaneous tissues. The Arnica lotion, by stimulating the absorbents, directly promotes the absorption of the effused sanguineous fluid, and so cures ecchymosis and its consequences. On the fifth day after its application, all discoloration of the skin vanished, but the patient still complained of some abnormal phenomena during defecation, which were promptly relieved by a dose of Sulphur, and was discharged on the 27th, the eleventh day after her admission, perfectly well.

Case II.

Francis Smith, 40 years of age, but having the appearance of a man of 60, short and thin, lymphatic temperament, and of a worn out constitution, was admitted on 8th January. He states that he is a huxter by trade, has lived hard, has had cold

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and cough for three weeks; he struck his right leg against a truck about six days ago. Immediately after the accident he began to experience great pain, which was followed by heat, swelling, and redness; since then he has gradually grown worse, till he is now unable to walk, and feels himself very ill.

On examination there was found considerable tumefaction from the right knee to the ankle, with shining redness, heat, and great pain, so much so that he could not bear the slightest touch. There were no signs of external violence.

He appeared stupid, agitated, and frightened, with trembling of the limbs; pulse was extremely small; there was great prostration both of mind and body; he has vertigo as if intoxicated; eyes sparkling, red, and pupils dilated; tongue was red and dry; mouth as if parched; great thirst; loss of appetite; abdominal functions normal; urine turbid and scanty; cough with hoarseness and weakness of voice; soreness along the larynx; the cough is dry, and more troublesome at night; respiration was short, slow, and anxious, but there was no dyspnœa; palpitation of the heart, to which he has been subject some time.

Tr. Bellad. $^1/_3$ a $^1/_4$th part every 8 hours. Quarter diet.

9th—Erysipelas has extended up to the groin, although it is very much diminished in intensity; slept tolerably well; pulse regular and more developed; there is not so much prostration; in other respects much the same as yesterday.

Continue medicine and diet.

10th.—Cough has been very troublesome during the night; erysipelas is very much diminished in intensity; there does not exist the red and shining appearance of the leg, nor is there much tumefaction, although here and there are observed spots of a bluish hue, like petechiæ; there is also a large bladder on the great toe of the inflamed leg; pulse is fuller, but there is still a great want of mental and corporeal activity, not amounting, however, to prostration.

Quarter diet, with two ounces of meat in addition.

Rhus $^3/_{12}$, a $^1/_4$th part every 4 hours.

11th.—Is very much better in every respect; the vesicle on the great toe has burst and discharges a quantity of serum.

Continue diet and medicine.

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12th.—Better.

Continue medicine and diet with the addition of potatoes.

14th.—All traces of erysipelas have disappeared; desquamation of the skin of the great toe; much dry cough, particularly at night; nurse discovered to-day, at twelve o'clock, that nearly half the posterior surface of the affected leg appeared black, the patient himself was not aware of it till informed by the nurse; it resembled ecchymosis, and the skin looked shrivelled without any pain. The lungs and heart were minutely explored, but nothing abnormal was discovered; the pulse, although regular, was still feeble; digestive and urinary functions normal.

Same diet. Arsenicum $^{3}/_{12}$, a $^{1}/_{6}$th part every 4 hours.

15th.—Black appearance of the skin not so diffused nor deep coloured; tendency in some parts to form vesicles; general health is much improved.

Rhus lotion. Rhus $^{3}/_{12}$, a $^{1}/_{4}$th part every 4 hours.

16th.—Is better in every respect.

Continue medicine, lotion, and diet.

17th.—Improving. Continue medicine. Half diet.

19th.—Several excoriated spots on the back part of the leg. Improving otherwise.

Discontinue lotion. Arsenicum $^{3}/_{12}$, a $^{1}/_{4}$th part night and morning.

22nd.—Excoriated parts quite cicatrised; feels quite well.

25th.—Discharged cured.

Remarks.—This, like the preceding case, appertains to that variety of erysipelas designated traumatic, but if they resemble each other in the similarity of their origin, they differ materially in their march, complication, character and duration. The first patient was dismissed cured the eleventh day, Smith's case was prolonged till the seventeenth day; this protracted duration of the disease was no doubt due, partly to the complication of the cerebral and functional disturbances, and partly to the vicious state of this individual's constitution, which also imparted to the disease the peculiar characteristics that it displayed in its tedious and tortuous march. The former case occurred in a young girl of robust health, the latter in a man of middle

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age, and of a broken constitution from intemperance and bad food. Notwithstanding this difference, Belladonna was first indicated in both cases. Having previously discussed the use and action of this remedy in erysipelas, I shall now simply observe, that it was administered in this instance because it corresponded, not only to the local inflammatory affection, but it was likewise homœopathic with the cerebral and functional groups of symptoms. It was given in the form of tincture on account of the acuteness of the symptoms; its good effects on the constitutional disturbances, as well as the local phenomena, were evident, notwithstanding that the erysipelatous blush had extended itself up to the groin. This occurrence I viewed rather in a favourable light, because I have always found whenever the disease gradually spreads itself on the same surface, and at the same time the intensity of the phenomena diminish, that it augurs a happy termination; but very different is the prognosis if the disease assumes an erratic course. It is not an unusual occurrence for erysipelas to fly from one region to another, in this case it behoves us to be guarded in our opinion as to the result. The remedies you will find most suitable to its fugacious character are Belladonna and Rhus, more especially in its acute form, and Graphites when it is chronic.

Although Belladonna had a marked influence in arresting the inflammation, the patient was not however in a satisfactory state, for on the third day another series of phenomena presented itself, which led me to apprehend an unfavourable result: I remarked a great deficiency of vital power; the nervous centre appeared affected; the bronchial affection had increased; the pulse, although fuller, was still extremely feeble; bluish spots like petechiæ were manifest, and there was a large vesicle on the great toe. Now when we add to these facts the circumstances that he was of intemperate habits, that he was of a feeble constitution, it was much to be dreaded that he would fall into a typhoid state, the issue of which would no doubt have been fatal. In order to combat the present symptoms, I prescribed Rhus toxicodendron, the salutary effect of which was evident on the following day. This remedy was indicated by the petechiæ, the vesicular character of the erysipelas, the cough,

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and more especially by the atony which seemed to pervade all the internal organs. You will perceive that instead of diminishing his food, I added to his quarter diet two ounces of meat; I was induced to act thus, because the patient had a desire to eat, and because there was no contraindication; had there been any gastric derangements, it would have been very unwise to give him meat. There is, gentlemen, no question in practical medicine more important and more difficult of solution than that of determining in acute affections, the time, the quantity, and the quality of food you should give; no absolute rule can be laid down, in the actual state of our knowledge upon this topic. I always consult the instinct of the patient, and if I find that there is no want of assimilating power, and that there is no reason why I ought to abstain from nourishing the patient, I usually give food, regulating the quantity and quality to the actual want, condition of the economy, and the character of the disease. This was a case in which the allopathic practitioner would have given not only a nourishing diet, but he would also have considered wine, brandy, and all sorts of diffusible stimulants indispensable. Under the use of Rhus he continued to improve till the 14th, when suddenly almost half of the posterior surface of the affected leg turned *black* and shrivelled; this phenomenon was no doubt due to sanguineous effusion from rupture of some of the inflamed venous capillaries: the Rhus was discontinued and Arsenicum was given, which corresponded to the totality of symptoms, and the same diet was continued. On the following day the patient was better. I again had recourse to Rhus, which he continued taking for three consecutive days, then Arsenicum was repeated which completely cured him. This patient was discharged on the 25th, in perfect health, seventeen days after his admission into the hospital. Rhus and Arsenicum are the best and most appropriate remedies in vesicular erysipelas, particularly of an acute character. Rhus was preferred in the first instance because it has a specific action on the cerebral functions, the symptoms of which corresponded to those that were developed in this case; it was followed by Arsenicum, when the cerebral group of symptoms ceased, and

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the leg assumed a blackish hue. Arsenic is more especially indicated when the vesicles are of a blackish aspect, or there is tendency to gangrene. Both were necessary to remedy the great prostration of mental and corporeal strength, which did not seem to me to arise so much from the malignity of the affection, as from want of his customary stimulating drinks. I must confess that I was at one time inclined to give him some spirituous beverages, and the only reason which prevented my doing so was, that his appetite was good, had this failed him, I should certainly have considered myself warranted in administering to him porter. Habit is second nature, is a common saying, the truth of which you will frequently find exemplified in the practice of medicine—indeed, the physician who is regardless of the habits of his patients, will often commit fatal errors; I do not mean to say that you should blindly adopt any irrational habit of patients under your care, you must exercise an unbiassed judgment, based upon unquestionable facts of observation and experience. It is notorious that men who are accustomed to live almost exclusively on malt liquors, such as probably was the case with Smith, do not bear well generally its sudden privation, and in acute affections, you have no time to wean the economy from habitual and artificial stimulus. It is true I have known patients to die from the injudicious and excessive abuse of the stimulating method of cure; but I must confess also, that I have seen others die from a contrary cause. Hence, gentlemen, with respect to the use of stimulants, in my humble opinion—we are not warranted to adopt an absolutely exclusive opinion—you must regulate your practice entirely by the habit, general condition of the economy, nature of the affection, age, and numerous other concomitant circumstances, which clinical experience alone will teach you how to appreciate. The chief reason which prevented my administering stimulants to the patient, as I have previously stated, was, that his appetite, which had completely failed him before he entered, and that under the use of stimulants had so increased three days after his admission, that he begged to let him have some meat, which was the more readily acceded to as he had no symptoms whatever of gastritis or

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enteritis: he continued taking it from that day till he was discharged without the slightest inconvenience; in fact, he recovered without any convalescence and left the hospital considerably improved in flesh, strength, and healthy appearance. You will have remarked, that on the 15th a Rhus lotion was applied externally to the affected part, as he was taking the same remedy internally, which was perfectly homœopathic to the morbid state, this outward application could not possibly have any inconvenience, and it did certainly contribute to bring the patient more promptly and powerfully under the influence of the remedy. There is no fear of repercussion under such circumstances; the frequent and fatal metastases which have so often occurred in erysipelas, from the external application of cold lotions, composed of vinegar, alum, copper and lead, arise from their intemperate use, in conformity with the erroneous principles and notions of the allopathic school. A remedy applied externally, according to the homœopathic law, never produces the repercussion of disease, and it often accelerates the cure.

Case III.

The clinical history of the third and last case of erysipelas I will relate to you, is that of Elizabeth Nash, an old woman, 72 years of age, who entered the hospital on 21st November, for erysipelas of the left leg, and died in E ward, on 19th December, of gangrene of the womb. It would appear from the records of my case book, that this person was never married; she had lived regularly, and always enjoyed good health till last March, when she got an attack of bronchitis, for which she was attended by Mr. Engall as an out-patient, subsequently she became affected with boils on the thigh and leg, then dysentery, anasarca, and lastly, she had a whitlow on the thumb, for which she has taken several doses of Hepar sulph. She became affected with erysipelas five days ago, and was recommended by Mr. Engall to become an in-patient. The symptoms present on her admission were, dry hacking cough, worse at night; tongue very much coated; great thirst; no appetite; bowels regular; felt for the first time this morning a

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sense of tightness across the chest, which she attributes to a fright; the left leg was very much inflamed, painful, swollen, red, hot, and shining; the erysipelas, which first made its appearance on the instep, now occupies the whole foot, and has extended upwards, involving two-thirds of the leg. The circulatory system in general, and the pulse at the wrist in particular, presented nothing abnormal.

Belladonna $^{2}/_{100}$th was ordered, which she took at once dry on the tongue. Toast and water, with quarter diet.

23rd.—Swelling and redness of the leg were less, but several large bladders have appeared on various parts of the inflamed surface; the leg is painful, which prevents her sleeping; there is great thirst; foul tongue; urine abundant, but high coloured; pulse normal, but weak; cough is better; extreme feebleness of body and mind; great apathy and mental dejection without melancholy; no appetite.

Tr. Lachesis, $^{1}/_{3}$, in 12 teaspoonfuls of water, one teaspoonful every second hour. Quarter diet.

24th.—Slept much better; had very little cough during the night; leg is still very much inflamed, with large vesicles extending up to the knee; less pain; no fever; tongue clean; no appetite.

Rhus $^{1}/_{3}$, $^{1}/_{4}$th, every 4 hours. Same diet.

25th.—Inflammation is considerably reduced; spirits better; urine high coloured; constipation.

Continue Rhus and diet.

December 4th.—From 25th ult. to this day, continued to improve in every respect; a small abscess formed about three inches above the ankle, which broke to-day, and discharged a quantity of thick purulent matter.

Ordered Hepar sulph. $^{3}/_{12}$, $^{1}/_{6}$th, every 4 hours, and same diet.

6th.—Little or no discharge from the abscess; has no pain in the leg; swelling diminished; pulse regular; tongue clean and moist; bowels acted spontaneously this morning; complains only of weakness and want of appetite. Was allowed some arrowroot at her own request. No medicine. Refused to take wine or beer, states that she was not accustomed to drink anything but water. At eight o'clock this night was

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seized with rigors followed by great heat of skin; quick and full pulse; much thirst; and an involuntary motion of an offensive character, very abundant, thick, and dark coloured. The nurse stated that on cleansing her after the motion, she discovered a large tumour between the legs, which was reported to me when I visited her at ten o'clock. On examination it was found to be a complete prolapsus uteri: the neck and about a third of the body of the uterus were perfectly gangrenous, the uterus was not at all strangulated, it caused neither pain nor inconvenience,—in fact, the patient said that she was quite accustomed to it, for she has had a falling of the womb for the last twenty years, which frequently comes down and returns, and that she has never used any mechanical means for keeping it up. She complains of nothing, save of a feeling of weakness; her intellect is undisturbed; tongue moist and clean; no thirst nor appetite; pulse feeble and rather accelerated, about 80; respiration normal; coughs occasionally.

A linseed poultice to be applied to the gangrenous parts, and Arsenicum $^1/_3$, in 12 teaspoonfuls of water, a teaspoonful to be taken every second hour was ordered.

7th.—Has slept well; no fever; pulse regular and not so feeble; had two evacuations, small, soft, and yellowish; complains of an aching pain in the left leg, upon which are found two ulcers, one on the outer malleolus the size of a sixpence, and of a red colour; the other on the instep, presenting a lardaceous surface with black spots in the centre, like drops of ink.

Secale Cornut. $^1/_3$, in 12 teaspoonfuls of water, a tea spoonful to be taken every second hour. (To take in the way of food whatever she fancies.)

8th.—Had a paroxysm of fever at eleven o'clock last night; only one small evacuation this morning; no pain in the leg; thick and offensive matter discharged from the ulcers; complains of soreness and burning heat at the sacrum, which, on inspection, was found to be very red, and skin disposed to excoriate. Continue medicine and diet.

9th.—Had a paroxysm of fever at four P.M. the preceding day; pulse was full, hard, and frequent, about 80; ulcers of the leg extending.

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Aconite $^1/_3$, $^1/_8$th, every 4 hours, to be taken during the fever. As soon as the fever is gone off to have Tr. Secale cornut. $^1/_3$, $^1/_{12}$th, to be taken every second hour.

Slept well; had a natural evacuation. On consultation at ten this morning with Mr. Wilson, it was deemed advisable to reduce the prolapsus uteri, which was instantly effected without the slightest difficulty.

China $^5/_{\infty}$, $^1/_8$th, every 4 hours. Same diet.

At half-past five P.M.. had a paroxysm of fever, which did not last longer than three hours, and for which she took a few doses of the Aconite mixture that was prescribed yesterday, after which she continued taking the China.

10th.—Had rather a restless night; slight cough; low spirits; no evacuation; urinated several times; pulse regular, and by no means feeble, although she complains of great weakness; uterus has not descended; leg in the same state as yesterday.

Continue China.

Second visit at five P.M.—Had a natural evacuation in the course of the day; relished her food; does not feel the sinking sensation of which she complained, but is still very dejected.

11th.—Restless first part of the night, without any fever however; slept four hours from four A.M.; had three evacuations during the night, the last one was watery; two small ulcers on the sacrum.

Tr. Secale $^1/_3$, $^1/_{12}$th, every second hour.

Visit at five P.M.—Has been very drowsy all the day; had one profuse watery evacuation; pulse 60; no heat of skin; no secretion or unpleasant smell from vagina. On examination the uterus was found in its natural position and there was no sloughing; leg still discharges.

Continue medicine.

12th.—Has had two watery evacuations; feels stronger and better; continues in the same state in other respects.

Continue medicine.

13th.—Slept very well last night; had but one evacuation which was still watery; several superficial suppurating ulcers on left leg; œdema of the left foot and leg to the knee; pulse 80; fetid odour from vagina with watery discharge.

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Compresses of chloride of Zinc. Tr. Carb. veget. ℥ss, ℥xth, every second hour.

At five P.M.—No diarrhœa; pulse strong, about 60; complains of great weakness; discharge from vagina very fetid and more abundant.

Continue chl. Zinc and medicine.

14th.—Slept well; had no diarrhœa; respiration has become hurried; pulse regular, but much weaker; legs in the same state; appetite is good.

Continue medicine and compresses of Zinc lotion.

15th.—Diarrhœa has returned; two watery and profuse motions; weakness increases; respiration is still hurried; is evidently sinking.

19th.—From the 15th till this day, the diarrhœa continued, the patient became more and more prostrate, and finally died on the 19th.

Remarks.—Death is the ultimate natural sequence of life; everything that begins to be, must progressively grow, become old, and then die. Medicine has no power to prolong the natural term of existence allotted to men, the province of the physician is restricted to the more limited, but highly important and most difficult object of arresting premature death. A person, who, like Nash, had attained her 72nd year of age, may be said to have reached the goal of her earthly career, and when death occurs, no matter what are the accompanying phenomena of decay, it may be called natural, at that period of life. The first time I saw this patient, I prognosticated a fatal issue. It is true that she had enjoyed good health till within a few months of her death, but when old people, even the most robust, begin to ail, one attack follows another in rapid succession, they become weaker every day, a general break up of the system is soon manifest, and they sink often with astonishing rapidity from the most trivial cause. Such is the clinical history of this patient. You will remark however, that she did not die of the disease for which she entered, she was admitted for phlegmonous erysipelas of the leg, and died of spontaneous or dry gangrene of the womb, which is a very rare

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occurrence. No *post mortem* examination took place, because I thought it unnecessary in a case in which there could not exist any doubt as to the causes of death. It behoves, however, the conscientious practitioner, in every fatal case, to hold council with himself, and enquire whether every means have been adopted to save the patient? whether he had committed any error, either in the diagnosis or treatment of the disease? whether any other method of treatment would have possibly prevented death? and lastly, whether death was inevitable? By such self-examination, cases which terminate fatally are equally as instructive as those which recover. With respect to the case under consideration, I have no hesitation in replying, 1st, That no means were neglected; 2nd, That there was no error committed; and 3rd, That death was inevitable. But it may be asked, would not the bark and wine system, according to the allopathic practice, have prolonged, if it did not save life? I believe not; on the contrary, I am of opinion that it would have accelerated the death of this patient, because old people in general, when unaccustomed to artificial stimulants, bear them very badly; a contrary opinion is, I am aware, entertained by the members of the old method of treating diseases, but experience, which is the only authority in such matters, has taught me to be very cautious in administering stimulants to aged persons. Nash was not only old, but she had never been accustomed to stimulating drinks, and she was now quite averse to take them; she was repeatedly asked if she would like some beer or wine, which she constantly refused till the 7th, when, at her own request, she took some malt liquor for a few days, which appeared rather injurious than beneficial to her. I am not one of those partizans of homœopathy, gentlemen, who think that everything is wrong, and see nothing in the practice of the old system but sad catastrophes and monstrous evils; I do not therefore systematically and absolutely oppose the use of vinous and malt drinks, so much abused by ignorant practitioners of the old school, judiciously employed, they are useful dietetic substances in certain morbid conditions, and like all other articles of food, their use must be regulated as to *quantity* and *quality* according to general hygienic prin-

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ciples and individual circumstances. In such cases as that of Nash's, I would allow my patients to take as much stimulant as they required. Where the appetite has not been perverted by intemperance, and reason has not lost its guiding influence, you will find the instinct of the patient a safe and certain monitor with respect to the use of stimulating drinks.

The erysipelas of old people usually attacks the inferior extremities, and is frequently the result of over-distension from œdema of the legs, and it is generally of a chronic character. In the first instance Belladonna was given, which was followed by Lachesis. You will find Lachesis a very valuable remedy in this affection; it is peculiarly adapted to old people, whose exhausted nervous energy and languid circulation it seems to arouse, and thus augments the power of resistance of the economy. It has also a specific action on this disease.

Rhus was the next remedy given, which I thought indicated by the inflammatory and œdematous state of the legs, as well as the vesicular form which the erysipelas was now assuming, and the manifest want of organic power. It no doubt had the desired effect, for the œdema and inflammation became less, and the strength of the patient improved, from the 24th November to 4th December, when a small abscess above the ankle broke, and discharged some thick purulent matter; several other small elevations like boils were also observed on the surface. On account of these phenomena Hepar sulph. was administered, and the Rhus discontinued.

It was two days afterwards that a complete prolapsus uteri, in a gangrenous condition, was accidentally discovered, which rendered it necessary to change the remedy. Arsenicum was administered on account of the involuntary evacuations, the sensation of weakness, failure of strength, and sphacelation. The displaced uterus was not reduced in the first instance, because there was no constriction of the organ; it was perfectly reducible, and as there was already a circumscribed line of demarcation between the lining and the closed parts, I thought it advisable to await till a separation took place. The process of sphacelation continued, and with it other gangrenous spots on the legs appeared, followed by diarrhœa and gradual ex-

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haustion, to combat which, *secale cornut.*, *china*, and *carbo vegetabilis*, were successively employed, without exercising the slightest impression on the disease; she became daily more and more exhausted in spite of every *remedial* and *dietetic* means, till death put an end—I shall not say say to her sufferings, for she had none, but to her life; she preserved her intellect to the last—indeed, Nash might be said to have died from the natural exhaustion of the vital principle, or in other words, of old age.

CASE OF CHOREA.

By Dr. Edward Hamilton.

H. W., aged 14, was brought to me on September 9, 1854, for consultation.

The history of the case is as follows:

About nine weeks ago he was walking with his father and mother, carrying a light basket, when suddenly he let it drop from his hand, (the right) and on taking it up again after carrying it a short distance he again let it drop, and then the father noticed a slight trembling of the arm and fingers. No notice was taken; the basket was not given him again; he got home, had his supper and went to bed, and slept well; but the next morning a constant spasmodic twitching was observed in his right arm, more slightly in the right leg, and slighter still in the muscles of the face and eye, on the right side. They sent for the surgeon of the town, who prescribed a dose of some opening medicine. The next day, however, the symptoms had increased in intensity, and in two days had extended to the arm and leg of the left side. He then went regularly under allopathic treatment, and in the nine weeks previous to my seeing him they had tried every means without effect, and had recommended him to go to the sea as a last resource; this being impossible, the boy was sent to me.

I found him in a most deplorable condition; he was lying on a sofa, for he could not stand; there was constant jactitation of all the muscles of the extremities and face; his arms and legs

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were continually moving one upon the other, so that his clothes were in tatters from the constant rubbing; his face was violently distorted; if he attempted to speak there came a confused jabber from him that was quite distressing, the very act of speaking causing violent spasmodic action of the tongue and pharynx. The only mode of feeding him was by one person forcing his head slightly backwards, holding it with two hands, whilst another gave him at intervals some spoon food, which he swallowed with the greatest difficulty. His countenance had become quite idiotic; his eyes staring; his head constantly in motion; there was a most distressed look; and his saliva ran at times from his mouth, from the inability to swallow it.

On questioning the mother I found he had been perfectly healthy up to the time of his seizure; there had been no signs of worms, nor had he ever suffered from them; that no cause could be assigned for the attack; his father and mother were very fond of him and always used him gently.

His tongue was clean, rather red; his pulse good; pupils somewhat large; countenance pale, dark circle round the eyes; skin yellowish and leathery; considerable emaciation; chest well developed; heart-sounds normal; liver normal; some slight tumefaction of the abdomen; no protrusion of the umbilicus; urine clear; bowels regular, rather constipated; hands and feet warm, sleep disturbed by the jactitations of the limbs, which are incessant.

The medicine I first prescribed was Cuprum metallicum 6, two globules alternate nights for three weeks.

The following were some of the symptoms in the pathogenesis of this medicine that led me to prescribe it: wandering staring eyes; eyes are vacillating to and fro; paleness of the face; sad dejected expression of features; spasmodic distortion of the features; inability to talk owing to spasms of the throat; general jactitation of all the muscles of the abdomen and extremities; tremor in all the limbs; twitchings of the fingers, arms, hands, also *during sleep;* spasms of the limbs, &c.

I ordered also a very careful diet of beef-tea and jelly; to be soused in a cold bath every morning, and the stools to be carefully watched, as, although I could not get any direct evidence,

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yet I suspected worms, either ascarides or lumbrici. I also advised an emetic of salt and water.

On seeing the poor fellow again in three weeks I found him much in the same state; perhaps there had been some cessation of the twitchings at night, but he could not remain a moment on his legs; he could not speak; his countenance had become much more distressed; he was more emaciated; there was less staring of the eyes, more of a sunken look in them, there was a complete dark ring round them. The parents had carefully attended to him and had watched the evacuations, but there were no indications of worms. I suspected masturbation, but on examination I was persuaded that there were no grounds for my suspicions. As there was no marked improvement under the Cuprum, and my suspicions still tending towards the presence of ascarides, I determined to try Cina, although the symptoms do not so greatly accord, I think so much as under Cuprum.

The following symptoms will be found recorded as the effect of this medicine: "jactitation of the orbiculares palpebrarum muscles;" this symptom in the poor boy was very marked. "Paleness of the face, and sickly appearance round the eyes; convulsions and contraction of the limbs; paralytic twitchings of different parts of the body, especially the limbs."

Cina 12, four globules every night for eight doses, and then every other night for eight doses.

At the end of the three weeks I had the following gratifying report: that after taking the medicine a few days, there was a decided improvement in the look of the boy; he was able to swallow his food with greater ease; the jactitation of the limbs was less; and he slept better. That on the twelfth day of taking the medicine, after rather a constipated stool, a mass of ascarides came away in a lump, and that every day since worms had passed in very large quantities; that after the third day of passing the ascarides, all the symptoms had lessened in a remarkable degree; he could sit still, take his food, sleep, &c. I saw the boy a few days after the report, and I never saw such a remarkable change: his countenance was healthy looking, a pleasant smile pervaded it instead of the ghastly stare; his

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limbs were nearly quiet; he ran up and spoke plainly and intelligibly. The thread worms were passing in large quantities still. I continued the Cina, two globules of the 12th dilution, alternate nights for three weeks, and then Sulphur $^{3}/_{12}$, twice a week for a month.

In the latter part of December he presented himself to me in town perfectly free from all symptoms, and his mother informed me that for a fortnight after I last saw him the evacuations continued full of ascarides, passing daily, and that as they became free of the worms, so did the symptoms become gradually less, and that he had been some time free of the worms and of the symptoms.

This case exemplifies in a remarkable degree the specific action of Cina, in small doses, on the cause of the symptoms, by restoring the mucous membrane to that condition in which the parasites could not obtain their nourishment, thereby causing them to pass from the intestines. It illustrates also the advantages of our system over the usual allopathic treatment of this disease by expulsion of the ascarides with drastic remedies, which attack the effect, not the cause.

REVIEWS.

On the use of Belladonna in Scarlatina, by J. Warburton Begbie, M.D. Seventh Article in the *British and Foreign Medico-Chirurgical Review*. January, 1855.

The contributors to our Allopathic contemporary have within these few years adopted the practice of appending their names to their compositions,—a practice of some importance to the reviewed at least. When a strict incognito was preserved in the periodical censorship of the vast orthodox body, the mysterious "we" which fathered the opinions of an article, carried overwhelming odds against the victims of an adverse criticism. Without any known limits to its collective magnitude, it bore something of the air and authority of the common sense of mankind when uttering its judgments, and the reclamations of

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the defenceless parties at the bar were usually unheard or unheeded. The new custom has altered matters a good deal for the benefit of the once weaker side, since the "we," whose multitudinous voice formerly thundered its decisions on the professional ear, has dwindled into the unappalling representative of a plainly revealed Mr. John Thomas, or Mr. Peter Jones. Authors should accept the innovation as a benefaction not less praiseworthy than that of the considerate lion, in the Midsummer Night's Dream, who, lest his roaring should distress the gentle hearts that

"fear
The smallest monstrous mouse that creeps on floor,"

made the composing announcement

"Then know, that I one Snug, the joiner, am."

We have made these remarks in connexion with the essay at the head of this article, not for the purpose of insinuating that its author is an unfavourable specimen of the young critics who principally contribute to the work in which it has appeared, but because they were the reflections which such an essay, followed by the signature of any ordinary human being, could not possibly fail to suggest. It is true no man ought to write what he would be ashamed or afraid to acknowledge as his, and, so far, the reviewer in the case before us has acted candidly enough; but his production would have appeared in some respects a great deal less absurd, if no avowal of authorship had proceeded from the lion's skin, and if the reader had been consequently left to experience within himself the truth of the Tacitusian aphorism, "omne ignotum pro magnifico." For *he* would need to be a magnate,—a man himself of no mean genius and learning, as well as somewhat of a benefactor of his fellow men, whose contemptuous allusions to Hahnemann would not appear absurd and impertinent. The contempt of such a man might be regarded by us with regret, as unfounded and unjust, it could hardly appear ridiculous. If he apologised for the disbelief in the powers of Belladonna, which prevailed among the physicians of his sect, on the score that it "was scarcely to be wondered at, when we considered the quarter from which the recommendation of its vaunted virtues proceeded," and asserted that the doctrine

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regarding the efficacy of the medicine, "was tarnished in its propounder,"* we should only wonder at the misconceptions of the learned, or possibly grieve at the infirmity of a genius soured by sectarian rivalry. But such sneers from persons of the ordinary stamp, appear simply ludicrous, and, like the farcical make-believe of our friend the joiner, are best rewarded by "well roared lion," from a tickled audience.

We are not quite clear that our allopathic lion deserves the character bestowed upon his prototype of being "a very gentle beast, and of a good conscience." Notwithstanding his professions of a desire to do every justice to those who differ from him, it is very plain that his candid "re-consideration of the whole matter," was undertaken with a strong infusion of malice prepense against Belladonna and its homœopathic advocates. Hahnemann as we have seen, has had the "privilege" of being complimented at the outset as a tarnishing propounder, in order, of course, that the reader may be prepossessed in favour of his proposition; while Dr. Black, besides being falsely accused in his individual capacity, is always associated with the allopathic Bayle when the reviewer has anything to say in condemnation of the latter, as if the homœopathic physician, who professes merely to translate Bayle's own resumé of the experiments made by the German physicians, ought to share the blame of every petty mistake that occurs in the original; and Dr. Henderson is in the most solemn manner charged with a very serious delinquency, albeit of no consequence to the professed object of the article, even were the charge as true as it is very suspiciously the reverse.

In this last particular, the lion shows so much of the nature of two other animals to which he is compared in the play, that we must notice it more particularly, in order that our readers may understand what the reviewer's notions of candour are, and how far he is to be trusted, when he professes to sum up the evidence on the main question. At p. 81 he says in a note, "It is from no desire to find fault, but, on the contrary, with great reluctance, that we must at the outset of our references to Bayle, express our extreme astonishment and disapprobation

* J. Warburton Begbie, p. 78.

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of the course Dr. Henderson has adopted. He writes at p. 112 of his work—'Before adverting to the experiments made in Edinburgh, *I shall adduce from an article by M. Bayle,*' &c. &c. Now it is quite clear that Dr. Henderson has never had recourse to Bayle, but only to Dr. Black's very inaccurate representation of what Bayle has written; for he even copies Black so literally as to transcribe his errors—one of which, miserable as it is, we must beg Dr. Henderson to correct. He follows Dr. Black in referring to the Bibliothèque Thérapeutique, tom. ii, p. 583, *et seq.*, being unaware that there are only 532 pages in the volume."

Of the various charges involved in this passage, we shall take the first, the greatest, and that is a moral charge. We ask any reader, of any party, whether it is not clearly implied and suggested in the words we have extracted, that Dr. Henderson while professing to quote directly from Bayle, actually quotes from Dr. Black's translation, at the same time that he studiously ignores the existence of such a translation, in order that he himself may appear the more exclusively learned on the subject? What *is* given is assuredly from that work, but that it was taken directly from it is not only not affirmed by the author, but, at the end of his quotation of a *part* of Dr. Black's translation, Dr. Henderson actually adds in a note, "For the *whole* (the italics are ours) of Bayle's article on the subject, the English reader is referred to Dr. Black's *Principles and Practice of Homœopathy*,"—in which reference we presume a candid person, not addicted to tortuosities, and therefore not suspecting them in others, would perceive an intimation of the source from which the quoted *part* had been taken. That the author of the review knew that the note existed, appears from an incidental allusion to it in a subsequent page of his article, and if he were not something of the fox (as is also said of Snug in the play) as well as of the stage-lion, he could not have omitted to mention it in the place where mention of it would have obviated a false impression on the part of his readers, had he desired that such an impression should not be produced. No doubt those who are even but moderately acquainted with the question regarding Belladonna, may, notwithstanding the tenor of the note, have some difficulty in at once believing that such an

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impression can have been intended to be produced, considering that Bayle's compilation is so well known, that it may be almost regarded as common property, whose author it is necessary to specify only for the purpose of not confounding the data he has collected with those of others, and whose existence it would be discreditable in any physician not to know.

The second charge implied in the note of the reviewer is, that Dr. Henderson in quoting from Dr. Black's translation, has quoted from what contains "a very inaccurate representation of what Bayle has written." That this assertion is utterly and absolutely untrue, we aver in the most unqualified manner, after having carefully compared Dr. Black's version with the original. Bayle has made a few trivial mistakes in his resumé of the researches of the German physicians,—but Dr. Black has not made *one* in his version of Bayle; though Dr. J. Warburton Begbie, with rare disingenuousness, tries again and again to make his readers believe that he has. For example, at p. 83 of his review, in giving an account of Dr. Gumpert's report of his success with Belladonna he says—"One person took the disease during the first week of prophylactic treatment, and another, a child, after taking the Belladonna for two weeks. We are left to conclude that these were the only two who contracted the disease after taking Belladonna; but we are directly informed, that Gumpert never had a case of Scarlatina in which the specific had been employed for more than two weeks. We are moreover told, that in one family, consisting of six, to which the second exceptional case belonged, one took the disease, and two a few days thereafter became affected with sore throats, and slight fever, without having eruption or desquamation.

"In his synopsis of Gumpert's report, just as in that of Himly already referred to, Bayle does not adhere to the strict letter of the observer. This is perhaps pardonable in Bayle, because within the four corners of his book the statement of Gumpert is given *in extenso;* but what are we to say of Dr. Black, who evidently never read the statement of Gumpert, either in Hufeland's Journal, or *in extenso*, as given in Bayle; or if he has read either, has continued to ignore both."

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Gumpert, Bayle, and Black, (all advocates of Belladonna,) are here included in a general censure,—Dr. Black's particular sin being selected for the principal condemnation, as being the misrepresentation of a matter respecting which Bayle had given him the means of being accurate. Our readers will scarcely be prepared to learn that the whole three are perfectly blameless—Gumpert in having given a consistent statement of his experience, Bayle in having given a correct resumé of that experience, and Black in having given an accurate representation of what Bayle has written. Gumpert *had no case* of Scarlet Fever in which the specific had been employed for more than two weeks, and only two in which it had been employed for less than that period ;* while another case of the fever which occurred in the family of six (in addition to the second of the two first adverted to) had had no Belladonna, for it is added, immediately after this case is mentioned, "les autres ont fait un usage non interrompu de la belladone," and no mention is made of Belladonna in connexion with the case in question. In this family therefore, one case occured in which no Belladonna was given, one in which the Belladonna had been given for two weeks,—and two others had sore throat, and "quelques légers mouvemens fébriles," without eruption or desquamation, and were therefore not cases of Scarlet Fever, but probably of the effects of Belladonna.

Bayle's account of Gumpert's report is, that he had two cases of scarlet fever, after the employment of Belladonna. "L'un n'avait fait usage de la belladone que quelques jours. Chez l'autre la maladie se déclara dans la deuxième semaine."† Dr. Black's version of this is—"In one the Belladonna had only been used some days; in the other the disease declared itself in the second week." (Principles, &c. p. 37.) "What are we to say then to Dr. Black?" Bayle is perhaps pardonable for supposing that two cases of sore throat, with slight febrile movement, but no eruption or desquamation, were not cases of scarlet fever; but we are to think the worst of Dr. Black, because he presumes to translate Bayle's resumé literally and

* He speaks of his exceptional cases as "un" and "l'autre." In Bayle, t. ii, p. 397.

† Op. cit. p. 505.

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correctly, without giving any intimation that he himself thought the two cases which were not scarlet fever were scarlet fever, especially considering the undeniable fact that the slightness of their symptoms was quite as significant a testimony to the virtues of Belladonna as if there had been no symptoms at all! Such is the whole of this serious matter, and such the preposterous absurdity into which ill-will and disingenuousness betray their victims. But it is not the whole, in so far as Dr. J. Warburton Begbie is concerned. He knew that the case of which "we are, moreover, told," &c., was not among the cases to which Belladonna had been given, while he pretty plainly, by the manner in which he introduces it, intimates to his readers that it was!

Next, in connexion with the account of Behr's happy experience of Belladonna, Dr. Black is attacked in a foot-note, and the goodnatured critic, in kindness to Dr. Henderson, takes "this other opportunity of directing him from so unworthy a quarter." Noting the elegance of the English by the way, we pass to the more serious blunder (as Fouché would have called it), of deliberately leading his readers to suppose that Dr. Black is the author of an inaccuracy committed in the account given of Behr's narrative of his experience. Bayle is not mentioned as the author of it, it is "Dr. Black's account of this physician's experience," which leads to a long note of reprehensible things, and of duties incumbent, among which latter is included this—"from those who ask us to believe experiences in which they put faith, we require that these experiences should be by them truthfully and accurately presented to us;" from which it seems to follow that Dr. Black has garbled his text, M. Bayle's resumé (which alone he professes to deal with), and that too in some most momentous particular. Well, the simple truth is, that Bayle says of forty-seven cases put under Belladonna by Behr—"six en furent atteints (with scarlet fever), mais d'une manière peu sensible," (p. 506), which Dr. Black translates thus—"six were attacked, but in an almost insensible manner," (p. 38); while most unfortunately, Behr himself, as translated by Bayle, says of these six—"mais chez presque tous les six la maladie fut d'une nature si bénigne, qu'aucun ne succomba" (Bayle, p. 405): a

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foolish way of expressing himself, we cannot but think, for if only *nearly* the whole were of a nature so benign that none of them died, one or more must have been so severely affected, as to have done the reverse, which it is plain, however, they are not accused of. On the whole, there can be no doubt that the author intended to represent the six as mild cases compared with those of the "épidémie meurtrière," which surrounded them; a circumstance which was obviously esteemed by him as to the credit of the Belladonna. "Peu sensible" is not the correct interpretation of the passage from Behr, but the words are Bayle's, not Dr. Black's, though Dr. Black alone is blamed for the inaccuracy—an inaccuracy, however, which proves the fidelity of his translation, and again condemns his traducer when he represents him as giving, a "very inaccurate representation of what Bayle has written."

The next misrepresentation is quite as deliberate. Dr. Black, translating Bayle's resumé, as he expressly tells us, and for the reason that he, being "an allopathic authority, can have no object in testifying to facts which bear strongly in favour of homœopathy," (p. 35), gives the following sentences, which the reader will perceive to be a most faithful rendering of his original:—

"All authors, however, are not partisans of Belladonna. Lehmann asserts that this medicine had no preservative virtue in the epidemic of 1825 at Torgo. According to Barth, two other physicians, Raminski and Tuffel (sic in orig.) have also pronounced against it. We cannot justly appreciate the value of the opinion of these authors, because it is supported by no facts, and the disease has not been described. Could it not be possible that the affection treated by these practitioners was not the true scarlet-fever, but rather the purple miliary fever, to which Belladonna, according to Hahnemann, affords no immunity?"

Bayle's words are as follow:—"Tous les auteurs ne sont pas cependant partisans de la belladone. Lehmann assure que ce médicament n'eut aucune vertu preservative dans l'épidémie de scarlatine qui regna in 1825 à Torgo. D'après Barth, deux autres médecins, Raminski et Tuffel, se seraient aussi prononcés contre ce médicament. Nous ne pouvons apprécier à leur juste valeur l'opinion de ces auteurs, parce qu'elle n'est appuyée

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d'aucun fait, et que la maladie n'est point décrite. Ne serait-il pas possible que l'affection traitée pas ces praticiens, ne fût point la véritable scarlatine, mais bien la fièvre pourprée miliaire, dont la belladone ne garantit pas, d'après Hahnemann?" (p. 309.)

Resolved to blame Dr. Black at all hazards, Dr. J. Warburton Begbie remarks on his translation—"Dr. Black makes it appear as if Bayle objected to the evidence of Lehmann, on the score of its being 'supported by no facts'"—a plain intimation to his readers that Dr. Black had taken such a liberty with Bayle's composition as to alter his statements, an intimation which our extract from Bayle shows to be utterly false. If Lehmann appears to be included among those who give no facts in support of their opinion, that appearance is due entirely to the manner in which Bayle expresses himself in the passage we have quoted, and which Dr. Black has rendered in the most literal and accurate manner. It will not do for the reviewer to shelter himself from the imputation of deceit by saying that he subsequently censures Dr. Black for quoting merely Bayle's resumé in regard to Lehmann, for his first censure refers only to Dr. Black's version of that very resumé, and accuses the translator of making his original appear to aver what it does not aver. The bungling inconsistency with which the censures are uttered, can be no excuse for what is false in either of them. To Lehmann's facts we shall advert by and by, when we shall show that it would have been better for his side of the question, if he had given none. But before discussing the facts which have been adduced against the claims of Belladonna, we shall conclude our observations on the resumé of Bayle, to overthrow the credibility of which, both as given by its author, and as translated by Dr. Black, Dr. J. Warburton Begbie expends so much of his ingenuity.

Three instances only,—in addition to that which has been referred to in connexion with Behr's report, and which has been shown to be so insignificant,—are specified by the reviewer of inaccuracy on the part of Bayle.* In the first place,

* The mis-spelling of two German proper names is noticed also by the reviewer in his characteristic manner, which we mention only for the purpose of saying that such hypercriticism proves that he could detect no other defects than those he has specified.

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he questions the accuracy of Bayle's language when he avers, that Hufeland and Rhodius "gave perfect immunity" to all those who took the Belladonna. The expressions are, however, perfectly just, for Rhodius says—"all those who made use of the preservative escaped the contagion," (Bayle, p. 393), and Hufeland says that "he had never seen one of those whom he had treated (with Belladonna) attacked by the malady," (Bayle. p. 409). Next, it is objected that Bayle erred in saying that these physicians had witnessed such happy results in "several very violent epidemics." Hufeland answers for one such violent epidemic in the following terms—"I know one place where, during an epidemic of scarlatina of the severest (des plus fortes) nature, the preservative of Hahnemann was tried, and where all those who made use of it were preserved from the malady." (Bayle, p. 394.) Rhodius in giving his testimony in favour of the medicine, says of another epidemic, that the preservative had protected all who took it, and had indeed "un grand succès;" while among the four instances he specifies, of families in which the Belladonna was employed, one had three children "dangerously ill," and another had a child "very dangerously ill," showing at least that it was not a mild epidemic of which such instances were merely samples; and he contented himself with samples because he regarded a lengthened enumeration of particulars "superfluous," although he had "many others which he could add;"—the superfluousness arising from the circumstance that the same happy result occurred in all the families which made use of the prophylactic, as in the illustrative examples. Besides, Hufeland in 1825, reminds his readers that it was a number of years* since the prophylactic was first mentioned in his Journal, and that he had in the interval "made frequent use of it in his private practice," and always with success.

Lastly, Gumpert, senior, is said by Bayle to have prevented the introduction of scarlatina into "many villages," by means of the Belladonna, and as such is not the actual language used by Gumpert the son, in giving an account of his father's experience, the reviewer is "at a loss to discover how Bayle is

* Schenck's paper on the subject appeared there in 1812, Bayle, p. 390.

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able to assert" such things. We think, on the other hand, that he need not have been at any loss in the matter, unless he had particularly wished it, for the son states that his father had employed the prophylactic for several years, and during many epidemics, with such success that in "no case where the Belladonna had been administered in time, and in a continued manner, did the scarlet fever happen, and that in the *few* cases of infection, due to the Belladonna not having been given sufficiently long, the disease was always very mild." The consequence of which was, that, in his "medical district" (for he seems to have been the government medical functionary of a district of country) the public had the same confidence in Belladonna as a protection from scarlet fever, that they had in vaccination as a preservative from small-pox, and came from "great distances" of themselves to get supplies of the drug. Here, therefore, there must have been villages, "many villages," and the *appearance* at least of as complete a prevention of scarlet fever by Belladonna, as of small-pox by vaccination, a tolerable proof that the fever was somehow or other kept out of the villages, a few exceptional cases only occurring.

We have been thus particular in exposing the charges, sometimes entirely groundless, sometimes gross exaggerations of very unimportant inaccuracies, made by Dr. J. Warburton Begbie against the account given by Bayle of the German experience regarding Belladonna, because that account has been the principal medium through which, by translations and references, the subject has been recommended by the advocates of Belladonna to the favourable consideration of the profession in this country. It will not be denied by any candid reader that the inaccuracies shewn to exist in that account, are so very few and unimportant, as to leave the resumé of Bayle a trustworthy record of the experience it professes to represent, and therefore a very suitable and proper subject of translation for the benefit of English readers. The reviewer, even, who labours so painfully to throw discredit on that resumé, and its English version, is constrained, after all, to admit that it "in most instances is very true, that the important facts in regard to the question at issue, as given by the German writers, are fairly enough ren-

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dered in both Dr. Black's and Dr. Henderson's pages." We shall correct him so far as to say, that in *every* instance, they are at least "fairly enough rendered," and in all but one or two, with the most perfect accuracy. We leave this part of the subject with a correction of the typographical error, at p. 308 of Bayle, in the tabular statement he gives of the numbers, mentioned by the several authors from whom his account is derived, of those who got Belladonna, and were either affected subsequently with scarlet fever, or remained free. In the figures connected with Gelnecki's name, as the authority, the numbers ought to be 79 instead of 94, and 3 instead of 8; so that the general result should stand thus—2012 persons got Belladonna, 1938 escaped the fever, and 74 became affected with it, or less than four per cent., including those who had taken the medicine for only a few days before they fell ill.

We pass next to the consideration of the objections which have been made to the doctrine of the protective power of Belladonna, as these are presented to us in the review, in the form of facts or of arguments. We take the facts first, and begin with those of Lehmann. This gentleman is an especial favorite with the impartial reviewer, who strokes him on the back with much unction and approbation, by way of encouraging him to weigh a great deal more than he ought to weigh in the way of damaging evidence, and occasionally puts in a few words of his own to make the opposing "facts" a trifle stronger than the conscience of Dr. Lehmann would allow him to make them. Nay, when occasion calls for it, he ventures on the familiar operation of putting his hand upon the good doctor's mouth to prevent his speaking out, in English at least, and in the *Brit. and For. Med. Chir. Rev.*, such particulars as might detract from the weight of his hostile experiences. And not only so, but he takes honest Bayle by the *nucha*, and forces him to utter in his native tongue so much of his estimate of Lehmann and his doings, as happens to be alike favourable and untrue, promptly stopping him short when on the point of blurting out what would upset the whole concern.

Dr. J. Warburton Begbie, after giving, in detail, Lehmann's

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account of the events noticed by him in four families, in which the Belladonna had been employed, and failed more or less completely, adds "along with other facts of a like nature, Lehmann mentions that, in his own experience, whole families (one in particular, consisting of seven children) altogether escaped the disease, though epidemic in the place where they resided." (p. 91.) "Other facts of a like nature," surely implies that the four examples selected for the benefit of the British public, were taken from a considerably larger number of instances; whereas, our readers will be surprised to learn that after so imposing a reference to other facts in the "very important" paper of Lehmann, which "is inferior to none in exhibiting the precision of the author's observations" (Begbie), there are *but two more* in the whole production. Then as to "*whole families*," who had taken no Belladonna, altogether escaping, our readers will probably be still more surprised to learn, that, not only does Lehmann not say so, but he says what is tantamount to the very reverse. His statement is, that in two families, of four and six sisters, none having taken Belladonna, *one or two* individuals became *mildly affected* with scarlet fever, while the rest escaped; and that, in one family of seven children, all escaped the disease though they had not taken Belladonna.* This, therefore, appears to have been the only whole family that escaped, and very remarkable it is that there should have been no more. The fever poison must in that epidemic have been peculiarly effectual, or the disposition to the disease singularly general. Dr. J. Warburton Begbie puts "too fine a point" upon the weapon of Dr. Lehmann.

Then as to the individual "facts" which are so momentous in their oppositions to the claims of Belladonna, we shall give the first four in the words of the reviewer:—

"1. In a family consisting of three boys, the eldest was attacked with scarlet fever. The two others were immediately removed from the sick boy, and were confined to the floor of the house below that on which his room was. They got, at the same time, every morning and evening, the Belladonna solution. After this boy's recovery, and at the end of one month from the first appearance of the disease, he was restored to the society of

* Lehmann in Rust's Magazine, t. xxii, p. 39.

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his two brothers. Four months later, the youngest brother was seized with the disease in a severe form; he recovered: and then the third (in respect of years the second) brother, who remained on this occasion in proximity to the patient, but at the same time took the Belladonna regularly, contracted the disease on the tenth day, and fell a victim to it."

On this, we remark, that it is not said that the two boys had been taking the Belladonna for the four months, so that the second case of scarlet fever is not to be regarded as an exception to the alleged prophylactic virtues of the medicine, and that the third and last case has no better title to be adduced as evidence of the absence of such virtues, because the disease appeared so early as the tenth day of his taking the drug, for that is evidently the meaning of the author. We do not know how long the latent period of scarlet fever may last, after the poison has entered and begun its secret work, or what is the exact time during which Belladonna requires to be taken before it becomes a protection from the disease; but it appears to be thought by several of those who have tested the properties of the medicine, that from one to two weeks should elapse from the first use of the Belladonna, before its protective powers can be regarded as established. If the fever-poison have got the start of the Belladonna, we should be no more entitled to expect that the disease would not appear (even granting that Belladonna is a prophylactic), than we should be to expect that small-pox would not appear when the exposure of a susceptible person to its contagion had preceded vaccination by eight days or more. In such circumstances small-pox has appeared, even after the course of the vaccine disease had been completely run, and yet no man questions the protective power of vaccination. This first "fact" therefore goes for nothing.

"2. In a family consisting of five brothers and sisters, a boy of five years was first attacked with scarlet fever. To the other four Belladonna was immediately given. After eight days a little girl of four years old was seized, and on the third day of the disease died. On the following day a sister of three years of age took the fever mildly and recovered; another sister, about eleven years, was almost immediately afterwards affected, and

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on the fourth day of her illness died. The eldest brother, long a sufferer from bad health, and particularly from a chronic affection of the heart, remained free from the disease. It is of importance to know, that the four patients together occupied a small and extremely damp room, on the ground floor; and this, indeed, was accepted as the probable cause of the early deaths."

Precisely the same objections apply to this second instance as to the first.

"3. A boy of five years, an only son, contracted scarlet fever after having uninterruptedly, during several months, taken Belladonna. The fever assumed a cerebral character, and on the fourth day the little patient died."

This then was a case in which belladonna was taken long enough to have proved a protection, supposing it to have been given in a proper manner. That it was not so given we shall immediately see, meanwhile we only further remark in connexion with this case, that no one pretends that Belladonna will *never* fail to preserve from scarlet fever.

"4. In a family of four children, the eldest (who was five years) became affected with scarlet fever. The remaining three were immediately put on the Belladonna; two of these, on the twenty-first day of the employment of the drug, became affected with the disease in a severer form than the first child, who had taken no Belladonna."

On this instance we observe that, had Dr. Black perverted his text, in the same manner as Dr. J. Warburton Begbie has done that of Lehmann here, we presume that nothing but the wholesome fear of an action of damages for defamation would have restrained the reviewer from expressing, in their native simplicity, certain conceptions of his conduct, which, unlike female beauty, are certainly not when "unadorned adorned the most." Lehmann does not say that the two children became affected on the twenty-first day, but on the fourteenth (vier-und zehntägigen) after the commencement of the Belladonna. This brings the instance before us within the scope of what has been said of the first two instances. Dr. J. Warburton Begbie was quite aware that the first fortnight's use of the medicine has been regarded as a period during which scarlet fever is liable

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to occur, even by those, (Gumpert for example,) who are strong advocates of Belladonna being a preventive after that period.

Lehmann's two other "facts," we take from his paper for ourselves.

"5. The elder of two sisters became affected with scarlet fever. Although her younger sister had three years previously been affected with the disease, under my own care, she nevertheless got the Belladonna. Notwithstanding that, she became ill on the tenth day, and was much more severely affected than her elder sister, who had neither had the disease before, nor taken the Belladonna."

In this case the disease occurred within the period believed to be sometimes necessary for the complete influence of the Belladonna; and even had it not been so, the failure of the Belladonna would scarcely have appeared an evidence of its want of all prophylactic virtue in other instances, considering that in the example in question it had exhibited no greater impotency than a previous attack of the disease itself had done, which, however, everyone knows, is generally preventive of a second. Perhaps it was for this reason that the reviewer did not think that the presenting of the fifth instance would materially impress his readers.

6. Dr. Lehmann's five children became affected with scarlet fever, under the following circumstances:—first, his eldest daughter of ten years, after having had Belladonna only once; she was separated from the rest, yet ten days later his second daughter took the disease, though using the Belladonna, as all the children did from the first; and three weeks after his third daughter became ill; and six weeks after this last case occurred his two remaining children, boys, took the disease and were very severely affected.

The two first of these cases fall under the objection we have already adverted to as examples in which the fever-poison had anticipated the Belladonna in its impression upon the body. The third was a case in which the drug had been taken thirty-one days; and the two last were cases in which it had been taken for about twenty-three days, and in doses given twice daily. Dr. Lehmann remarks of these two, that they were

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severe cases, and he says at p. 60, "it happened, not unfrequently, that children who had taken the preventive several weeks and months, were severely affected, and fell victims to the scarlet fever." Nor is he the only one who affirms or implies, that the continued employment of Belladonna as a prophylactic, had been the occasion of an increased severity in the fever, when an attack happened to follow. Thus Dr. Mierendorf, as referred to by Barth in Bayle's second volume, is said to have observed that children, to whom Belladonna had been given, became more severely affected with scarlet fever, and died in greater number, than those who had taken none of the drug. Raminski is asserted by the same author (Barth), to have seen too many proofs of the increase of the malady, from the employment of Belladonna, to have any doubts of its inefficacy as a medicine; and Teuffel's experience is said to have been to the same effect. More recently, Dr. Andrew Wood of Edinburgh evidently suspected that a boy who died, in his hands, of scarlet fever, after having taken Belladonna for nearly a month, had his death occasioned, or accelerated, by that circumstance; for he says, that on this death occurring, he took "alarm," and discontinued his experiments.* We wonder that it never seems to have occurred to any of these gentlemen, that such doses of a drug as were capable of making such inroads on the health as to render the subsequent attacks of scarlet fever so much more severe and fatal than when none of the drug had been taken, must have been likely to make those who were unfortunate enough to receive them, for the very same reason, more liable to be affected with the malady. If, speaking generally, impaired health predisposes those who are the subjects of it to suffer from the influence of epidemic causes of disease, as all medical men admit, it seems to us an uncommon stretch of absurdity, to except from that general fact the impaired health produced by over-doses of Belladonna. To aver that it is impossible or unlikely that larger doses of a drug will predispose to the same disease from which much smaller doses will afford some degree

* Brit. and For. Med. Chir. Rev., Jan. 1855, p. 93.

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of protection, is in the highest degree irrational, even were it not an assumption that it is contradicted by familiar and relevant analogies. There is, as no one doubts, a prudent and judicious employment of wholesome food, of wine, and other elements of a generous regimen, which bestows a great measure of immunity from the epidemic causes of cholera, of typhus fever, and other maladies, while there is as certainly an abuse of the same substances which is capable of so deranging the digestive organs and the general health, as to make those who indulge in excesses at table more liable than others to become the victims of such morbid poisons as they may happen to be exposed to, when in their impaired state of corporeal vigour. We conceive, therefore, that the advocates of Belladonna as a prophylactic against scarlet fever, have both reason and experience on their side, when they maintain, that those who have found, or assert that they have found, Belladonna of no service as a preventive of scarlet fever, should be able to show that they have employed the medicine in such quantities, and of such a strength, as cannot have been injurious to the health of those who have received it. We have said "of such a strength," and "in such quantities," because it is notorious that the *extract* of Belladonna (the form employed by many physicians, who have made experiments regarding its protective virtues,) is a preparation liable to much diversity of strength in different samples. We have evidences of this diversity of strength in some of the experiments which have been made concerning the prophylactic powers of the drug, and it is curious enough that those who employed a preparation so strong as to produce decided disorder of the health, are precisely those whose results have been vaunted as the most opposed to the alleged protective properties of the medicine. Bayle, in referring to Lehmann's experiments, says that the Belladonna was tried as a preservative—"en le donnant suivant toutes les règles indiquées par ceux qui ont préconisé ce moyen" (p. 417); and thus far Dr. J. Warburton Begbie quotes the testimony of Bayle, taking, however, characteristic care not to add the beginning of the next sentence:—"cependant il le donna a quelquesuns de ses malades à des doses telles, qu'il déterminait les symptômes du

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narcotisme." Lehmann's own statement is, that doses of eight drops of his solution produced giddiness, dryness of the mouth, and flickering before the eyes, in some of the persons who took the drug, although they were grown-up people. Eight drops of his solution were equal to only one thirtieth of a grain of the extract, for he employed the proportions of two grains to one ounce of distilled water. He might well, therefore, laud the extract as "frisch und gut," and "dare" anyone to "question the quality" of his material, which had, moreover, the unspeakable advantage of being prepared by redoubtable Dr. Ficinus of Dresden, well known to the profession of that day and place, to be "as learned and capable a pharmaceutist" as there could be occasion for, or as could be "discovered hereabout or far away." Freshness, potency, orthodoxy, were what Dr. Lehmann desired above all things in his drug, and if substantial doses of so genuine a "mittel" could not do the business, the business could not be done at all. He did not confine himself to eight drops, but gave, even to children of twelve years old, as many as twelve drops, and that, too, twice a day; those who were younger getting a drop for every year of their age. No wonder, if the longer they took his potion the more they became affected with the disease, and the worse was their chance of escape from its grasp.

Again, Mr. Benjamin Bell of Edinburgh, in the course of his experiments in George Watson's hospital, gave the fifth part of a grain of the extract to the children night and morning; but the dose being found, "in a few days, to be too large, from the dilated state of the pupil and impaired vision which it occasioned in several instances," was diminished, yet not so much as to prevent the future notable observation, that "certainly, a large proportion of the boys who took the Belladonna, seemed to have more or less furring of the tongue, impairment of appetite, and other evidences of slight indisposition." * No wonder, therefore, we repeat, that after a month of such drugging the disease should have recommenced, and affected, of fifty-seven children (including the three belonging to the servants of the house), no less than twenty-two boys (a twenty-

* Edinburgh Monthly Journal, August 1851, p. 108.

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third had had the disease before, and belonged to the twenty-eight who ought to be set aside on the ground of having had the disease once already).

Dr. Newbigging, however, in 1849, gave to sixty-nine children who yet remained unaffected out of ninety-one, that were in John Watson's Institution, of the same city, from one fourth to one sixth of a grain of his extract of Belladonna, observed no injurious effects upon their health, though he continued the doses twice a day for more than five weeks, and had only three new cases of the fever after he began the prophylactic, and these three occurred within the first four days of its employment. The doses were larger than Mr. Bell's, yet no injury followed to the health of those who took them, and the epidemic ceased.

On these "Edinburgh experiments" Dr. J. Warburton Begbie writes some unintelligible paragraphs, from which we can gather only, that he labours to prove that there is an inconsistency in Dr. Henderson's objection to Mr. Bell's experiments, on the score of the largeness of the doses having probably caused the fever by impairing the health, seeing that Dr. Newbigging gave larger doses, and yet no scarlet fever followed. This he terms a *reductio ad absurdum*, but the absurdity lies only in his own confusion and incapacity. The reason that Dr. Henderson gives for the larger doses of Dr. Newbigging not having been followed by an extension of the fever is, that "his extract of Belladonna was not so powerful as Mr. Bell's," * and that it was not, must, we think, have been obvious to anyone but the reviewer, considering that Mr. Bell's smaller doses caused disorders of the health, which Dr. Newbigging's did not! Dr. J. Warburton Begbie, indeed, at the close of his mystification on this subject, at length alludes to this opinion of Dr. Henderson's, and adds, "we venture, however, to remark, that just on account of the variation in the strength of the extracts of Belladonna, both gentlemen would satisfy themselves of the potency of the specimens they obtained." What sheer nonsense is this as a reply to the objection in question! Suppose that they had, each for himself, and at an interval of two years and more between their

* Homœopathy Fairly Represented, p. 119.

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respective sets of experiments, before commencing the use of the drug, gone about ascertaining the potency of his extract, how should that enable them to know the *comparative* potencies of their extracts, or to make the *potency* of their doses the same? That they never attempted to do so, and that they never communed together on the subject, "we venture to remark."*

On the part of those German physicians who have found Belladonna apparently of use in checking the epidemic diffusion of scarlet fever, and in lessening the severity and proportionate mortality of the disease, when it did happen to follow the employment of the prophylactic, we have generally a total silence regarding any other than those beneficial effects. Berndt, though the medicine was given by him in doses of the same *magnitude* as had been employed by Lehmann with the poisonous effects already noticed, says, it was "without any inconvenience to the health of the individual" who received it (Bayle, p. 401.); and Kunzmann, who used a solution of equal strength and in equal quantities, states, that though it was continued for six weeks, "it never produced the least morbid effect" (p. 411). Dusterberg, however, relates that the greater number of those who received the prophylactic from him, experienced, at the end of some days, "a general eruption similar to that of measles," (p. 403,) though they remained free from the scarlet fever. If we are to presume this eruption was due to the Belladonna, it was certainly a proof of over-dosing and consequent morbid effect; but as all the persons affected with the eruption adverted to escaped the fever, we can explain this latter occurrence consis-

* When on the subject of the nonsense uttered by the reviewer, (and we have never read so much in so short a space, when he is giving forth his own opinions and judgments) we cannot refrain from presenting our readers with the following choice specimen, which for modesty surpasses anything we know: "Notwithstanding the introduction of belladonna, and its extensive employment, both in this country and abroad, as a prophylactic against scarlet fever, we are not aware that the mortality in either has been reduced; a circumstance which in itself militates very strongly both against the prophylactic and the remedial efficacy of belladonna." (p. 99.) Being as much as to say, that his own ignorance about the mortality of scarlet fever at present throughout the world, and in everybody's practice, militates against the claims of belladonna!

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tently with the opinion we have expressed of the injurious consequences of too strong doses of the Belladonna, by inferring, that the manifestation of such an eruption is no evidence of so serious an injury to the health as those symptoms are which were witnessed by Lehmann and Bell. It might be supposed, indeed, that if an eruption on the skin was caused by the Belladonna, as given by Dusterberg, after it had been used only "quelques jours," the continued employment of it for weeks longer must have been followed by other signs of its action on the body, were it not that he appears to intimate that it was given for only a very short time—"durant plus d'une semaine" being the words of Bayle, in noticing the period during which Dusterberg had continued to administer the medicine, with the effect of preserving all those who took it so long from being attacked with the fever. Whether he continued it longer is not mentioned. We are not, however, entitled to conclude that the eruption in question was due to the Belladonna; indeed it appears highly improbable that the "greater number" of those who took about the fourth or fifth of a grain of Belladonna twice a day, for only "a few days," should have been affected with a measly eruption as a consequence of their having taken the drug, and more especially without any other of its pathogenetic effects being noticed. We regard it as much more likely that the eruption had been of the nature of roseola, so often epidemic, and so frequently resembling measles.

Maizier is the only other author mentioned by Bayle as having suspected that the Belladonna he used with advantage as a prophylactic had produced pathogenetic effects, and these were limited to "plaques rouges," on some of those who had had the scarlet fever during previous epidemics, and not among those who had not been previously affected; who, on the contrary, while all protected, with the exception of "une faible portion," are not stated to have presented any eruption ascribed to the Belladonna, or any other evidence of its pathogenetic operation.

Of the two methods employed for testing the prophylactic virtues of Belladonna, one has a great advantage over the other. The more conclusive method is unquestionably that

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in which a part only of those exposed to the epidemic influence is placed under the action of the medicine, while the rest are left to the ordinary chance of infection. This method would be productive of a speedy solution of the problem to the satisfaction of all who remain sceptical on the subject, if it were extensively tried in families and in hospitals for children, as it very easily might be. To our minds, the other method, which puts all who are exposed to the chance of being infected, under the influence of the medicine, considering the very great preponderance of favourable results contrasted with those that have been reported as unsuccessful, carries with it a strong conviction that Belladonna possesses in a very striking degree the power ascribed to it by Hahnemann; but we are far from denying the existence of difficulties in the way towards that conclusion, as derived from such a method of investigation. At the same time, we regard these difficulties as having been greatly exaggerated by our opponents, who seem to make no distinction betwixt difficulty and impossibility, when adverting to the negative character of the evidence furnished by the method in question. Negative evidence on the point in dispute may so accumulate, and so outnumber the exemptions which can be reasonably ascribed to the acknowledged fitfulness which characterises the diffusion of scarlet fever, as, making every allowance for that source of difficulty, to render a decision in favour of the powers ascribed to Belladonna by far the more justifiable and rational; and such accumulation of evidence we believe to have occurred already, and beyond all question. The objections adduced by the reviewer as stated by Dr. Pereira, that "twenty cases of failure are more conclusive against the opinion than one thousand of non-occurrence are in favour of it," applies logically only to one point, to wit, the *universality* of the protection afforded by Belladonna; it does not touch the more important question—the possession of a protective power in a measure so great as to render the medicine a valuable means of limiting the extent, the severity, and the mortality of scarlet fever. One or two cases of failure notwithstanding an unobjectionable employment of the drug, are as good as twenty or a hundred in the way of positive evidence that Belladonna does not *always*

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protect, and therefore the question of the universality of the protection is easily settled. The great amount of negative evidence as to the other point remains, however, unshaken and untouched by the positive evidence which bears upon quite a different proposition.

The *experimentum crucis* afforded by the method to which we first alluded, as capable of more directly and easily leading to a satisfactory conclusion regarding the protective powers of Belladonna, has been followed but in a few instances, and to but a limited extent. Still, in so far as it goes, its results are, with one scanty exception where the numbers were equal, strikingly in favour of the medicine. In addition to the experiments of this kind by Dusterberg and Gelnecki, we have those of Dr. Balfour, and of Dr. Andrew Wood. The last are related in the words of their author, and for the first time in print, by Dr. J. W. Begbie, and we give the account of them in full, because they are evidently highly esteemed by our opponents, and were adverted to in Dr. Simpson's work as very damaging evidence against us.

"The plan which I proposed to myself," says Dr. Wood, "was this—viz., whenever scarlatina appeared in any particular ward,* and not till then, I immediately made enquiry, and having ascertained the boys who had previously had the fever, these I left out of the question. I then divided the remainder into two nearly equal sections: to one I gave one-eighth of a grain of Belladonna, twice a-day: to the other no Belladonna was given. This experiment was continued for several weeks, and the reason why it was then discontinued was simply this, that a fatal case occurred in the person of a boy (J. B.) who had been taking the Belladonna for nearly four weeks. Taking alarm, I resolved to discontinue the experiment. The following is a brief analysis of the trial:—

"First ward—containing 11 boys. Case occurred April 17th. Three already had scarlatina; five boys got Belladonna; two got no Belladonna. One of the five took scarlatina June 2, and died on the 7th. No other case.

* The experiments were made in a charitable institution for children.

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"Eighth ward—containing twenty boys. Case occurred April 25th. Seven already had scarlatina. Five got Belladonna; three got no Belladonna. No subsequent case.

"Fourth ward—containing twenty-five boys. Case occurred May 9th. Four already had scarlatina. Belladonna given to ten; no Belladonna given to ten. On the 19th May, J. G. who had accidentally slept in the same room as a boy who had scarlet fever, and had been taking the Belladonna since the 28th April, became affected with the disease in a moderately severe form: he recovered. On 4th June, a boy, who had taken no Belladonna, contracted the disease in a mild form. No subsequent case.

"Fifth ward—containing eighteen boys. Case occurred May 23rd. Had had the disease, four. Took Belladonna, six; took no Belladonna, seven. No subsequent case of fever.

"Seventh Ward—containing thirty-six boys. Case occurred May 28th. Had had scarlet fever, six. Took Belladonna, eighteen; took no Belladonna, eleven. No subsequent case."

At first sight it appears as if this narrative told against the protective power of Belladonna, whereas the little it tells, and that is very little, is actually in its favour. One would suppose, as no doubt the author, and the two others who ascribe so much consequence to the experiment, do, on a cursory reading, that there were two cases of scarlet fever after the use of Belladonna, and only one among those who had not used it; but in point of fact, after subtracting the first case which preceded the commencement of the Belladonna in the institution, there were *five* cases of fever among those who had taken no Belladonna, and only two among those who had taken the drug. To concentrate attention on the occurrences in each ward, and to regard each ward as the theatre of an independent experiment is absurd. The just and proper light in which to regard the matter is, as one experiment conducted in a building tainted, however slightly, with the poison of scarlatina, and thus the moment the Belladonna was commenced in the first ward, the boys throughout the institution became divided into two classes; those receiving Belladonna, and those not receiving it. Consequently each case which occurred *first* in the several wards,

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as well as the one which occurred in the fourth ward on the 4th June, was a case of scarlet fever among those who were not taking Belladonna. That this is unquestionably the fair and only accurate manner in which the experiment can be regarded, will appear to every one who reflects on the way in which scarlet fever will spread through such hospitals for children irrespectively of all exposure to contagion from those previously affected. These are removed to the sick-rooms of such institutions as soon as they are discovered, and before they can have been sources of contagion to the rest, so that the subsequent cases have no connexion with those which had preceded.* It is absurd, therefore, to set aside each *first* case that occurs in a chamber, or ward, as not belonging to the experiment, instead of including it among the cases which occurred among those to whom no Belladonna had been given.

Dr. Balfour's experiment in the Royal Military Asylum at Chelsea, is the unimportant one to which we adverted above. He placed seventy-six boys on Belladonna, and to seventy-five he gave none. Two cases of the fever occurred in each set. The facts are interesting as showing how limited an epidemic may be, where we should have expected it to spread widely, but are of no worth in any other respect.

Dusterberg's experiment is related by Bayle as follows—"In order to make the effect of Belladonna the better appear, and to remove the influence of chance, I chose in each family one child, which was excepted from the treatment (with Belladonna). But all these children were attacked by the contagion, to whom the use of the prophylactic had been forbidden." While in the preceding sentence, he says, that all the children who had taken the medicine for above a week were protected from the disease, although in intimate contact with those who were affected with the fever.

Gelnecki's experiment was still more striking in its results. In Glasow there were ninety-four children; seventy-nine had

* This is well illustrated by what occurred in Donaldson's Hospital in Edinburgh under Dr. Gillespie—where though each successive case of scarlet fever was removed to sick-rooms totally apart from the dormitories or class-rooms, 52 cases occurred among 100 children that were liable.—*Ed. Monthly Journ.*

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Belladonna given to them, and of the whole number only three became affected with the disease; fifteen had no Belladonna, and all of them became affected, "dans le même temps," and that too, as Bayle observes (though Dr. J. W. Begbie suppresses the fact), "even after the period at which the others were subjected to the prophylactic treatment," (p. 411), that is to say, the giving Belladonna, and the not giving, were simultaneous. These facts speak for themselves.

A good many affirmations of questionable character, and some of the feeblest possible endeavours to reason, present themselves in the review, besides those we have noticed. As a sample merely of the former we may mention the silly misrepresentation of the grounds on which Hahnemann selected Belladonna for the important function he assigned it—to wit: "Belladonna produces a scarlet rash; therefore, concludes Hahnemann, it will cure scarlatina, or is Homœopathic to it." (Rev. p. 94.) As a sample of the reasoning, we intended to state the chief particulars of what is too long to insert entire—something about Dulcamara; but it is sheer nonsense, seeing that Dr. Henderson limited his assertion, that Dulcamara may have been used instead of Belladonna, to the experiments of a single individual in Edinburgh, and he made the assertion only, as he tells us, because he had the best opportunity of learning that the former plant had been habitually furnished to some of the Edinburgh apothecaries, instead of the latter, by a person from whom they purchased their botanical riches. He never made that source of error a general charge against the allopathic experimenters, as the candid reviewer seems to imply.

We leave the subject, for the present, with the satisfaction of knowing that notwithstanding all the misrepresentations of our opponents, and all our own shortcomings, we have now, as heretofore, the best of the argument and the best of the facts in our favour. And we part with Dr. J. Warburton Begbie, regretting for his own sake, that he should have written so much of what he ought to blush for, and that he should have missed so good an opportunity of giving a truthful disquisition on an important point in practical medicine.

Before finally dismissing the subject however, it may be well

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to direct attention to the importance of some positive rule for the dose of Belladonna it is expedient to administer for the purpose of prophylaxis. The following is what MM. Barthez and Rilliet say upon the subject.

"It is very difficult to discover the truth in the midst of such contradictory opinions. It has been objected that all children are not susceptible to the contagion, and if they escape the disease after taking Belladonna, they would equally have been free had they not taken it. But we are forced to believe that some efficacy ought to be attached to the remedy when a considerable number of persons after taking the prophylactic enjoy an immunity from the disease.

"We therefore think that the prophylactic treatment by Belladonna may without inconvenience be carried out in such doses as prescribed by Hufeland, Berndt, Pitschaft, and Gumpert. [Here follows a sentence suggesting, according to Dr. Kühlbrand, the use of frictions of camphor and vinegar, in order to antidote the effects of an over dose.] It seems to us prudent to reserve the employment of Belladonna to very severe epidemics: if the character of the epidemic be mild, there is little inconvenience in the children becoming affected, for they will thus be protected in future years.

"Besides new experiments are necessary, and if they lead to favorable results, they may also solve some accessory questions.

"Thus—For what length of time ought the remedy to be used? What is the best manner of administering it? Is the preservative effect permanent or temporary? Ought the employment to be renewed at each epidemic? In the cases where it has not prevented the development of the disease, does it exercise any influence on its after course." *

In the present state of our knowledge the advice given by Drs. Barthez and Rilliet is best calculated to elicit the truth. The prophylaxis of Belladonna in scarlatina may have no existence, but that such is the case has not been shewn by Dr. J. Warburton Begbie, the greater mass of testimony being very much in favour of its prophylactic power.

* Traité clinique et pratique des Maladies des Enfans, tom. i, p. 209.

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Some of the queries proposed by Drs. Barthez and Rilliet admit of the following answers.

It is much safer to follow the spirit of Hahnemann's directions, or at least not to give the medicine in larger doses than the 100th to the 200th of a grain: this dilution may easily be made by dissolving a grain of good fresh extract in 100 or 200 drops of alcohol: the dose of this, as many drops as the child has years, up to 10 drops, given daily or twice a day for a week, then every second day from two to four weeks. If any physiological symptoms are produced, the remedy ought to be suspended for a few days.

As the preservative virtues of Belladonna are only temporary, it ought to be readministered on every new exposure to contagion. This suggests the question is Belladonna a prophylactic in the same manner as vaccination to small pox? In the latter case the efficacy is in virtue of the well known pathological law that passing through one attack affords immunity from a second infection: and the vaccine is merely a modification of the variolous virus. But with belladonna such a rationale can hardly be given. Does it then act by producing a state of the system which diminishes the susceptibility to the scarlatinal contagion, or does it act curatively, that is, does it in virtue of the homœopathic law arrest the action of the poison, during the period of incubation?

Whichever of these explanations be correct, it is evident that the Belladonna can exercise no beneficial effect until it has been taken for some days. This circumstance must lead to its failure, when the formative period of the disease is well advanced. As vaccinating a patient in whom the formative period of variola has well advanced is of no efficacy, neither can Belladonna in similar circumstances be expected to arrest, though it may modify the course of the disease. In future experiments it were well to bear this in mind, and to deduct from the list of failures, cases where the disease shews itself within the first week or ten days of using the Belladonna, and to watch them as merely answering the question, whether the course of the disease is modified.

Future trials ought to be limited to those times when the

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disease is decidedly epidemic, and the subjects for experiment ought to be chosen, except in the case of large institutions, from the poorer classes, where fewer means of isolation can be adopted, and where therefore there are fewer agencies to account for the immunity. Tha age of the patient ought also be limited to under thirty, as after that period susceptibility to infection considerably diminishes. Children at the breast under six months old also ought to be excepted.

The Pathology and Treatment of Hysteria, by R. B. Carter, M.R.C.S. Eng., pp. 161. London, 1853.

The varied ailments designated as hysteria are not more numerous than are the treatises written for their elucidation, but so many of these contain mere idle speculations, that the profession look on them suspiciously, regarding their practical value in the inverse ratio of their number. The work, however, whose title we give above, claims an honourable exception to any such rule. Mr. Carter's treatise has the great charm of being a small book, but full of clear concise descriptions of the disease, and the appropriate treatment. Its perusal gives at once the conviction that it is the work of one who has carefully studied this most puzzling malady, and made himself practically master of its varied forms. In addition to these advantages, it amply commends itself to our notice on other grounds, for the author discredits the power of ordinary drugs to combat the disease, and therefore turns especial attention to the moral treatment, a common ground, too much neglected by all therapeutic schools: a mode of treatment, curative and prophylactic, which, if properly worked, tends not only to the well-being of the patient, but to the mental culture of the physician.

Mr. Carter had the privilege of enjoying for several years the friendship of the late Mr. Mackenzie, who was extensively known by his successful treatment of the most inveterate hysterical disorders. His practice our author long witnessed,

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and assisted in, and he has been the more induced to give it publicity, by observing the tide of medical and physiological literature approaching very near the views which Mr. Mackenzie had long advocated in private.

By the title *hysteria*, Mr. Carter designates a disease which commences with a convulsive paroxysm. This paroxysm is witnessed under various aspects, and in various degrees of severity, being limited in some cases to a short attack of laughter or sobbing, and in others producing very energetic involuntary movements maintained during a considerable time, and occasionally terminating in a period of catalepsy or coma.

"In a large number of cases the 'fit' thus produced will not return; but when it does so, the exciting cause of the next two or three attacks is often obscure, and then, after a while, the convulsions occur frequently, when no reason whatever can be assigned for their commencement; although if the patient be vexed or thwarted, they are pretty sure to follow. This state, which may be called *simple* hysteria, and consists in the liability to fits of greater or less severity, either with or without distinct intervals of remission, and perfect health, is subject to many complications, which constitute the various disorders known as hysterical spine, hysterical knee, hysterical neuralgia, &c..... *Complicated* hysteria generally involves much moral and intellectual as well as physical derangement, and when it is fully established, the primary convulsion, the 'fons et origo mali,' is sometimes suffered to fall into abeyance." (p. 3.)

But the convulsive paroxysm Mr. Carter regards as the essential characteristic of the disease, and he also insists strongly on the circumstance that some strong emotion is the only invariable precursor of its presence, and seemingly the only thing at all essential to its production. This in some cases may not at first be admitted, from the emotion being of a secret character, and thus requires great tact and patience to lead to its discovery. "But it may be taken as an invariable rule, that the paroxysm will be violent in exact proportion to the length of time during which the feelings giving rise to it have been concealed."

Various writers have admitted the agency of emotion in

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producing hysteria, but they have regarded it as a mere exciting cause, requiring for its operation the existence of some unknown constitutional state. This hysterical diathesis Mr. Carter disclaims. It is quite unnecessary for us to enter into all the various theories as to the nature of hysteria, our space may be more profitably occupied in considering practical points.

The views and treatment that Mr. Carter adopts may be better understood, if we first describe what emotions are, and then rapidly glance at some of their effects.

Combining the definitions of Drs. Carpenter and Brown, emotions are vivid sensations, associated with an idea of pleasure or pain, arising immediately from the consideration of objects perceived, or remembered, or imagined, or from other prior emotions.

Whenever an emotion is experienced, it does not remain as a matter of mere intellectual consciousness, but always manifests itself by the production of certain effects, either upon the intellect and will, or upon the physical organism. In the latter case speedily exhausting itself, but in the former appearing to exercise a continuous, and even cumulative effect. Effects exclusively mental are observed under the influence of intense depressing emotions, as when a person is said to be stunned by grief, stupified by terror. When severe, even death may ensue, but in general recovery follows, either gradual from the lapse of time, or immediate by the removal of the cause, or by the production of physical effects, such as tears, &c. Physical effects are not so often the sequences of the mental, as they are the direct results of the emotional influence. The effects that emotions produce on the human frame are familiar to all; they are witnessed in every degree of intensity, singly or in combination, and are all alike in affording speedy and evident relief to the emotion itself, which may be said to be exhausted in producing them. In the muscular system we observe the effects ranging from restlessness and trembling to violent muscular movements, these again becoming objectless, and presenting themselves as convulsions, tetanus, &c. Even involuntary muscles respond to the stimulus of excited feelings: the heart, from simple disturbance of its action to destruction of its

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tissue, for under the influence of fright, and despair, and even joy, the left ventricle has again and again been ruptured;* and depressing passions occasion hypertrophy of the left ventricle. Again, in the intestines, not only as regards peristaltic action and change of secretion, but in the formation of partial contractions, giving rise to apparent tumours, which have been called by Dr. Gull "phantom tumours." †

The following extract from Mr. Carter, on the influence of emotion on the muscles of expression, is interesting, as throwing much light upon many problems in hysterical pathology:

"In early childhood they are employed in the performance of two distinct classes of movements; involuntary, designated expressions, and voluntary, grimaces. As age advances, the movements included in each class become much more numerous, and the former are brought in some degree under volitional control; but this is accomplished in a manner which marks their distinctive characters even more strongly than before.

"Any grimace within the power of the individual to accomplish, is produced by an effort of the will, similar to that excited in raising the arm, &c. * * But it will be quite evident, upon very cursory observation, that expressions are never called forth in this way; and that persons wishing to convey by the countenance a feeling which they do not really entertain, will attain their object, not by the exercise of any control over the face,

* Dr. Stroud on the Death of Christ.

† These tumours sometimes simulate the condition of pregnancy, or permanent tympanitic distension. Dr. Simpson has adopted an excellent plan for testing the reality of these tumours; he administers chloroform by inhalation, while under its action these phantom swellings entirely disappear. We doubt not that some cases of reported cures of supposed ovarian dropsy have been occasionally this kind of tumour. Dr. Bright (Guy's Hosp. Rep. vol. iv, p. 228,) mentions a case, where a surgeon actually cut down on one, supposing it to be an ovarian cyst. We would also allude to an error which may be made in diagnosis, by forgetting that not only is a hysterical patient quite capable of making a circumscribed portion of the abdominal wall hard and rigid, while the rest remains comparatively flaccid, but even in a person of calm nervous system, the same condition may be produced, by an instinctive reflex act, for the protection of a part of the belly which is tender to pressure.

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but by thinking of the proper emotion, and surrendering their features to its influence. * * Success being much greater when this can be distinctly remembered, than when it has to be imagined; so that young and joyous people find it no easy task to express by looks a sympathy which they do not experience, while those who have felt sorrow can produce and maintain its aspect with little difficulty. But it is worthy of remark, that the power of remembering or imagining emotions, so as to obtain their effect upon the face, is capable of being greatly increased by practice, a fact which explains the improvement of actors, so far as gesture is concerned. * *

"Again, the difference between volitional and emotional movements of the face, is shown by the circumstance, that, whereas the former are never excited, except by an effort of the will, the latter not only take place independently of it, but can seldom be entirely prevented, even by its most determined exercise. * * Nothing, however, shews more clearly the relief afforded to emotion by its effects, than the comparative ease with which the features can be controlled, under circumstances which allow them to be withdrawn from observation, even if but for a moment at a time, so as to give the excited feeling its play." (p. 9.)

Perversions of ordinary sensations, as the result of emotion, are not very common in healthy persons, but not unfrequent in sensitive women. But even in the healthy, the power of fear to deaden pain has been experienced by many, when the dentist threatens to commence operations. On the organs of circulation, and on the secretions the effects are very marked, from simple blushing to persistent congestion. The effects of fear and anger of rapidly changing the character of the milk, and extreme terror in causing the secretion to become so poisonous as to cause to the sucking infant speedy death, are well authenticated. Anger, Dr. Ramsbotham enumerates as one of the common causes of puerperal peritonitis, &c. Other secretions are in like manner increased, diminished, or vitiated by mental emotions. Thus the breath is sometimes instaneously affected by bad news, so as to become fetid. The gastric juice is increased by exhilaration; freedom from anxiety favours the deposition

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of fat, and, according to Dr. Fletcher, despair has an equal tendency, for persons left long to pine in condemned cells, without a shadow of hope, and badly fed, have frequently become remarkably fat. But on this point we need not further enlarge.

The power of emotion to produce disease is greatly increased by two causes: first, by the operation of all debilitating influences, local or general; and secondly, by all circumstances tending to make individual parts the subject of attention. This latter point is a subject which Dr. Madden has in our pages deservedly commented on; to those who are interested in this matter, we recommend the perusal of a very able article on the subject, in the *British and Foreign Medico-Chirurgical Review*,* as explanatory of many mesmeric phenomena.

Our space will merely permit us to state, that this expectant attention plays a most important part in the production of many hysteric states, especially such as depend upon intellectual or sensorial disturbances, or upon actual changes in the nutrition of parts. And these parts which are the subject of close attention are also rendered liable to be the outlet for any strong emotion which may be experienced, as shewn in the uterus, &c. Mr. Carter gives a very remarkable instance of the powers of attention.

"A lady who was watching her little child at play, saw a heavy window-sash fall upon its hand, cutting off three of the fingers, and she was so much overcome by fright and distress as to be unable to render it any assistance. A surgeon was speedily obtained, who, having dressed the wounds, turned

* Dr. Holland, in his *Mental Physiology*, has also an interesting chapter on the "Effects of Mental Attention on Bodily Organs." The following remark is worthy of the attention of those who readily procure pathogenetic effects from infinitesimal doses. "We may reasonably refer to the same principle, some of the alleged facts in homœopathy, such as the long train of symptoms, sometimes amounting to hundreds, which are catalogued as proceeding from infinitesimally small quantities of substances, inert or insignificant in other manner of uses. The attention urged to seek for local sensations, has no difficulty in finding them. They generate one another, and are often, as we shall afterwards see, excited by the mere expectation of their occurrence." (p. 21.)

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himself to the mother, whom he found seated, moaning and complaining of her hand. On examination, three fingers, corresponding to those injured in the child, were discovered to be swollen and inflamed, although they had ailed nothing prior to the accident. In twenty-four hours incisions were made into them, and pus was evacuated, &c." (p. 24.)

Hysteria is a disease of which well-marked instances are sometimes met with in men, but these instances are so rare that it may be asked, why is it an ailment so peculiar to women? We agree with Mr. Carter, that it is not because hysteria is a disease necessarily connected with the uterus, but because women are so much more the subjects of emotional influence than men. Where the one thinks, the other feels. Woman, with less of the volitional power than man, possesses much more of the emotional and instinctive; these more frequently become the leading springs of action, and act more on the bodily frame than they do in the stronger sex. In addition to this mental confirmation, woman is also much more liable to emotional influences from the very necessity of endeavouring to conceal her feelings. When sexual desire is taken into account, it adds immensely to the forces bearing on the female, who is much under its dominion, and who, if unmarried or chaste, is compelled to restrain any manifestation of its sway. We think that in general Mr. Carter applies sexual feelings in a too limited sense; we admit fully its power and its prevalence, but by sexual feelings we do not mean simply lust, but those purer influences which attach woman to man; passionate attractions which exercise great power in many women who are wholly free of all aphrodisiac feeling. The remark of Frank is also a true one: "Cœlibem vitam plures sine noxâ degere possunt fœminæ, sed vix unam illarum invenias, quæ prope maritum impotentem impune decumbere possit. Idem de uxoribus a maritis neglectis, valet."

The third chapter is devoted to the hysteric paroxysm. He divides it into three kinds:—

Primary, when the paroxysm is produced by some original and fresh emotion, to the action of which the system has not before been subjected.

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Secondary, when the attacks follow the suggested or spontaneous remembrance of the emotions to which the primary fit has been due.

Tertiary, those that are designedly excited by the patient herself, through the instrumentality of voluntary recollection, and with the perfect knowledge of the power to produce them.

Paroxysms of the primary and secondary kinds may often be induced by the operation of an exciting cause, so powerful that no effort of the will is sufficient to prevent them taking place, even if delayed for a time. But in general, the attacks, though not volitional, are yet a matter of surrender, and might be prevented under the pressure of an adequate motive.

Of the primary, little further need be said, than that an attack leaves a great liability to another from mere remembrance of the emotion. When these remembrances are pleasant, there is a great danger of the tertiary form being established. But when painful, involuntary hysteria of a severe and lasting character is often induced, partly because while the causes of excited feeling are fresh in the mind, the fits are apt to recur so frequently, that a condition of almost tetanical susceptibility is the result: and partly because so often connected with sexual feelings, the catamenial periods are apt to recall the exciting emotions.

The facility of establishing the tertiary form varies much. Some persons rapidly gain the power, first trials affording sufficient encouragement for future efforts, until at last the power of producing a paroxysm may be compared, both in its extent and nature, to that exercised by a finished actor over the muscles of the face. These attacks may be distinguished from primary hysteria by the frequency of their occurrence without any evident cause, and from their taking place under circumstances to excite observation, and sympathy. The same features, together with the existence of complications, and absence of mental disturbance, distinguish them from the secondary kind.

The next chapter is devoted to the *moral state and motives* of hysterical women. This is a very interesting section, and a right comprehension of the subject, is an essential requisite for successful treatment. In primary and secondary hysteria there

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is very little change in the moral condition, very little that is of a permanent character. The temporary alterations met with Mr. Carter attributes to a sudden ascendency of pre-existing feelings: for example, the occurrence of nymphomania he explains by the circumstance that the emotion absorbs all the mind, and thus for a time weakens the sense of decency, but when the paroxysm passes away, so do all erotic feelings. But it is in the tertiary form that we have such painful evidence of moral aberration. We shall give as clearly as our space permits, our author's views.

Tertiary hysteria can scarcely be produced unless the exciting emotion be of a pleasurable and of a secret kind. Feelings of a pleasurable kind which can be confessed and acted on never excite even secondary attacks; on their first gush, they may produce a primary paroxysm, yet afterwards they have abundance of outlet, both in talk and action.

Among secret feelings then, the choice is almost limited to those connected with the amatory instinct, and to jealousy and envy. So that the subjects of this disease may be divided into classes; the first will comprise women whose sexual propensities have been disappointed, but whose lot in life may be in all other respects desirable, and the second those in whom some form of envy or discontent is the predominant feeling.

A morbid and absorbing craving for sympathy is the exciting cause to the production of tertiary hysteria; so that it will be observed that such being the case, the moral obliquity is small in patients of the first class. They have many complications, chiefly of a purely congestive kind, and the paroxysms are induced with extreme facility; but the patients are much more amenable to treatment than the second class, as they often appear to suffer from not clearly seeing their way, and are most glad to abandon the wretched habit to which they have surrendered themselves, when once the means of doing so have been explained to them.

In the second class where the subjects regard themselves as neglected and uncared for, it is here that the desire for sympathy leads to such moral obliquity, which Mr. Carter sums up "as an union of selfishness and deceptivity allied in order to

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indulge that desire for sympathy which is the chief motive of action, the others being only means for attaining an end. The victims will present many differences of apparent character, some seeming to be devout, others frivolous, but in all of them, on close examination, the same chief traits may be discovered—of selfishness, that will indulge its own small caprice at the cost of real suffering to others, and of mendacity that verges upon the sublime, and that never fails, like that of the lacquey in the 'Rivals,' having told one lie to endorse it with another." (p.56.)

In this fearful craving for sympathy most of the complications of tertiary hysteria take their origin: to its ever increasing force may be ascribed their progress in multiplication; at last the paroxysms are abandoned, and the complaints are limited to the knee, to the spine, &c.

To *Complications* chapter IV is devoted. It contains much useful information, but we can now only remark that these complications may be divided into two classes, the real and the simulative. The real being divided into such actions as Dr. Carpenter has described as ideo-motor, such as certain convulsive movements, vomiting, cough, &c. and into local congestions. These congestions being the result of close attention to certain parts, especially the uterus. The simulative, viz. those which owe their origin to the ingenuity and deceptivity of the patient, are shewn in attempting to produce hemoptysis, hæmatemesis, suppression of urine, long abstinence from food, &c.

Pains are often feigned, and when real are always exaggerated. Pains and other symptoms though feigned do by close attention become real. While alluding to the forms of attention, we cannot refrain from giving an extract, which coming from Mr. Carter, who has had great experience in these matters, merits serious attention, and which fully corroborates the remarks made by Dr. Chapman at the Cheltenham Congress, 1850.

"This process has been greatly extended and increased by the researches of gentlemen engaged in the treatment of uterine disease, and by the consequent discovery that a large number of our countrywomen are invalided by some of its numerous forms. It is scarcely possible at present for an hysterical girl

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to have no acquaintances among the many women who are subjected to the speculum and caustic, and who love to discuss their symptoms, and to narrate the sensations which attend upon the treatment. These patients would probably give the impression that a little leucorrhœa, a backache, and a few blushing affirmations to leading questions would be deemed sufficient to justify an examination, and that this might be expected to reveal abundant grounds for further treatment. In many cases ladies are quite ignorant of the nature of the remedies administered to them; and even if they heard the name of Indian hemp, would scarcely know the purposes for which it has long been used by the Hindoos; but still they may possibly find out by observation that the speculum becomes more grateful to their feelings the oftener it is applied, and that the wish for it is in some degree excited by each successive dose of the medicine. (p. 67.) * * * * If regarded as a dernier resort, even for married women the speculum would lose none of its utility, and would be infinitely less liable to abuse; and there is much reason to think that many uterine diseases of the virgin, have a decided tendency towards spontaneous cure. Those occurring as complications of hysteria may certainly be removed in a very simple manner, which will be fully described hereafter; and no one who has once realized the amount of moral evil wrought in girls thus suffering, whose prurient desires have been increased by Indian hemp, and partially gratified by medical manipulation, can possibly deny that the remedy, even if effectual, is infinitely worse than the disease. I have more than once seen young unmarried women, of the middle class, reduced by the constant use of the speculum to the mental and moral condition of prostitutes, seeking to give themselves the same indulgence by the practice of solitary vice; and asking every medical man under whose care they fall to institute an examination of the sexual organs." (p. 69.)

Chapt. VI contains the treatment. We stated at the commencement that Mr. Carter has no faith in the efficacy of ordinary medicines in the cure of hysteria, except in so far as they may remove predisposing causes, such as chlorosis, &c. We are, with him, inclined to agree that there are few diseases

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less under the control of medicine than hysteria: yet homœopathic means are sometimes so decidedly useful, as to foster the hope that a better knowledge of their action, coupled with moral treatment, may do much to remedy this sad affection. We believe that our remedies may succeed in doing what Mr. Carter believes beyond the range of medicine, that is the power of working an organic change in the nervous constitution. We found this belief on the success of medicinal treatment carried on for six years in the worst case of hysteria we have yet met with.

But in such circumstances, especially, it is necessary to have patience, to avoid changing from one remedy to another because relief is not immediate, but to remember that time is a necessary element in effecting such changes, and that a gradual procedure is the only way to ensure ultimate success.

But our object at present is not to review the medicinal, but to direct attention to the moral treatment, because it is a mode which Mr. Carter has systematised more than any other writer with whom we are acquainted. The reader if he remembers the views of the cause of hysteria and its divisions, may almost anticipate the general directions for the moral treatment: these may be briefly stated as follows.

In primary cases nothing must be attempted beyond the withdrawal of all causes of excitement, *and the endeavour to substitute for them incentives to intellectual exertion.*

In secondary hysteria, when the disturbing emotion is *subjective,* benefit will accrue from *any excitement, whether of mind or feelings, which is produced through the agency of external things.*

In the tertiary form the objects are two-fold:

1st. *Destructive,* removing the motives of the patient, by defeating the ends which she proposes to herself for attainment.

2nd. *Constructive,* elevating the moral and intellectual elements.

Let us suppose ourselves called to a patient who for the first time has had a hysteric paroxysm. The paroxysm may safely be left to itself: after it has passed we are to examine into the general health, and meet any derangement by appropriate

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remedies, then direct our enquiries to the emotion which has excited the paroxysm. Our space will not permit us to enter into the various full directions given by Mr. Carter, we must rest satisfied with stating that the success of such an investigation depends much on the tact of the physician. It is always desirable to know the character of the patient; with some, a direct questioning in private under the seal of professional confidence will secure the end, but with others a more circuitous course is necessary, and the aid of friends required. But the greater the difficulty of getting an answer, the more sedulously must the endeavour be carried on, for the deeper the emotions lie the greater is the importance of discovering them. The cause then being discovered, the patient must be informed of the danger of yielding to such emotions, and every precaution adopted against any return of the feeling. Of means calculated to carry off, and to direct emotional disturbance, one of the best is muscular exercise carried to fatigue. Mr. Carter recommends a heavy wheel fixed into the wall, which is turned by the patient. We have often with benefit directed the patient on experiencing the least feeling of the emotions, to resort immediately to some decided muscular exertion, such as using the skipping rope, sweeping the room, &c.; by such means the force is directed upon the voluntary action of the muscular system, and thus many a paroxysm is prevented which would otherwise have certainly taken place.

The same end may be gained, but with greater difficulty and less certainty, by some intellectual exercise.

In order to guard against secondary hysteria, measures must be adopted for turning the thoughts into some other direction. Intellectual exertion, thus strengthening the judgment as a counterpoise to the emotional element, active exercise, change of air, occupation, and travelling. Allusion has already been made in this Journal (Vol. xii, p. 454) to the good effects produced by the Swedish exercises of Ling. Music as an occupation has been condemned by Dr. Laycock as deleterious. Mr. Carter has not seen any facts which tend to support such views, and is strongly of opinion that when hysteria is developed, music, *i. e.*, piano or harp playing, is a very valuable remedial

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occupation, from its affording employment both to the mind and the fingers. It is hardly necessary to add that balls, theatrical and operatic performances are strictly to be forbidden. Care to be taken in the selection of books, and reading aloud to be preferred, as silent reading encourages reverie.

"When secondary hysteria is once established, very little can be done in the way of curative treatment. The preoccupation of mind, and the physical disorder are generally too great to permit the application of the remedies most likely to be effectual. When one feeling is in possession of the thoughts, and has produced an intellectual state akin to reverie, it is plain that the effect of time in removing it can only be very gradually produced, because not aided by observation of the events which that time brings in its course. Nevertheless, the prognosis of secondary hysteria may, in most cases, be favourable, and the progress towards recovery may generally be made evident by directing attention upon successive stages of the disease, the period of natural recovery being sometimes postponed until the age for strong emotions has passed by. But as soon as some positive improvement can be recognised, any circumstance capable of giving a new and powerful bias to the thoughts, is always followed by speedy and beneficial changes, so that the excitation of pleasurable emotions may be looked upon as the most important of remedial measures." (p. 103.)

Of tertiary hysteria Mr. Carter states in limine that no system of moral treatment can be effectually carried out so long as the patient remains at home; amd although it is possible that in some mild cases, an attempt at doing so might be successful, still it cannot often be obtained, and never confidently predicted; as at home the patient will always possess the means of baffling the best laid plans, and will not fail to use them if the deceptive element be at all a strongly marked feature of her case. Moreover when disease has been simulated, the very progress of the cure almost establishes the fact of imposture; and it is highly conducive to the future well-being of the sufferer that she should not know this imposture to be perceptible to her friends. Now and then he says cases will be met with in which the patient is weary of and sorry for the system of deception which she has

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commenced, and waits only for the smallest help from a friendly hand to abandon her practices, which she would have previously left off had she known how to do so without exciting the suspicions of her friends. But such individuals form a small minority of the hysterical. Mr. Carter has an establishment for the treatment of tertiary cases at Leytonstone, near London.

The first step in the treatment must be the discovery of any special motives by which the patient may be influenced. Every available source, such as the history of the case, the aid of friends, &c., is required.

These points being ascertained, a few days may be devoted to close observation of the patient, and she is to be left so as to be thrown off her guard. Being thus thoroughly satisfied of the nature of her ailment, the medical attendant should wait for some complaint of illness to be made to him, or for the occurrence of an hysteric paroxysm.

The attack will in all probability occur during a meal, or when there are strangers present, or at some most inconvenient time and place, and it may on this account be necessary to have the patient removed to her bed room; or if the room in which the attack takes place can be spared, every one must withdraw and leave the patient to herself, the bystanders expressing no sympathy nor alarm, &c. But our space will not permit of us entering into details of the admirable rules laid down for observing, questioning and convicting the patient; we may however give one extract as to the mode of addressing the patient.

"The chief object to be attained, is to produce full conviction on the part of the patient that her medical attendant thoroughly understands her case, and knows not only how many of her symptoms or ailments are self produced, but also the exact manner or train of thought by which they are set going on each occasion; and the plan which will be found available for this purpose in the greater number of cases, and with some slight modifications, perhaps, in all, is to commence with a positive assertion that she has nothing at all the matter with her; her ailments being one and all fraudulent imitations of real disease. Such a statement will usually be met by an indignant, but still half frightened denial of its truth; and it should immediately

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and unsparingly be followed up by a complete analysis of the case from its commencement to that time. * * * The first hysteric paroxysm should be taken as a starting point, and the emotions which produced it should be described and censured. This done, the case must be as it were built up, and put together by the speaker, the share in its production of every vicious propensity or selfish feeling being quietly and dispassionately laid down, and the probable motives for each new trick being described. When the historical sketch is completed, the attention of the patient should be drawn to the effect of her conduct upon her own physical and moral health, and to the terrible degradation of her state, &c. * * * This plan being continued until either the resources of the speaker are exhausted, or until, as will now and then happen, the patient exhibits signs of contrition. In either case, and especially in the latter, the tone of conversation must be changed. If what has been said appears to produce little effect, it will be sufficient to add that her condition is not irrelievable; but that, on the contrary, if she behaves well, she shall be assisted to discontinue her bad habits, and to regain her position in society, with which assurance she may be left for a time to her reflections.

"But if any sign of penitence or regret be manifested, this assurance will not be sufficient. The patient will require more tender treatment: and the evidence of a wish for better things, small though it may be, should be carefully fostered and encouraged." (p. 112.)

Deception requires to be steadily counteracted by an entire withdrawal of sympathy, while at the same time the patient is treated with every possible kindness and consideration, whenever there is no question of illness involved. When the means used to imitate morbid action can be discovered, they must be pointed out, and upon all practicable occasions, the first warnings as to the effects of hysteria, and the substance of the first lecture must be reverted to, and insisted upon, while the threat of exposure is used to accelerate tardy progress, and encouragement is given to every indication of a desire for amendment. It is scarcely necessary to repeat that the effect of such a system as this is to withdraw all motives for continued imposture, and

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to arouse by the fear of physical illness, and of social degradation, strong inducements to the preservation of health.

The after steps are much the same as have already been given under the other forms of hysteria, only that the difficulties are here much more formidable, for the moral perversion and physical lesions exist to a far greater extent.

Chapt. VII is devoted to *hysteria among the poor*, but our space does not permit us to enter on this. We think the usual procedure, as recommended by Hahnemann, of noting down in presence of the patient a detail of the history and symptoms, or wherever any kind of hysteria is concerned, to be honoured in the breach rather than in the observance. The reasons are self obvious; a careful record can be made from memory; and such a record is also much more valuable than the verbatim details, which are as protean as they are never ending, of the hysterical patient.

It is a question whether in many other cases than hysteria, it is not better to record at home, than in the patient's presence. Better as regards the relation of the patient to his physician, and of the latter to the cultivation of his memory.

In closing our abstract of Mr. Carter's work, we recommend its careful perusal to our readers, in the full confidence that they will derive, as we have done, much assistance and many useful hints, not only in hysteria, but in many so-called "nervous" complaints. Our acquaintance with it extends to more than a year, and to his directions we have been indebted for great improvement in two cases which were placed under our care as being phthisis; we have benefitted others, and failed in several; but where we have failed we have had this satisfaction that we were examining and regarding the disease from a much clearer point than we had hitherto done. A few cautions, the result of our experience may be noted; the practical pathology of this view of hysteria, appears so simple that one is inclined to rush too hurriedly to the charge, and mistake a primary or secondary type for a tertiary. We may, when urging a strong effort of will to resist the emotional paroxysms, and finding our patient fail, be inclined to be impatient or even harsh on account of the failure; forgetting that first efforts may not at

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first succeed, and also that when once the emotional influence has gained a certain point, it passes beyond the limits of the will, and must exhaust itself. The task of elevating the judgment as the counterpoise of feeling, is one which can only be carried out by fully entering into the sympathies and feelings of women. The change to us may appear an easy one, but a very hard one to those whose nature it is to feel where we think. It must be remembered that the great object is, occupation of her thoughts for a certain time, more than the attainment of excellence in the pursuit itself.

To attempt to remodel too much, not only must end in failure, but the quick tact of woman will lead her to feel that we know not her nature. In our desires to succeed, we must remember, that there is a limit which cannot be passed without destroying all that is distinctive of womanhood. Tennyson, in his Princess, so truly and beautifully expresses this, that we cannot resist the quotation:—

> For woman is not undevelopt man,
> But diverse; could we make her as the man,
> Sweet love were slain, whose dearest bond is this,
> Not like to like, but like in difference:
> Yet in the long years liker must they grow:
> The man be more of woman, she of man:
> He gain in sweetness and in moral height,
> Nor lose the wrestling thews that throw the world:
> She mental breadth, nor fail in childward care.

War, Cholera, and the Ministry of Health. By J. J. G. Wilkinson, M.D. Theobald, London. 1855.

Dr. Wilkinson's book bears evidence of the period in which it is written—that period in the present medical revolution, when homœopathy has gained too high a position to fear dangers from neglect on the part of the public, or opposition from that portion of the medical world who look upon it as a hostile system. The question to which Dr. Wilkinson directs attention is not whether homœopathy is to be received or not, but how it is to be received—he does not ask that it should be tried, (for it has been tried and has succeeded) but he demands that it should be adopted.

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At present, however widely homœopathy is adopted by the British people individually, as a nation they ignore its existence. An Army and Navy are sent out, in which, however the nation sanctions freedom of opinion in matters of religion, it by no means permits the same in medical matters. The soldier and sailor must die in an orthodox manner. In this point of view Sir B. Hall to whom the book is addressed may be looked on as a type of the public—as an individual he thinks homœopathy a great blessing, but as a minister of health he knows not that such a thing exists—although well aware of the vast benefits which the advance of science renders available in homœopathy, and placed in a position to extend those blessings widely to his fellow countrymen—yet he disregards modern innovations, he confines his attention to matters which were equally well managed two thousand years ago—he acts "not as presiding over a Board of Health in a medical sense," but "as a mere director of a board of cleanliness." And such might reasonably be his occupation, had homœopathy not disclosed means hitherto unknown, of encountering the dangers which threaten health; for no one will question the truth of Dr. Wilkinson's remark, that "there is clearly no evidence that medicine plays any other than a destructive part, in its relation to Cholera, or that it is any other than a violent, indecent way of disturbing inevitable deathbeds, and doing worse than nothing." p. 3.

But the people are not left in the hour of peril to lean on such broken reeds; for "nursed and reared in and to the medical profession, there is a rapidly growing set of dissentients, called the Homœopaths, who alone offer to occupy the place which the 'infallible' profession has ceded. Alive with faith born of experience, standing upon the everlasting and everliving rock of facts, they know that they have medical or healing powers equal to the emergency of pestilence, and are willing to put them to the proof, on fair terms of trial, such as will secure their own independency of action, so far as this is necessary to a successful issue. They have printed and published all this, and from their little housetop have cried it aloud with all their might to all whom it concerns; but they have cried to stopped ears and scornful faces," and here again the often repeated evidence is

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presented to the public, showing how allopathy ever vacillating and uncertain in its treatment, preserves uniformity in this alone, that it is unsuccessful in its results. It tries theoretical treatment, empirical treatment, and so-called rational treatment, all differing only as far as the results are concerned, in the degree of comfort with which they permit the patient to die; and medical men must be content at best with Sir W. Burnet's happily conceived compliment, that the treatment has been most judicious, although it does not appear to exercise any influence over the disease. On the other hand, Dr. Wilkinson presents the homœopathic statistics, now too well established to require comment, showing the uniform success of homœopathic treatment; yet in the eyes of the nation allopathy is orthodox medicine;—homœopathy if known at all, is known only as heresy. "The moral of all this is strange, old, and edifying. Here is a grand perplexity of horrors, deaths by thousands and tens of thousands, in our cities, our villages, our fleets and our armies; the doctors at their wits' end, with all their resources broken, of most approved badness; the population, the medical profession, and the journals rushing about in panic-terror for something—anything to stop the mischief; some looking into the air with microscopes, after floating fungi, and imps to be peppered, and have *Times* sulphur put upon their tails; some with wild uplifted faces, imploring Hercules Chadwick to wash, flush, drain, and perfume away the destroyer; some convulsively grasping at Castor Oil, and with angry convulsions, throwing it away again; some in prayer, and all in despair; and yet the terror-stricken crowd will not for one moment look at the very only thing that pretends to be somewhat of a sheet anchor, that has proved itself such in all lands, under these fearful visitations."

But this cannot last long; already the change has begun; the public daily become more sensible of the unsoundness of the hackneyed arguments against homœopathy, which Dr. Wilkinson so justly ridicules; and the more widely homœopathy spreads in consequence, the more manifest becomes the contrast between the two systems—the one simple yet efficacious, doubted only on account of its extreme simplicity, and opposed on account of its extraordinary success, a system which seeks to apply to

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medicine the sound Baconian principles, "inter empiricam et rationalem facultatem conjugium verum et legitimum in perpetuum firmare," which proceeding from a copious induction of facts established by carefully conducted experiments, now rests securely, not on any fancifully devised theory, but on a great principle of nature.

While allopathy on the other hand, mistaking ceaseless change for constant progress, ever engaged in perilous experiments, yet never establishing useful results, already begins to descend from that position which it now no longer owes to its own merit, but to the natural tendency of the human mind, "quieta non movere."

But there are some of the old school who are not content to treat as they think right those who are foolish enough to commit themselves to their care, they have actually demanded that the legislature should interfere to suppress this system, which has the audacity to rescue from death those who ought in their opinion to be the victims of "regular practice." This point Dr. Wilkinson takes up strongly: after exposing the atrocity of an enactment which would in effect forbid that the mortality in Cholera should be reduced one third, and pointing out that the real danger here is on the part of regular practice, he proceeds to advocate universal tolerance in medical, as well as in all other matters.

"What I should propose," he says, "instead of this attempt to put down 'quacks,' is a simple bill, making it obligatory upon each medical practitioner, man or woman, to declare their style and titles without reserve. Let any one in the kingdom who pleases be a doctor, but let him or her say where they got the degree, and let there be a general registration of all medical practitioners of every class, done with no partiality for any almunus or any sex, so that the public shall know exactly the credentials of those whose brass plates they see, and whom they may choose to call in" (p. 40); then after pointing out the evil consequences of the contrary system, he says, with regard to the principal objection to his measure, namely, that many lives would be endangered by unqualified practitioners:—"Of course whenever a practitioner does a piece of culpable mischief, he

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will still be as liable to an action at law, for an assault, as he is at present, the only difference will be that his diploma will form no part of the eloquence of counsel, of the scrutiny of medical prosecutors, or of the prejudices of the jury; the question will be as to the injury inflicted by his incompetency, violence, or neglect." p. 48. Were such a measure adopted, we certainly might expect that a check would be given to the indiscriminate salivation, and rash bleeding, in which so many practitioners of the present day indulge with impunity; and still more would surgery feel its effects, for Dr. Wilkinson says most justly "as we know that old physic by no means represents what can be done by therapeutical means, it follows that operations are in the main not justifiable until the patients have had the better chance afforded by homœopathic treatment. To be operated on at the dictum of an allopath, is as if a prisoner were to be condemned by a coroner's jury, and executed forthwith, when we know that there is a still further process, sifting the rights of life and justice, and that a grand jury alone can decide on the capital events of a case: all that the allopathist ought to do is to *commit* a patient for operation, the homœopathist alone should *sentence* him to undergo it. Hence the public necessity in the interest of the poor, of super-adding by authority of parliament, a co-equal homœopathic staff, to each and all of our great hospitals and infirmaries." p. 51.

Now although from the constitution of our public hospitals it would be impossible, even if it were advisable (which we doubt) to call in the authority of parliament in the way Dr. Wilkinson proposes, surely his suggestion is not wholly undeserving the consideration of those who at present have authority in these matters; to wit, the subscribers and governors of those charities. No one will dispute the justice of his remarks when he says "on a single other ground also, and one of the most considerate kind, I would base my advocacy of the introduction of a homœopathic department into the hospitals. It would give the poor a choice in medical practice, and it would be seen which they like best, allopathy or homœopathy. To ascertain this would be very important, because in fact ultimately, the public are the judges of good and bad doctoring, safe means

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and unsafe, cure or no cure, so that the testimony of the masses of this country might settle much, might provide convenient statistics for guiding the choice of the other classes, and even might influence the medical officers, by showing them the practice most in demand." p. 55.

Dr. Wilkinson next addresses himself peculiarly to the subject of the ministry of health. Sir B. Hall, the President of the Board of Health, confines his attention merely to the removal of those things which are manifestly prejudicial to health. Dr. Wilkinson thinks he should turn his attention still more to the adoption of such measures as are manifestly beneficial to it. Up to the present day it is not surprising that a board of health should find it impossible to give general directions concerning the treatment of an epidemic, when doctors recommended and practised the most opposite methods of treatment, and that too with equal success, or rather equal want of success: now the circumstances of the case are altered; now it is quite possible for a Board of Health to perform what Dr. Wilkinson affirms is its first duty, viz. "to issue specific directions to the people of Great Britain, for the treatment by them of the early stages of any diseases that may be prevalent in any year." p. 73. Thus he suggests the course which should have been pursued on the approach of Cholera, the general orders that should have been issued before and after the battles of the Crimea; and though his enthusiasm has doubtless induced him to entertain too sanguine expectations of the results, and his medical directions smack of an acquaintance with some of the diseases he mentions, obtained rather in the pages of Jahr, than from actual experience of them, yet the right and wrong of the question are not affected by this, if such a course would indeed effect "a saving of life, saving of cash, saving of the material power and glory of Great Britain, saving also of medical humanity." p. 121.

It will no doubt be some time ere the principle here urged is fully carried out. At present anything homœopathic is looked on as connected with medical controversy, and therefore belonging peculiarly to medical men; yet there seems to be no reason why those in authority should not adopt or recommend whatever is proved by satisfactory evidence to be beneficial to the public

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health, without regard for medical parties or theories. The utility of Vaccination has been nationally recognized, although fifty years ago it was as virulently opposed by the medical world, as homœopathy is now; thus the first step has already been made, and many who now ridicule Dr. Wilkinson's enthusiastic ideas, may live to see some at least of his recommendations carried out. It is to be hoped that his book may at least excite reflection on the subject of which he treats among the public, whom in reality it most concerns, and no less among medical men.

But while thus expressing our high opinion of Dr. Wilkinson's book, as containing many valuable suggestions, calculated to incite thinking men to useful reflections, we must enter our protest against the idea that might be obtained from a perusal of the work, that homœopathy promises anything like absolute specifics for names of diseases. It is not the case, as all our readers are well aware, and as Dr. Wilkinson also must know, though he allows his zeal to outrun his discretion, when he makes the assertion, that "*cuprum* will do for cholera, *arnica* for wounds, *rhus* for wettings, and *rhus* and *bryonia* for fever, that same saving, which lemon-juice has effected for scurvy." At least we have not found these remedies to be such absolute specifics for these diseases in this country, and therefore it is the height of rashness to assert that they would be so at Varna, Scutari, or Balaklava. Indeed as regards the Bulgarian fever, which Dr. Wilkinson alleges, p. 94, might have been successfully treated by *bryonia* and *rhus* in alternation, we believe him to be completely in the wrong. His recommendation of these remedies is doubtless derived from Hahnemann's account of a typhus or hospital fever, cured by them (given however, in a very different way to that recommended by our author) but we doubt if the Bulgarian fever bears the slightest resemblance to Hahnemann's typhus; and consequently we fear the remedies useful for the latter, would be useless for the former. The force of Dr. Wilkinson's arguments would not have been weakened, had he been more cautious in his selections of illustrations of homœopathic treatment.

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CLINICAL RECORD.

A group of Headaches, &c.

By J. Rutherfurd Russell, M.D.

It is impossible for the practitioner of homœopathy not to be struck with the great advantage he would derive, if it were possible to amass the experience acquired, either by himself, or still more by others also, into such a form as to make it immediately available for practice,—to organize it, in short. This attempt is now being made, with considerable success, by Dr. Peters, of New York, in the valuable monographs he has published; and in this country we are all under obligation, among others, to Dr. Black, for his treatise upon headaches. With the view of assisting in this important object, I have collected a little group of headaches, which have been successfully treated by me within the last year; and what I think is the most interesting part about them is, that they all occurred in females above forty years of age. How far they were dependent upon the organs of generation, must be left to the decision of the reader. Besides the remedies commonly employed in this class of affections, it will be seen that some excellent cures were effected by *naja tripudians*, a medicine which, when properly prepared and kept, I am quite satisfied possesses powerful virtues, although I have not yet been able to procure a sufficient collection of provings to determine, in sufficient fulness or precision, the effects it produces. I am in hopes that those who have time and inclination to assist in the further investigation of this interesting substance, will put themselves in communication, either with Mr. Turner or myself, and obtain the poison in the strongest form in which it remains undecomposed, and I have to request that all who use it in practice, will keep a note of every case in which it does obvious and undeniable good. To proceed to the group of headaches.

Case I.

E. M. æt. 47, applied at the dispensary, February 1st, 1854.

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For many years she has been subject to violent pain about the top of the head; the pain has been almost constant, but it was always much more intense at the catamenial period. It was so violent at that time that she almost lost her senses. It is accompanied with flushing of the face. [This kind of agonizing headache seems to me to be a species of neuralgia of the brain. It is, as far as my experience goes, generally met with in women who are subject to hysterical and neuralgic affections, and more frequently attends excessive than deficient menstruation. In this case, the cessation of the menstruation, which had taken place gradually some time ago, did not seem to have had much effect upon the pain in the head. When she applied to me it was very bad indeed, and she was afraid she should go deranged.]

The tongue was clean; the bowels always costive; the urine was much diminished in quantity; there was constant depression of spirits.

Prescription: Naja trip. 3rd dil. gtt. ij, a dose 3 times a day for a week.

Feb. 8th.—The report is: better; bowels less costive; urine more copious; spirits better; less pain in head. Repeat.

Feb. 14th.—Much pain in head.

Prescription: Nux v. 2 gtt. ij, a dose 3 times a day for a week.

Feb. 22nd.—Better. Repeat.

March 1st.—Pain returned. Naja trip. 3.

March 15th.—Head much better; pain in legs and back. Repeat.

March 21st.—Much better every way. Repeat.

April 5th.—Has caught cold, coughs, &c. Bry.

July 7th.—She has remained quite free of the pain in the head up to this time, and all she suffers from now is a drawing pain between the shoulders and down the spine. For this she got Naja again, and has not returned to report her state. The important fact is, that after having suffered for many years constant pain in the head, she remained perfectly free of it for four months, and probably much longer, owing to Naja and Nux v. How much was due to one, and how much to the other of these medicines, must be afterwards decided.

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CASE II.

S. K. æt. 48, applied on the 9th of November, 1853.

Stated that the catamenia had stopped eight years ago, and that ever since that time she had suffered from frequently recurring attacks of violent pain at the top of the head. The pain was like as if something were moving over the part, and is very severe; it is attended with ringing in the ears and cough. It lasts in its extreme severity about five minutes at a time, and will come on several times a day. She describes it as very severe and difficult to bear without screaming out. When the pain is bad there is pyrosis and much flatulence. There is no palpitation of heart.

This was obviously a case of neuralgic headache, depending probably on some derangement of the uterine system originally and implicating the digestive system secondarily. In the old system such headaches are almost always treated with purgatives, which give relief for a time, but permanently injure the nervous system, on whose integrity the permanent recovery depends.

She was ordered Bellad. 1st dil. gtt. ij, a dose three times a day—*i. e.* two drops in two days.

November 16th.—The report is, that she has been better this week. Repeat.

Nov. 23rd.—No more violent pain; occasional oppression of breathing. This was probably owing to some implication of the upper part of the spinal chord in the previous cerebral affection.

For this she got Naja trip. 3rd dil. in the same doses.

Dec. 2nd.—The breathing was better and head better.

Calc. carb. 3.

Dec. 9th.—Pain returned very bad. Chamomilla, 1 gtt. ij.

Dec. 16th.—Pain better. Repeat.

Dec. 28th.—Better every way. Repeat.

Jan. 13th.—Burning pain returned like fire on the top of the head. Ars. 2 gtt. ij.

Jan. 27th.—Better. Repeat.

Feb. 3rd.—Better. Repeat.

She continued to improve under the use of Arsenicum till

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the 17th of March, when she was again attacked with very violent pain, no longer at the vertex, but over the brow. The pain seemed of the same character, but it had changed its seat. She then got Naja trip. 3rd, as before.

She continued to remain quite free of all pain in the head, and to get perfectly well, under the use of Naja, till the 3rd of May, at which period she ceased to attend, and I have every reason to suppose she continues well to this day. In this case it will be seen, that headaches, of an intermittent and neuralgic character, had existed for eight years, and they seem to have been completely cured in six months.

Belladonna, Arsenicum, Naja and Chamomilla, all appear to have been of use in this case.

Case III.

A. M. æt. 56, applied on the 1st of May, 1854.

Till the age of forty-eight years she enjoyed perfect health—at that time the catamenia ceased. Ever since then she has been subject to agonizing pain in the head, so bad as to deprive her of sense and memory. It generally comes on at noon, and is attended with pain in the upper part of the back, and flushes of the face. She has not been more than two or three days free from an attack for some years.

Her sleep is too deep; her pulse is regular and small; the tongue is clean; the appetite good; and the bowels natural.

Naja trip. 2nd dil., a dose three times a day.

May 8th.—Has had no pain in the head for three days.

Repeat.

May 15th.—No pain now for ten days. Repeat.

May 22nd.—Pain in head quite gone; violent pain at lower part of back worse of late. Repeat.

May 25th.—Head keeps well; pain in hips and knee at night. Rhus 2nd dil.

June 5th.—Pain in knee no better; head keeps well.

Merc. corr. 2.

June 28th.—Quite well.

As far as I know, this woman has continued free of all pain in the head from that day to this.

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Case IV.

B. D. æt. 60, applied on 13th of March 1854.

The patient complains of having had a pain in her head, attended with ringing in the ears, for the last two or three years. Except that the pain was severe, there was nothing else stated about it. It was accompanied by palpitation of heart, and a small quick nervous pulse. The bowels were costive; the abdomen large; the urine was scanty and sedimentitious. This was manifestly a case of nervous headache which often simulates the congestive type, as they are both generally attended by ringing of the ears and palpitation of the heart. The pulse indicates the true character of the complaint: in the nervous it is always small, sharp, and quick, in the congestive, large, soft, and rather slow.

Prescription: Naja trip. 1, three powders.

March 20th.—Rather better till yesterday. Repeat.

31st.—Better in general health; bowels regular; less pain in head. Repeat.

April 7th.—Better; much less noise in head; less palpitation of heart. Repeat.

April 17th.—Better; less pain in head; less palpitation; still noise in ears. Repeat.

April 24th.—Better every way. Repeat.

After this the head symptoms almost entirely disappeared, and she became affected with aching pain in the arms and feet. These yielded to Carbo veg. and Bryonia, and when last seen in July she was in comparative health, all the symptoms for which she originally applied had gone, and as she discontinued her attendance, I presume she remains well.

Case V.

E. C. æt. 40, applied September 6th, 1855.

For the last three years, ever since the catamenia have become irregular, she has been subject to severe pain in the posterior part of the head; there is also much pain down the spine and in the left side, and palpitation of the heart without any organic affection of that organ. The bowels are rather

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confined; the appetite is capricious; the tongue is swollen and covered at its edges with small white blisters.

The first medicine she got was Mercurius vivus, 3rd trit.

Sept. 11th—Better; less pain in the side; complains much of palpitation, and pain in her back. Naja trip. 2.

Oct. 11th.—Pain in side and back and palpitation all much better; bowels confined; pain in back of head entirely gone.

Nux v. 2.

Oct. 20th.—On the whole much better; slight pain in chest.

Bry 2.

Nov. 1st—Almost quite well. She did not return.

Cases of Heart Disease,

By Dr. Hilberger, of Trieste.*

I. A man, æt. 24, stoutly made, healthy from his childhood, became affected, four years ago, with articular rheumatism, accompanied apparently by endocarditis, as far as could be learned from his description. After six weeks of allopathic treatment he was restored to health, but there remained a frequently recurring palpitation, accompanied by asthmatic fits, for which he tried all sorts of remedies. When he consulted me first, I found, on examining him very carefully several times, the most decided symptoms of imperfect closure of the bicuspid valve. As the patient was engaged in the manufacture of machinery in the naval arsenal, and was constantly exposed to considerable heat, he, on that account, continued only to get worse, and in addition to his former symptoms he was attacked with spitting of blood from the lungs, and frequent accessions of fever, so that at last he could not continue at his work. I gave him for some time *acon.* 6, two doses daily, which completely removed the congestive symptoms. Thereafter I gave him for some weeks *spigelia* 6 every other day, whereby his condition became so much ameliorated, that for some months past he has resumed his previous work. To my no small astonishment, I found on examining him, that the abnormal bruit in the heart is now scarcely perceptible, and the normal tick-tack of the heart is now distinctly audible.

* From *Zsch. f. Hom. Klin.* iii. 59.

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II. A man, æt. 50, had, for twelve years, suffered from imperfect closure of the bicuspid valve, and considerable hypertrophy of the right ventricle, for which he has tried all methods of treatment. For the last two years he has been gradually getting worse, so that he has been unable to pursue his ordinary avocations. When he applied to me he appeared to be quite cachectic. The face and extremities were œdematous; the temperature of the skin decidedly lowered; the respiration impeded, attended with troublesome bronchial catarrh; the upper part of the lungs somewhat œdematous. At the same time he was very weak, had no appetite, and passed sleepless nights, on account of the asthma. Under these circumstances, I had little hope of producing even a transient amelioration, especially as ascites had already commenced. I gave *arsen.* 6, two doses daily. Amelioration soon occurred, the œdema went off rapidly, as did also the asthmatic sufferings, the strength and appetite increased, and for several months back the patient has been following his ordinary occupation with ease, and is now better than he can remember to have been for many years back.

III. A man, æt. 25, well formed, who had enjoyed good health all his life, was, after a violent fright, seized with a fainting fit, which lasted several hours. The cause of the fright was the communication to him of the sudden death of his sister, who had fallen a victim to the cholera, that was then raging. Since this attack he had always been subject to palpitation of the heart, almost constant, which latterly was so much aggravated by any muscular exertion, as often to prevent his speaking for hours together. Conjoined with this was a peculiar trembling of the whole body, and muscular twitchings similar to chorea. As, on auscultation, nothing but bruits could be heard usually in place of the normal heart's sounds, his former physicians had diagnosed an organic disease of the heart. The patient had been treated for two years with various remedies, without the slightest improvement in his state. When he placed himself under my care, I did not allow myself to be deceived by the sounds heard on auscultation, but taking into consideration the whole morbid picture, the origin of which I attributed to the nervous shock, I gave *stramon.* 15, and, as thereafter I soon observed an amelioration, I continued the same medicine, one dose daily for several months, during which time the patient was completely relieved from his malady, and for the last two years has had no relapse.

IV. A similar case in a man 30 years of age, but in whom the

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trembling was not present, who had besides, violent attacks of periodical headache, was cured by *bellad.* 6, and the patient can now perform the most violent exercises, without being at all inconvenienced by his former malady.

Clinical Contributions, by Dr. Trinks.*

Measles prevailed epidemically in Dresden during the whole of the winter of 1852-1853, gradually extending itself over all the quarters of the city, and disappeared in the spring. At the same time scarlet fever appeared sporadically in a mild form, there were however some few cases of a bad character. Both diseases were of frequent occurrence in the same family, measles being usually followed, after some time, by scarlet fever.

In the latter part of December, all the children in one family were seized successively with scarlet fever, all were more or less of a scrophulous habit. The eldest, a boy 10 years of age, who had suffered for some time from enlarged cervical glands on both sides, was the first one attacked. The fever and angina tonsillaris were excessive, while the rash was quickly and intensely developed. The child was delirious until the third day.

All the symptoms subsided by the use of Aconite, when on the eighth day the enlarged cervical glands and parotids became inflamed, and quickly suppurated with the application of poultices and internal use of Mercur. solub. 2 every four hours.

On the 18th day, when the suppuration had considerably lessened, and the boy had nearly recovered from these violent attacks, he was suddenly seized with hæmaturia without any apparent cause, or other premonitory symptom. A strict examination could not discover any cause in the kidneys or bladder for this painful affection. The blood was deposited, after standing some time, and the supernatant urine proved to be albuminous on chemical analysis. Anasarca rapidly supervened without any increase of thirst or disturbance of the intestinal canal.

Viewing the hematuria as a primary affection of the kidneys, and the anasarca as a necessary consequence, and that the hematuria was an active congestion of these organs, I had recourse to Aconite, Cannabis, Canthar., and subsequently to Pulsatilla and Mezer. But all these remedies had no influence upon the disease,

* From *Hom. Vierteljahrschrift.*

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nor upon the constantly increasing dropsy. Under these circumstances, I made use of a remedy which I had found of great service in a case of chronic hematuria, namely Secale cornut. Three drops of the 1st dilution, in water, were administered every four hours. In twenty-four hours the disease subsided, followed by such an abundant secretion of urine, that in four days the dropsy had disappeared, the urine returned to its normal quantity, and there was no longer any trace of albumen. The last quickly recovered, and has since remained well. His sisters were successively attacked with the disease, during which nothing unusual occurred. Notwithstanding, however, the greatest care, towards the 16th, 17th, and 20th days, hematuria occurred in connection with the so-called albuminuria. All took, on the second and third day, the same remedy, and I had the pleasure of observing in how short a time this morbid process in the kidneys could be arrested, and a period put to the further extension of the anasarca. The children recovered very quickly, and are now quite well.

I have made these remarks on a disease which is rarely cured without medical aid, with the view of drawing attention to a remedy which would seldom occur to a practitioner at the commencement of the disorder, as well as to append a few more observations.

In former epidemics, I have frequently had dropsical conditions fall under my observation, and have endeavoured to ascertain their cause. These conditions could not be ascribed to the severity of the disease, for they occurred under any form of the disorder, nor to any external cause, for this appeared whether the children were taken care of, or the contrary. Anasarca, as well as other dropsical effusions, do not follow scarlet fever alone, but occur after measles and typhus, hence cannot be regarded as the result of the scarlet fever poison. My examinations of the urine of children with scarlet fever, prove that the albumen first makes its appearance on the supervention of anasarca or abdominal effusion.

The anasarca which follows scarlet fever is often cured by very different medicines, as Bryon., Rhus, Digital., Hellebor. nigr., Arsen., Colocynth.: large doses of the two last named medicines, I have observed to produce bloody urine in many cases.

The circumstance, that the greater number of the disorders which follow the acute exanthemata, occur in subjects with fully developed scrofula, leads me to assume, that they are all attributable to a more active local development of scrofula excited by the preceding acute eruption on the skin.

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A further consideration of the morbid conditions apt to ensue after scarlet fever will tend greatly to confirm the opinion just expressed.

1. Otorrhœa from one or both ears, consisting at first of a simple blennorrhœa of the meatus auditorius externus, and easily cured; or of exfoliation with perforation of the tympanum, and caries of its cavity and ossicula; or, commencing with caries of the mastoid process, and destroying the organs of hearing, with consequent deafness.

2. Inflammation, suppuration and ulceration of one or both parotids, often commencing on the fifth, sixth, and seventh days, sometimes, however, only taking place at the period of desquamation. Resolution but seldom occurs, and every effort should be made to encourage suppuration, to evacuate the pus formed, in order to avoid the formation of sinuses and ulceration.

3. Anasarca, with effusion into the large cavities, in which case, the urine, on examination, shews the presence of albumen. The removal of this kind of dropsy leads to the conclusion that Bright's degeneration of the kidney in its varied forms, is but rarely the cause of the disorder, although in certain cases it may exist or occur at a later period of the disorder.

4. Urea in the blood (uræmia). In the same winter I saw a case of this disease in a deaf and dumb lad, 10 years old, highly scrophulous, and who was attacked by so mild a form of scarlet fever, that it was some time before it was perceived. On the commencement of desquamation of the cuticle began anasarcous swellings of the feet, scrotum, then of the hands and face, with albuminuria. Violent clonic convulsions occurred, which seemed to be subdued by the oxide of Zinc. The anasarca appeared to be on the decrease rather than otherwise, when on the morning of the eighth day after the first attack of the convulsions, it returned and continued until his death, which occurred the evening of the same day.

In former epidemics, I have seen several instances in which scrophulous children, who have had to pass twenty-one days in bed, have become affected with weakness of the spinal column, and have shewn considerable deviations of the spine to the left side.

Scrophulous ophthalmia with great intolerance of light, fetid discharges from the ear followed by loss of hearing, and anasarca, have been observed to occur in scrophulous children after measles.

We have too few observations on the influence of scrofula on the

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morbid processes which follow typhus. A lad 14 years old, whose mother died of consumption, and whose sisters were all scrophulous, became lame during typhus.

English practitioners not only speak of a nephritis scarlatinosa, but consider all the inflammatory conditions of the serous cavities which ensue after scarlet fever as diseases peculiar to that fever, which is far too comprehensive.

The above mentioned cases of hematuria after scarlet fever, cannot be ascribed to an inflammatory condition of the kidneys, because all the pathognomonic symptoms of nephritis are wanting; they must however be considered rather as instances of hemorrhage of a positive character, for which Secale cornut. is the specific remedy.

The ergot of rye must at the same time have regulated the renal functions, for after its employment the albuminuria disappeared with the anasarca.

In the Autumn of 1852, I had under my care a lad 16 years old, highly scrofulous, suffering from anasarca, and effusion into the thorax and abdomen, said to be the result of a cold after an attack of scarlet fever in 1851. A practitioner of the physiological school had given him a great quantity of hydrogogue, drastic and strengthening medicines, for many months, without any rational indication, but in a purely empirical manner, without any result. Even the celebrated lime juice treatment was not neglected. He finally ordered the tincture of Colocynth in increasing doses, which brought on severe hematuria with an enormous excitement of the arterial system. The great physiologist considered these symptoms as highly beneficial, because the tubuli renales stopped up by the albumen would be opened by the hemorrhage, an expectation which however was not fulfilled. In consequence of the extreme excitement of the vascular system the respiration became so much impeded that there was imminent danger of suffocation.

In addition to the immoderate quantity of medicines a dietetic regimen was prescribed, which could scarcely be pardoned in a non-medical man, and thus the functions of the intestinal canal were so charged that the powers of nutrition became extremely enfeebled by a diarrhœa of some weeks duration, while the dropsical effusions were considerably increased. A subsequent examination of the stools showed that they contained pus, thus proving that this irrational treatment had occasioned a scrofulous ulceration of the intestinal canal.

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The hematuria as well as the vascular excitement subsided under the use of Aconite, but the albuminuria continued the same, as also the chronic diarrhœa. The former was entirely removed by Arsenicum, but the latter remedy had no influence on the ulceration of the intestinal canal and hectic fever, of which the lad subsequently died. A post mortem examination was not allowed.

As far as I have observed, Ammonium carbonicum possesses no specific influence in scarlet fever, neither modifying its development nor shortening its course. It is nevertheless a valuable remedy in this disease when the eruption is suppressed owing to the deficiency of the vital powers, and other symptoms supervene, such as oppressed, short and greatly accelerated respiration, frequent and rapid pulse indicating an impending paralysis of the lungs or heart—or when the skin assumes a blueish tint, evincing a tendency to a malignant type.

I have always observed that in great degrees of cold scarlet fever shews a malignant character, and appears in the most fatal forms, such as paralysis of the brain. Similar observations have been made by Dr. von Rusdorf in Russia, and especially in St. Petersburg. (Archiv f. wissenchaftl. Kunde von Russland, 1852, XI, s. 194.) "The cold (he says) impedes the breaking out of the eruption of the acute exanthema upon the skin. In no country can a better opportunity be obtained of observing cases of suppressed scarlet fever, in which there is infection without the breaking out of the eruption." At very low temperatures I most frequently observed that the brain became affected in Scarlet fever very much earlier than any appearance of the eruption on the skin.

Alleged Scirrhus of the Stomach,

By Dr. V. Meyer.*

Frederica D—, 45 years of age, the wife of a man of property in the neighbourhood of Leipsic, had, her husband told me, suffered for ten years, and none of the many allopathic physicians in the vicinity had been able to give her relief. Now she has become so bad, that she is completely bed-ridden. At the husband's request I visited the sick woman on the 28th February, 1852.

I found a woman lying in bed, looking more like seventy than forty-five years old. The face was haggard, the projecting bones

* From *Hom. Vierteljahrschrift*, Vol. v.

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covered with a dirty grey, very wrinkled skin, the eyes, deeply sunk, surrounded with blue rings, the whole body emaciated to the utmost; she looked more like a living skeleton than a human being. Her husband had to support her while she related to me her case. When a child she had had the measles, followed by an eye disease. In her ninth year she had had the ague for six or eight weeks. She does not remember ever being affected with glandular or cutaneous disease. When seventeen the menses occurred for the first time; they had continued regular until two years ago. She had always been strong, and able to perform the usual country work. She was married at twenty-six, and had three children, the youngest of whom is eleven years; her confinements were regular. During nursing, which she continued for twelve to fourteen months, she was not subject to any ailments. Her habits of living were good, and so was her house, she never wanted for anything.

Ten years ago, shortly after weaning her youngest child, she had an attack of spasms in the stomach, shortly after eating a rather large dinner; this went off in a few hours, after vomiting a portion of her food. Three months afterwards she had another and a worse attack, which she could not attribute to any error in diet. For many years these attacks recurred at longer and shorter intervals, at one time worse, at another less severe, though the patient was very careful as to diet. The appetite continued to be tolerable, and she could still go through her household duties. She remarked that after vomiting a greenish fluid the pain in the stomach did not go off so perfectly, but continued for a day or two longer, though in a slighter degree. Up to two years since things remained pretty much in this state, but after that period her health deteriorated rapidly. Every attack was now very severe and long-continued; they were not always accompanied with vomiting, notwithstanding nausea and retching. Scarcely a day passed when she was exempt from suffering. The appetite commenced to decline, the strength gave way, the muscles disappeared, the menses became irregular and scanty and finally went away altogether. She was at length obliged to relinquish all her household duties, and she had been confined to bed for the last nine weeks.

At my visit I found her lying on her back in bed. The pain in the stomach was then moderate; but when it was severe, which happened several times a day and night, she could not speak a word on account of the accompanying oppressed breathing and palpitation

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of the heart. She described the pain as a burning and spasmodic feeling, that sometimes extended to the back and up to the throat; but this was not always the case. No change of posture now relieved the pain, though formerly she used to derive some comfort from curling up her body and drawing in her belly. The pain, especially at night was sometimes so severe that she disturbed the neighbours with her cries and groans. Her food, for the past three weeks consisted chiefly of a little white bread soaked in sugared water: if she took anything of a more solid character, it occasioned in from two to three hours a more violent attack of pain, generally accompanied by vomiting of a greenish-yellow fluid, in which were some fragments of half-digested food and some mucus. The vomiting was preceded by eructations of a putrid taste, and violent retching in frequent attacks, which greatly exhausted the patient's strength. She was now never quite free from pain, but she was in such a state that she considered herself comparatively well when the pain was moderate. The burning thirst that tormented her day and night she quenched with sugared water, toast and water, or milk and water; of these drinks, however, she could only take a mouthful at a time, as she found by experience that larger quantities increased the pain. She had a great dislike to coffee. The appetite was very bad; she had not the least wish for food of any kind; and only very rarely she had an inclination for sour or piquant things, from which, however, she abstained, from fear of the consequences. Bread soaked in water was the only thing her friends could persuade her to touch, and even that she as often rejected, for the putrid taste in her mouth took away all desire for eating. She had a motion of the bowels only about every eight days, and then often only after a clyster of Chamomile tea, or a purgative compounded of Senna, Aloes, and Rhubarb. The motions consisted of small hard very fetid lumps, and were evacuated with pain in the rectum. Urine bright yellow, without particular odour. Her greatest complaint was want of sleep. Wearied and exhausted, her eyelids closed in the evening involuntarily, but scarcely a minute would elapse before some shoots in the scrobiculus cordis, followed by the pains above described, compelled her to open them again. This had been the state of things for a fortnight, when the patient urgently entreated me to procure for her an hour's sleep, as the most powerful narcotics prescribed by her late medical attendant had no longer any effect. As might be supposed, her mental facul-

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ties did not remain unaffected: she had weakness of memory, she commenced to talk unconnectedly with open eyes, indifference, moroseness, irascibility, complete hopelessness with regard to her health, were the natural effects of her corporeal state. She had no disposition to shed tears. Now and again she was affected with flying heat; rarely rigors; when these occurred they were usually limited to the back.

Her body was emaciated to a perfect skeleton. Everywhere the muscles were reduced to a minimum size. The skin was earthy looking, of a dirty yellowish-grey colour. The epigastrium was filled out by the projecting stomach. Immediately under the scrobiculus cordis a hard lump, about three inches in size could be felt; this yielded to percussion a duller sound than the rest of the stomach. I could not detect any well-defined limit to this hard swelling, it gradually lost itself in the neighbouring parts. This part, as also the whole stomach, was so sensitive to the least touch, that the slightest percussion caused the patient the most intense pain. The liver projected almost two inches beneath the edge of the ribs. I could not detect anything abnormal in the abdomen. The respiration was accelerated and shorter than usual, but the intercostal spaces rose and sank in a normal manner. Percussion elicited a somewhat tympanitic sound over the whole chest, but neither heart nor liver was out of its natural position; it was evident, therefore, that this sound was owing to the deficiency of muscle. The heart's sounds were normal. Pulse small, dicrotic, compressible, 105. Tongue covered with a yellowish-white fur; teeth thickly covered with tartar, but otherwise healthy.

Under her former physicians she had taken a variety of medicines, such as Senna, Aloes, Rhubarb, Bismuth, Nux vomica, Hyoscyamus, Opium, Morphine, &c. She had also had cuppings, leeches, venesections, foot-baths, mustard plasters, blisters. After the whole *apparatus medicamentorum* had been exhausted, she was pronounced incurable.

I could of course offer very small hope of relief. *Bellad.* appeared to me to be best indicated; I gave therefore, on the 28th of February, five drops of the 6th dilution in 1 oz. of water, a teaspoonful to be taken three times a day. As there had been constipation for seven days, I ordered a clyster of cold water, to be repeated every forty-eight hours, unless a natural motion should occur. For food I prescribed diluted milk, sugared water, and a small quantity of bread soaked in milk.

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6th March.—The pain in the stomach is slightly relieved; she can turn and move about better; the painful parts are now scarcely sensitive to touch. For the last three days the vomiting has been much less frequent, and there is scarcely any appearance of food in the matters ejected. After the second clyster a small lumpy stool was passed. Anorexia; tongue not quite so much furred; great thirst; and still complete sleeplessness. *Arsen.* 6, three drops morning and night; to continue the clysters. To make a trial of a few spoonfuls of weak beef tea.

13th March.—Still no sleep; the pains most violent at night, by day not so severe as formerly: the burning in particular has become less, and the pain in the stomach is more of a pressive and pinching character, which often extends to the bowels. Only twice vomiting of a greenish water during the last eight days, once after a mental emotion. The beef tea is borne well. Motions of the above character on the 9th and 12th inst. Continue *arsen.*, five drops in the morning only; at night five drops of *coffea* 2.

20th March.—After the first dose of *coffea* she slept for the first time 1½ hour; on going to sleep the sharp pains in the stomach recurred, but they were less severe. Only once this week the sleep was short and unquiet, otherwise the *coffea* has always had the effect of procuring several hours of sleep every night. The pains in the stomach go away for hours at a time, and they are less agonising. Appetite still nil, it is only with an effort that she is able to swallow the beef tea. No more retching nor vomiting; still occasionally heartburn and fetid eructations. Thirst less. Three motions during the past week, but only after clysters. Disposition better; hope revived. Continue *arsen.* and *coffea*. Undiluted milk; a wine glass of good beer.

27th. March.—The state has remained much the same. One night she slept for four hours consecutively. Pains the same, still no appetite. Less thirst. Two motions during the week by means of the enema. Tongue still thickly furred. *Nux vom.* 9, three drops morning and night. Beer and milk to be continued.

3rd April.—Has slept tolerably well without the *coffea*, otherwise no change. Continue the *nux vom.*

10th April.—Not much better. Stomach pains more of an aching character; they sometimes become very violent, especially at night, when they wake her up after two or three hours sleep. For some days past there has accompanied the pains in the stomach more

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frequently than before, a flying heat in the face; one cheek being redder than the other. Likes the beer. Still no appetite, and foul taste in the mouth. Retching and heartburn occasionally, but no vomiting. Sometimes shootings in the pit of the stomach. Only one stool this week in spite of the clysters. *Chamom.* 3, three drops thrice a day.

17th.—The first time for many days a normal stool occurred without assistance. Appetite and taste better; she has a longing for coffee. Tongue only furred at the edges. No retching nor vomiting; occasionally sour eructations. Pains in stomach seldom so severe as formerly, not even at night; no more flying heat. Repeat the *chamom.* To try a piece of roast beef, and to have barley coffee to drink.

24th.—The roast beef agreed with her; the appetite has returned. Stools almost every third or fourth day, without lavement. She could not sleep well on account of increased pain in the stomach and restlessness: for this she took *coffea*, whereupon she again slept well. Appearance better; strength increased. *Sacch. lact.*

1st May.—She has gone back a little this week. Sour taste and repugnance to meat and broth. Tongue only thinly coated, but very dry at night. Much heartburn, and severe aching in the stomach, especially at night. Sleep disturbed, anxious dreams; she awakes with dyspnœa. For some days shooting pains in the loins. Disposition irascible and apathetic. *Calc. carb.* 12, three doses, one every fourth day.

15th.—Immediately after the first powder the appetite returned and has continued to increase, so that now the patient wants something to eat every two hours. For the last six days she has been able to spend an hour at a time out of bed: of course she cannot walk yet. She sleeps for four or five hours at night. The pain in the liver went off after the first dose of *calc.* The aching in the stomach is less. Rarely heartburn, but every time she eats she has eructations with the taste of food. Thirst moderate; desire for cold drinks. Natural motion every two or three days. Omit medicine. A more generous diet of meat.

29th May.—Much the same as at last report; no improvement. *Calc. carb.* 12, two doses, one every sixth day.

12th June.—Considerable amendment; perceptible increase of strength; she can sit up for several hours at a time. Appetite very good, she eats little at a time but often. Tongue nearly quite clean.

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Pressure in stomach much less. Occasional traces of heartburn; still frequent eructations after eating. Bowels opened every two or three days, motions hard but natural. Her husband reports that the lump in the epigastrium is not so hard and prominent as it was. No medicine. A warm bath. Nutritious diet.

From this time the patient recovered rapidly. Once more a dose of *calc.* was exhibited on account of heartburn; that was on the 26th July. On the 24th August I was informed that she was going on well, but that for eight days she had been plagued with morning sickness and burning pain in the scrobiculus cordis. Appetite and bowels right, but a full feeling in the stomach after every meal; when she does not eat for some time she has bulimia and faint feeling with trembling. A dose of *silic.* 30 removed this. When seen fifteen months afterwards, she was fat and strong; the picture of health. All her functions were quite regular, and there remained nothing of the former hard tender lump in the epigastrium, which could now bear the strongest pressure.

Dr. Meyer states at length his reasons for supposing this to have been a case of scirrhus of the stomach, which are in brief these: 1. The hardness in the region of the stomach which could be distinctly felt, had no well-defined callous borders, and had continued to increase gradually. 2. The occasional occurrence of lancinating pains. 3. The age of the patient. 4. The dirty grey colour of the skin. 5. The long continued sleeplessness. And 6. The obstinate constipation.

We confess ourselves not thoroughly convinced by our friend's arguments, of the correctness of his diagnosis. That the disease was of a very serious nature, which would probably have terminated fatally had it been kept under allopathic treatment, we are willing to admit, and we will also admit our belief that if scirrhus of the stomach be at all curable, homœopathic treatment offers the best chance of effecting a cure; but we should feel unwilling to peril our pathological reputation by pronouncing in favour of Dr. Meyer's conclusion.

Case of Sycosis,

By Mr. Wilson, of Hull.

Mr. R. S., æt. 56, a carpenter, of dissipated habits, and very fond of indulging in intoxicating liquors, applied to me last March for an

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eruption on the upper lip, involving the hairy portions, very extensive, nearly covering the entire surface of the lip; the integument was raised with tubercles of a red colour, covered with pustules, leaving dark crusts; there was also a tubercular redness of the skin under the chin, about the size of a bean. He had dyspeptic and catarrhal symptoms, with great depression of the nervous system (the effect of strong drinks). Various homœopathic remedies and white bread poultices were tried by me without the slightest benefit for six weeks, after which the patient discontinued attending. In about five weeks time he again made his appearance, having tried a round of druggists and nostrums without success, the disease being still in *statu quo*. This time I commenced the treatment with the local application twice a day of tartarised antimony ointment (gr. $^1/_6$th to 3 ij of lard), and the internal exhibition of the $^1/_{100}$th of a grain of the tartrate of Antimony night and morning. This plan was so successful, that by the end of a month every vestige of the disease was gone, although towards the termination of the cure he had indulged in his old drinking propensities, which brought on a slight attack of delirium tremens. At the present moment he is quite free from the skin affection.

Cholera and Homœopathy, by Dr. GERSTEL, of Vienna.*

The cholera, this destroying angel of humanity, numbering thousands among its victims, appears henceforth to become the angel of salvation, for it is owing to its prevalence that Homœopathy has been brought into estimation, has obtained admission into circles, and been listened to by those to whom it had hitherto seemed to be an illegitimate object for inquiry.

The homœopathic mode of treatment of Dr. Hahnemann was prohibited in Austria by a decree of the Chancellor's Court of the 2nd October, 1819. Notwithstanding this, *the cholera was successfully treated in* 1831 *by Austrian homœopathists in Galicia, Moravia, Austria, Bohemia and Hungary.* I was permitted to have a large proportion of patients under my care, and thus, in the space of less than three months, treated near 300 cases of cholera in different villages, in which it had shewn itself of a most inveterate character. The extremely fortunate results obtained, and which were for the

* From the *Zeitschrift für Homöopathische Klinik.*

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most part officially certified, only shewed 32 deaths (Arch. xi, 2, 121; 3, 58; xii, 1, 145—*Quin du Traitement Homœop. du Cholera*, Paris, 1832, p. 32), and had for effect that notwithstanding the interdiction of the commission by the chief magistrate of Prague, the faculty of medicine had to discuss the question whether my petition, that a portion of the hospital should be allotted for cases of cholera, should be granted. A breach of etiquette which I committed on that occasion—I neglected to pay a visit at the right time to a person of importance—may possibly have contributed to my petition being unattended with any result. A proposal was made to me to practise under the control of a district superintendent, Dr. Nushard, within a certain district, in order to establish proofs of the success of the homœopathic treatment. An offer which I declined. *Another consequence of these results obtained by me was that the Bavarian ministry, having received information from private sources of my success, sent Dr. Roth from Munich to Austria to collect information respecting the homœopathic treatment of cholera, and embody it in a report.*—(*Roth, die homöopath. Heilkunst in ihrer Anwendung gegen die Cholera*, Leipzig, 1833.)

The cholera epidemic of 1836 was of still greater benefit to homœopathy. It raged with great violence in Vienna. The prohibition of 1819 still hung over us Austrians, like the sword of Damocles, although, at least in the chief cities, it was not brought into practical operation. As to the allopathic treatment, the practitioners were, as formerly, still groping in the dark. The most disproportionately favourable results obtained by Dr. Fleischmann in the hospital of the Grey Sisters at Gumpendorf in Vienna excited such great attention, that, as Fleischmann himself relates (*Hyg.* 8, 316), *he was commissioned to lay before the court a report upon the cholera, and the best mode of treatment in accordance with his experience. The immediate result obtained was the removal of the prohibition to practise homœopathy in Austria in Feb.*, 1837. The liberty to dispense the dilutions and triturations was subsequently accorded.

It is well known what progress the new system of medicine has since made, especially the physiological school, which may be said to have originated in Vienna. The increasing simplicity of allopathic treatment, when considered in reference, on the one hand to a prominent feature, expectant medicine, or on the other to the mania for specific remedies, *is really attributable*, not so much to the principles of physiological pathology, but much more to the facts as shewn by

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homœopathic treatment, which can no longer be either denied or ignored. My experience has led me to believe that the operation of these circumstances has caused in many places, and especially in Vienna, a closer approximation between well informed allopaths and rational homœopaths.

I was delighted to find such a feeling existing in Brunn, where I was residing till the year 1842. Science and the good cause, however, demand something more. It cannot be doubted that now having attained the present position, stirring energy combined with honest openness, discretion and firmness, with an impartial and unprejudiced critical estimation of the performances of each school, must lead to a further and growing recognition of homœopathic principles on the part of the old school.

Impressed with this conviction, the cholera again afforded me a favourable opportunity of bringing homœopathy one step nearer to this end.

In the College of Physicians of this place there was a very praiseworthy regulation, that, after the termination of the usual business, any person might read a medical or scientific paper of which he had previously given notice, on which occasion frequent discussions ensued.

At the commencement of the present cholera epidemic, a resolution was adopted, on the 12th of October, that during the present epidemic, a weekly meeting should be held, without invitation, at which an unrestricted discussion should be allowed, with a mutual interchange of observations; at the same time that a weekly medical journal should be published, in the name of the college, containing the communications of both parties on the nature and treatment of the epidemic.

It would not be uninteresting to make here an abstract of the most important modes of treatment adopted; to do so, however, would not correspond with the object of this paper, even if space allowed, I therefore limit myself to the following:—

One of the physicians, a Dr. Horst, announced that he had reason to believe cholera to be a catarrh of the kidneys, and that his treatment, based upon that hypothesis, had been crowned with great success; it was therefore his intention to read a paper before the College of Physicians. At the meeting on the 7th November, he endeavoured, by demonstrating the physiology of the kidneys, with the aid of diagrams, to render his hypothesis intelligible, and then

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proceeded to describe his treatment as follows: cataplasma emollientia to the region of the kidneys; an infus. rad. Ipec. with flor. Chamom. (of the former 4 grains, of the latter one grain in 4 ounces of liquid: does not this seem to be an inclination towards homœopathy with an effort at concealment? G.); then tr. Veratri albi, gtt. sex, in a glass of water, a tablespoonful every half-hour, with the observation, that by the employment of this remedy, he has seen very dangerous cases of vomiting recover.

Before these communications were made, I had determined to make use of these meetings and introduce the subject of homœopathy, the more so as I was well aware that it would be well received by a large portion of the younger colleagues. Still I was desirous for some time to follow in the wake of these transactions. Although I had many cases of choleraic disease under treatment during the epidemic, I had not had any of real cholera, still I could not allow this opportunity to pass of fulfilling my intention, to speak earnestly on the subject of the homœopathic treatment of this disease, at the next meeting. I must, however, express my thanks to our present dean, Counsellor Dr. Knolz, whom I had previously informed of my intention, who, besides being very polite, requested I would furnish him with a paper for the next number of the journal.

I therefore spoke at the meeting on the 14th November, observing that it was the object of these meetings to exchange observations on the treatment of cholera, *on which point there seemed to be now some degree of approximation*, as well as to receive contributions for future discussion. I therefore thought it my duty to explain its homœopathic treatment, which I had already adopted in 1831, and which, in fact, I use exclusively in all other forms of disease. An unprejudiced auditory, really anxious on the subject, would impartially weigh the observations I had to make; but still, to avoid any misconceptions, I must beg previously to remark, that it is of frequent occurrence *to consider homœopathy nothing more than a difference of dose*, whereas the dose *is no essential constituent of homœopathic treatment; the most essential principle being, the proper selection of the remedy according to the law of similarity, as shewn by the character of the medicine in its physiological and toxicological provings.* In speaking further of *specific remedies*, I do not wish the term to be applied in its usual acceptation, that there is any specific remedy for cholera without due consideration of the different stages, *but that there are specifics for the different stages of cholera.*

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I observed, moreover, that in homœopathic therapeutics one remedy is used alone, without any other as an adjunct, whether internally or externally, excepting in those instances in which two remedies are clearly indicated, when they are given alternatively. With regard to the observations I had made respecting the dose, they were to be considered as general, and not referring to the remedies I was about to name, but I should be ready at the conclusion of my paper, if desired, to give any further explanation.

After this introduction I named the following remedies in the order as I considered them indicated in cholera. Camphor, Phosphorus, Acid. phosph.; Ipecac.; Veratrum; Cuprum; Secale; Arsenic; Carb. veg.; Conium; Nicotiana (and Nicotin); and Acid. Hydrocyanicum.

I then proceeded to describe cholera and its different stages, from the precursory symptoms and their varieties, to the stage of collapse, noticing, as I went on, the characteristic indications for the employment of the corresponding remedies. To repeat all that was said on this subject is not the object of this paper, and would present nothing new to the readers of this Journal. At the conclusion of my paper, which was listened to with the greatest attention and which met with much approbation, as I was informed by several allopathists, I was questioned by one of the members as to the dose, and with the following intimation: he must confess he now heard of remedies, the employment of which in cholera had been entirely unknown to him, for example, Cuprum acet., Nicotin, &c.; but surely it cannot be indifferent as to what doses of these remedies are given. I here mentioned the doses of each of the above named medicines, as I was in the habit of dispensing them, usually, with the exception of Camphor, from the 1st to the 6th decimal dilution. I do not intend to call in question the action of the higher dilutions, but only remark that the above dilutions were those which I used exclusively in 1831.

No further observation was passed.

I do not, however, flatter myself that much was done, on this occasion, in favor of Homœopathy, and am resolved that the subject shall not be forgotten. The scanty seed has already taken root, and will with proper culture still bear some fruit; on my part at least every effort shall be made to secure success.

That the seed had taken root was shewn by the fact that on the 5th of December the subject of Homœopathy was again referred to.

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A colleague who had only been in Vienna a few weeks, was of opinion that it would be very interesting if an impartial comparison of the two methods of treatment could be made. He was an eclectic and also practised homœopathy, and thought that in ordinary cases it was more beneficial, but that in severe cases, especially in aged people, in children and cachectic subjects, the allopathic treatment was much to be preferred. He was not prepared to maintain that the success obtained in the cases mentioned was strictly attributable to the homœopathic remedies, for Skoda remarks, that even the evacuations may prove to be the crisis of the disorder; (Skoda makes no such observation. G. ;) therefore the results would be so much the more favorable, the more simply the cholera is treated. Another colleague sitting near to me made this remark nearly audible to all; 'That is a contradictio in thesi.' Dr. Melicher, (brother of our late and much lamented Berlin colleague,) made a reply. He confirmed, from his own experience, what had been stated by me as to the homœopathic treatment of cholera, still he would not exclusively speak in favor of homœopathy; it was the duty of every physician *to make himself acquainted with every method of treatment*,—Allopathy, Homœopathy, Hydropathy, Gymnastics and Electricity, &c. to be able to employ either the one or the other, but always with the utmost consideration. In aged persons and cachectic subjects, any remedy would scarcely be of any service; he had obtained great success in the homœopathic treatment of cholera in children, and mentioned a family in which four children were violently attacked with cholera, but who were cured by homœopathy. Of Veratrum album, which he considered had an especial specific relation to cholera, he remarked that Hippocrates had used it in a very severe case of cholera, but that the medicine had since been entirely forgotten, great merit was to be attributed to Hahnemann for again bringing it into notice. He promised in a future paper to detail in full his experience of the treatment of cholera. An assistant physician of the general hospital stated that in reference to the treatment, he considered Camphor as especially valuable, for he had given a strong solution of it mixed with Acetic æther (as he informed me only on account of its agreeable taste) in drop doses, and then mentioned some surprising cases of cholera spasmodica, which without diarrhœa would have passed into collapse. I expressed my determined opposition to these mixtures, and repeatedly drew attention to the fact, that the benefit was solely owing to the Camphor; that it was only

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of use in some forms of the disease, and that it was not by any means the sole cholera medicine. I then remarked that the object of my communication was not to secure a preference for my mode of treatment, but I wished it rather to be considered as a contribution to cholera therapeutics.

Criticism and the decision upon this subject may be put off to another time.

We are however desirous of pursuing *sine ira et studio* our way still further, and to push forward the good cause with vigour and with honour.

MISCELLANEOUS.

Coroner's Inquest at Darlington.

In our last we gave the report of a Coroner's Inquest on a patient alleged to have died in consequence of Homœopathic Treatment, on the other side of the Atlantic. Our American friends will be pleased to observe, that the similarity of our Institutions, in regard to Coroner's law, gives rise to similar persecutions of homœopathists. Coroner Ball of Brooklyn, will, we doubt not, hail Mr. Piper of Darlington as a kindred spirit. We cannot conceive what principles of justice animated the Coroner at the English Inquest, that he allowed Mr. Piper to bully and rant in the way he is reported to have done. If Mr. Piper was not the person who "got up" the Inquest, at all events we must allow that he entered into it with great zest, and shewed pretty clearly his animus against poor Dr. Galloway, who seems to have defended himself with calmness and moderation. We commisserate Dr. Galloway for the disagreeable position in which he was placed, subjected to the vulgar insolence of such an ill-natured adversary. The allopathists have nothing to congratulate themselves on in the result of the Inquest, which is thus reported in the local Journal.

Alleged acceleration of Death by Homœopathic Treatment.

An inquest was held at the Wheat-sheaf public-house, Skerne-row, in this town, on Wednesday morning last, before W. Trotter, Esq., coroner, on the body of a child named Thomas Armstrong, whose death has occasioned not a little interest amongst medical men and others.

The jury having viewed the body,

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Maria Armstrong was called and deposed: I am mother of the deceased, and wife of Thomas Armstrong; deceased was five years old; the child was lately ill with measles, and I went to get a dispensary ticket, but could not get one, and Miss Proctor gave me a ticket to take to Mr. Galloway, saying what a nice doctor he was; the measles had gone in again; I had no doctor before, but as he seemed poorly I thought I would get him some assistance; Mr. Galloway came to see the child at night on Thursday fortnight, and ordered me to go to his house for some medicine; he gave me three powders and a small box of pills, one powder to be given night and morning, and a pill every night; the medicine was given as ordered till Monday the 12th, when I first observed that the child's teeth were gone; we sent for Mr. Galloway, and he came at night; he saw that there was a little "pimple" on the child's under-lip, working into a hole; he told us not to use any more of the medicine, and gave us some other powders and pills; next day when he came the hole was getting larger, and he changed the medicine again to powders only; I thought I would see some one else, and went for Mr. Fothergill, but he was not at home; on Wednesday he came and looked at the child; as I had no means of paying for medical assistance, he advised me to get a ticket for the dispensary; I got one, and Mr. Piper came about mid-day on the 16th; as soon as he saw the child, he went out, and returned with Mr. Jackson's assistant (Dr. Henzell); Mr. Galloway had come in meanwhile, and all three were there together; Mr. Piper asked Dr. Henzell what he thought was the matter with the child, and he said it was the most like a case of salivation that he had ever seen; Mr. Galloway declared there was no Mercury in his medicine; Mr. Piper continued to attend the child until Saturday, the 24th, when he died; the sore under the lip extended to the cheek, and half of his nose was gone; he was always healthy before, and never had a doctor in his life; five of the lower and one of the upper teeth were lost during his illness; he had lost none before.

The Coroner asked if any one knew where Mr. Galloway was, and whether he would attend.

Dr. Galloway said he had been present from the commencement of the inquiry: but the notice given him was so short—in fact, it was only this morning he had heard that an inquest was to be held—that he had no time to prepare himself. He was ready, however, to give any explanation that might be required.

S. E. Piper, Esq., Fellow of the Royal College of Surgeons of England, was next sworn. I attended the deceased (he said) on Friday the 16th, as a dispensary patient; it was about mid-day; I found he had lost several of his teeth; gangrene had commenced in the softer parts of the lower jaw, and there was that peculiar fetor, which any one who knew anything of mercury would at once say arose from salivation; the child also had dysenteric diarrhœa, and I asked the mother what she had given him; she replied that Dr. Galloway had given him three small pills and three white

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powders on the first two or three days, and that he had since changed the medicine; I administered a mixture of iodide of potassium, and a lotion composed of the chloride of Sodium: the latter was used up to the time of the child's death; the woman gave me a small box containing some globules, which she said Dr. Galloway had sent, and of which three only had been given; as I was returning from my first visit I met Mr. Henzell, and asked him if he would see the child with me; at the same time I gave him half of the globules to analyse, retaining the others myself; he went with me to the house, and after a careful examination he pronounced it as his opinion that the case was one of salivation; we both agreed in this; Dr. Galloway was present, and two or three times denied that there was Mercury in the globules, or that he had given the child any preparation of Mercury; the globules were analysed; but not in my presence; I afterwards gave the child Quinine and Opium, and three or four medical men with myself did all that could be done; wine, milk, and proper stimuli were administered, but he gradually sank, and on Saturday died; in my opinion Mercury had been injudiciously given, and had accelerated the child's death; I will not go so far as to say it caused it; no prudent practitioner would give bi-chloride of Mercury (corrosive sublimate) to a child of such tender years; it is a most dangerous medicine even in homœopathic doses. Witness further expressed a wish that it should not be thought he had "got up" this inquest; on the contrary, he had said there was no necessity for holding it, and had written a certificate of the death, stating his opinion that the child had died of salivation. In reply to questions from the coroner, Mr. Piper added: I am still of opinion that salivation, if not the cause, greatly accelerated death; corrosive sublimate, I believe, has been clearly detected in the medicine; the globules had been so carelessly made up, that four of them contained no sublimate at all, and others had a proportionate excess; there is a disease called *cancrum oris* (gangrene of the mouth) which might arise spontaneously or from the use of Mercury, but where corrosive sublimate is given, a very little would cause this destruction of parts; sometimes the disease spontaneously follows measles, but the instances are exceedingly rare, and have never, to my knowledge, been attended with dysenteric diarrhœa; this latter was the strongest evidence that Mercury had been administered; the disease I have mentioned would not have developed itself so rapidly, nor would the child have lost his teeth; I was present last night when part of the globules were analysed by Dr. Henzell, and I was perfectly satisfied that they contained mercury, no *post mortem* examination was made, there being no necessity for it in my opinion; my mind is quite clear that the child's death was accelerated by salivation, how or by whom produced I do not pretend to say.

The Coroner: Will Dr. Galloway suggest any question?

Dr. Galloway: Perhaps it would be sufficient to do so in the course of my evidence.

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The Coroner: But would you wish to ask Mr. Piper anything now?

Dr. Galloway: No, I have nothing to ask him. Mr. Piper did not analyse the globules, and it would therefore be useless to question him on that point.

The Constable (Littlefair) stated, in explanation of the circumstances under which a jury had been summoned, that the parents said they would not be satisfied without an inquiry.

G. H. Henzell, Esq., B.M., deposed: I went with Mr. Piper about noon on the 16th, to see the child Armstrong; it had a bandage over its mouth; a very disgusting fetor filled the room, and on removing the bandage I found it proceeded from a large wound or ragged sore in the child's chin, communicating with the cavity of the mouth; the front teeth were gone from the lower jaw, leaving a hideous chasm; I at once inquired what the mother had given the child; she said some pills and powders, supplied by Dr. Galloway, a homœopathic practitioner in the town; about three days after commencing with Dr. Galloway's medicine, (she told me) she observed the teeth were gone, and a day previous he had complained of griping pains in the bowels, which were accompanied by dysenteric symptoms; from all the facts I learned, from the sores having commenced in the bones of the jaw, from the difficulty of swallowing accompanying it, and from the infection of many of the glands about the mouth, I came to the conclusion that the sore was excited by the action of Mercury in the system; I saw the child twice afterwards; the wound had enlarged each time, and the fœtor was almost insupportable; I attribute the child's death to sinking of the constitution under the irritation of a large sloughing sore in the face, implicating both the bones and the soft parts,—in other words, I am convinced that Mercury was the exciting cause of the disease, but will not say it was the predisposing, as this might have already existed. *Cancrum oris* is a very uncommon disease,—I have only seen two cases in five years' attendance at Hospital; Mr. Piper gave me two boxes of globules, one of which he told me was a portion of the first and the second of the changed medicine; No. 1 box contained seven globules, weighing about three grains altogether, very irregular in size, one of them weighing a grain by itself and another only three-sixteenths of a grain; upon subjecting them to the various re-agents for mercury,——

Dr. Galloway: Will you mention them?

Witness: Yes, certainly; I succeeded in detecting corrosive sublimate in some of the globules; iodide of potassium produced a yellow precipitate, changing after a while to an orange red; potash produced a yellowish white precipitate, and lime a dirty yellow; upon bringing a drop of the solution of the largest globule in distilled water in contact with bright metallic gold a white stain was produced, which vanished on the application of heat.

Coroner: What will all this lead to? Are these chemical analyses of any importance?

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Dr. Henzell said, he had only gone into them because requested to do so.

Dr. Galloway expressed himself perfectly satisfied, and

Witness then proceeded: No. 2 box containing 11 globules which weighed altogether 3²/₃ grains, I submitted to similar tests, and could discover no trace of metallic poison; the globules which Mr. Piper retained I analysed last night in his presence, and clearly discovered the presence of corrosive sublimate.

Dr. Galloway: Were the same results shown by the same re-agents?

Witness: Yes.

Dr. Galloway: Were the same re-agents used in the second analysis?

Witness: Only one test was used last night—the iodide of potassium, which is the principal re-agent, and this gave the same results as before.

The Coroner: Assuming that the presence of corrosive sublimate is proved, what will it lead to? You do not say that this was the predisposing cause of death.

Witness: Certainly not; I do not say mercury was the predisposing cause, but I do say that it was the exciting cause; the predisposing cause to *gangrena oris* might have been there before, but I do not say that the disease was *gangrena oris*,—indeed I am inclined to think it was not.

The Coroner: Can you say that the child would have been alive if mercury had not been administered?

Witness: No man could possibly say that. If a man is walking along a railway and an engine runs over him, no one could say that he would have been alive if he had kept off the line. He might have died from some other cause.

The Coroner: That is a very different case to this; but can you say that a skilful practitioner would not have given mercury in such a case?

Witness: I cannot say that, but I will say that he would not give the bi-chloride of mercury; there are cases in which mercury is very useful—such as pneumonia, following the measles.

Mr. Piper: May I be allowed to ask whether Dr. Henzell did not hear Dr. Galloway deny that he had administered mercury?

Witness: Two questions were asked by Mr. Piper in the room—1st, did you ever give the child a grain of mercury? to which Dr. Galloway answered in the negative; 2nd, did you ever give or cause to be given an atom or particle of mercury? to which also he answered "no."

The Coroner: Do you think a *post mortem* examination would be of any service?

Witness: I fancy not; the cause of death is very palpable, I think, without any such examination, considering that a medical man has been in attendance and has seen the child gradually sink; it is plain that the constitution has sunk under severe salivation.

A Juryman (Mr. W. Oliver): Dr. Henzell says that a skilful practitioner might give mercury, but not the bi-chloride. Would the tests used distinguish between the two?

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Witness: Yes, very clearly; calomel, which is a preparation of mercury, is frequently given in cases of pneumonia arising from measles, and very properly no doubt—in fact, many practitioners have doubted whether calomel is a poison; the bi-chloride, however, is one of the most deadly poisons we know of: metallic mercury in itself is quite innocent; the lime test would at once distinguished between calomel and corrosive sublimate.

The Coroner: Does Dr. Galloway propose to give evidence?

Dr. Galloway: I should wish if you will allow me.

The Coroner: Oh, certainly.

Dr. John Mason Galloway was then sworn, and said: I am M.D. of Edinburgh; on the 8th instant (February) I first attended the deceased, late in the evening; it was on the father's knee at the time, labouring under great difficulty of breathing, with cough, and according to their statement, it had been so for several days; they told me it had had the measles some short time previously, and they had given it some saffron tea, and that the eruption had gone in suddenly; I told the mother to call at my house for some medicine in the course of half-an-hour, and I then gave her three or four powders, three globules in each of *bryonia alba*, with some pilules of sugar of milk, the powders to be taken one every morning, and one of the pills in the afternoon and evening; three days afterwards I went again, and found the child breathing more easily, more cheerful, and decidedly better; the mother asked me to look at its mouth; as nearly as I can recollect, three of the teeth were gone, the bone visible and quite black; there was a very offensive smell; my first question was, "Have you ever had any one to attend the child before?" both parents said "no;" then I asked had the child had any medicine, and they said "nothing but saffron;" then I asked if the child, to their recollection, had ever had any mercury, to which they also replied "no;" I told them the treatment must be changed; not being able to ascertain the fact of mercury having been previously given, and knowing that similar symptoms have been produced by large doses of mercury, and also that, according to the well-known homœopathic law, "*Similia similibus curantur*," I exhibited a homœopathic preparation called *mercurius solubilis*, about a billionth of a grain at a dose, twice or thrice a day; I don't know how many doses the child took, but in a day or two afterwards I found the disease progressing rapidly; I then wished to change the medicine, and accordingly gave some powders containing three globules of phosphorus and silicea, a dose of each alternately every day; while the child was taking this, Mr. Piper was called in by the parents; I may as well mention that the mother said the stools were bloody, and I saw what he had passed, but could perceive no trace; I never saw the child afterwards; previous evidence would go to show that I had given corrosive sublimate, a medicine that I have never used since I came to Darlington rather more than a year ago; it has been stated that I denied having ever given mercury to the child, but there

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must be some misunderstanding, because my words were (in reply to Mr. Piper's question, "Do you mean to say that is not the result of mercury?") "No, I deny that, so far as I know the case; I believe it to be the result of some constitutional cause;" he then said, "Do you mean to say you have never given the child a grain of mercury?" I replied "No, nor half a grain, before the disease was discovered;" the latter part of my answer I think Mr. Piper did not hear.

Mr. Piper: You are quite right—I certainly did not.

Witness: The noise was very great; with regard to the analysis, I don't see how it is possible to detect the billionth of a grain, and I am sorry I was not aware of the inquest taking place so soon, because a sample of the medicine given to the child has been, at the recommendation of several friends, sent to Professor Gregory of Edinburgh, and his analysis has not arrived; not being sufficient of a chemist myself, I can give no evidence on the point.

Dr. Henzell, in answer to the Coroner, repeated that he saw the evidences of dysenteric diarrhœa, and there was a large amount of bile present, which showed that the liver had been violently acted upon.

Mr. Piper wished to ask Dr. Galloway a question. As there were several persons present when he denied having given mercury at all, he would ask if he adhered to his evidence on that point? Whether Dr. Galloway was labouring under excitement at the time he did not know, but that he said there was no preparation of mercury given to the child he (Mr. Piper) most solemnly declared. Another question, would any man in his senses ever think of administering mercury to a child suffering from *cancrum oris* *? "Like cures like" indeed! The sooner such a system is put an end to the better.

Dr. Galloway adhered to his evidence, and, in answer to a juryman, repeated that he at the time of his second visit suspected mercury had been given to the child.

Mr. Piper: And you gave him more. The best way is to be straightforward, and tell people that you are giving them poisons.

Dr. Galloway retorted that allopathists give more poisons and in greater quantities than homœopathists.

The Coroner said this discussion would not assist him at all; and questions were then put by several gentlemen to Dr. Galloway, who said it was his opinion that the child had lost its teeth before he saw him, and his question to the mother showed that he himself had not given mercury.

Mr. Piper thought it would be well to explain the difference between salivation and gangrene of the month. Salivation produced by mercury

* A celebrated allopathic authority, Rust of Berlin, recommends from experience, the internal employment of Bichloride of Mercury in *cancrum oris*, (Aufsätze a. d. Geb. der Med., Bd. I, p. 350, Berlin, 1834). We have never heard it said that he was less "in his senses" than other eminent allopaths. [Eds.]

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would begin, as this did, in the bone, and then destroy the soft parts; whereas spontaneous *cancrum oris* would commence in the soft parts, and afterwards attack the bone.

The Coroner remarked that it was not quite clear whether the first or the second medicine had been found to contain mercury on analysis.

Mr. Piper and Dr. Henzell explained that they had taken great care in marking the boxes—one of which (as containing the first box of medicine) was given to Mr. Piper by the mother, and the second he took from the mantel-piece. It was in the first that mercury was found.

Mrs. Armstrong was re-called, and stated that until the Monday night she had not looked into the child's mouth, but her firm belief was that his teeth were good when he fell ill. She also said that the second medicine consisted of pills and powders (which Dr. Galloway denied, he only gave pills), and that some powders given by him for her other child she did not use; the child got well without any medicine.

The Coroner asked if Dr. Galloway would like to have an opportunity of producing Dr. Gregory's analysis?

Dr. Galloway said, an analysis would show what amount of mercury he had given, but the important thing would be to show that he gave mercury before the disease was discovered. This he denied, and on this the whole thing hinged, but he could not possibly produce any evidence to support his statement.

The Coroner (to Mr. Piper): Assuming that mercurial pills were given, how far will it carry you? You do not say those pills caused death.

Mr. Piper: I say that mercury had no business to be given in a bi-chloride form.

After some further conversation, the medical gentlemen declining to go further than their evidence already given, the room was cleared of all but the coroner and jury. A consultation took place, of the character of which we know nothing, but in a short time the coroner left, and a juryman informed the gentlemen who were waiting outside that the inquest would stand adjourned until Tuesday next, if Mr. Trotter, who was obliged to leave, should succeed in catching the twelve o'clock train.

The inquiry into the death of the child named Armstrong was resumed on Tuesday at the Wheat-sheaf public-house, Darlington, before W. Trotter, Esq. coroner.

Thos. Armstrong, father of the child, deposed: I am a carpet-weaver; on the 8th February we sent for Dr. Galloway to see my boy, and he came in the evening and saw him; my wife went to his house for medicine; he sent powders and pills, saying as he was so ill he was to have a powder that night, another in the morning, and a pill next night; he took the medicine till Monday the 12th; on that day my wife called my attention to the child's teeth being gone, and I sent her to fetch Dr. Galloway; he came down at night and wanted to know if we had not been giving other medicine; I said "no,—only a penn'orth of saffron tea;" then he asked if he had ever had a bat over the chin, and I said "not to my know-

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ledge"; there was a pimple on his chin at the time; he told us to send for some more medicine, as he would change it; he sent another box of pills, but whether there were powders I can't say; by Tuesday the pimple on the chin had become a hole, which increased till Wednesday or Thursday, when my wife went for Dr. Fothergill; he called next day, and recommended us to get a dispensary ticket, as it was a very serious case; Mr. Piper came on Friday; the child continued getting worse, until his death; after his first visit, Mr. Piper returned in company with Dr. Henzell, and met Dr. Galloway there; Dr. Henzell said the case was most like salivation that he had ever seen, and Dr. Galloway denied two or three times most positively that there was mercury in his pills; he didn't say anything about not giving mercury till he observed the teeth were gone; he spoke distinctly, and positively said he had given no mercury at all; Mr. Jackson and Dr. Hazlewood afterwards saw the child; on Thursday the 8th, when giving the boy the powder sent by Dr. Galloway, I saw that all his bottom teeth were in; I don't know whether one at the top was gone or not; on the Monday night all the lower teeth were out; there were written directions, but I have lost them; the first lot of powders were all taken; but not all the pills, which were put into the press when Dr. Galloway said the child was to have no more of them; I was present when the pills were given to Mr. Piper, and he took the others off the shelf; I did not see him take them.

A Juror (Mr. Oliver): Who told you that the pills were taken off the mantel-piece?

Witness, who gave confused and contradictory answers, at length said that his wife told him that she saw Mr. Piper take them, but he could not say exactly when; he was sure she had not told him since the first day of the inquest.

The Coroner: When Dr. Galloway came on the Monday and wished to change the medicine, did he ask to see what was left of the first lot?

Witness thought not; the first lot of pills were in the "press," and the second on the mantel-piece.

The Coroner: If you had no medical assistance whilst the child was in the measles, why did you fetch Dr. Galloway after the eruption had gone in?

Witness: Because he was very poorly.

Coroner: What medicines had you given him?

Witness: Nothing but saffron.

Mr. Oliver: Did Dr. Galloway ask if you had been giving him mercury?

Witness: No, he only asked it we had been giving him other medicine.

Coroner: Did you attend to the child much after the medicine was sent?

Witness: No, I was out during the day, and only gave him the first powder.

In answer to further questions, Armstrong said he had not seen the dysenteric symptoms spoken of, though his wife told him of them; the

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child took three of the first box of pills; they were very small ones; the box was not full.

Mr. Oliver thought it rather singular that the loss of the teeth should not have been noticed till they were all gone, though some one must have fed and given medicine to the child.

Mr. Piper said this might be explained by the fact that the fangs were very short, and their loss might not be noticed without close attention; and Dr. Henzell remarked that the very palpability of an object sometimes causes its absence not to be noticed.

Maria Armstrong, mother of the child, again presented herself to give evidence, and said she saw something in the newspapers that was not correct. Dr. Galloway (as reported) stated that he asked her if she had given the child mercury. This was not true, for he never asked her any such question. He only asked if they had given the child any other medicine, and if it had had a blow on the chin, to which they answered "no."

Mr. Oliver: Dr. Galloway did say so at the first hearing.

Witness repeated that it was not true, and then in reply to further questions stated that on Sunday, before the medicine was changed, she noticed that the evacuations were tinged with blood; there were written directions sent with the medicine, but she did not know what had become of the paper; the first box of pills was placed in a press in a room where the child was.

The Coroner said he must see the written directions if they could be found.

Witness accordingly went to seek the paper, but returned without it. She could only find that sent with the last lot of medicine. In the course of her previous evidence she had mentioned the name of Miss Proctor as having called upon her since the first enquiry, but had been stopped. A juryman now suggested that it would be well to hear what passed, and Mrs. Armstrong proceeded to state that Miss Proctor asked her if it was true she had said what was in the paper, and told her she ought not to say Dr. Galloway had poisoned the child.

The Coroner: Well, no doubt she meant that you might have used a milder word. There was no attempt to induce you to state what was not true.

Witness: Oh, no; but she offered to give me a ticket for my other child, but I said she shouldn't—I wouldn't have another poisoned.

Dr. Galloway: Was that all that passed in the interview with Miss Proctor?

Witness: Yes, for anything I know.

The Coroner: Well this is not evidence. Does Dr. Galloway wish to give any further evidence?

Dr. Galloway: I wish to re-state that I gave no mercury before discovering that there was something the matter with the child's mouth; I

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gave nothing but *bryonia alba*; the pilules consisted of nothing but sugar of milk; with regard to the boxes, there was no mark on the box first sent, nor on the powders; a paper, partly printed and partly written, was sent along with them; the pills sent on the Monday were likewise not marked, therefore, so far as appearance is concerned it would be impossible to swear to them if they had been removed or exchanged; with regard to the analysis, I think it would be only fair to state how the analysis was conducted, and how much mercury was found in each pilule, because that is of the greatest importance; I can prove that the smallest quantity known to have poisoned any one is three grains, and I am certain that, even supposing I had given corrosive sublimate, there is not that quantity in any of my pilules. To prove that these pilules have done all this mischief, they must prove that the quantity given was a poisonous dose. There is another thing. I object to the analysis on the ground that the parties who conducted it were not disinterested persons, and not professed analytical chemists. I stated on the former occasion that I had sent some pilules taken from the same bottle to Professor Gregory, of Edinburgh, for analysis.

The Coroner: We can't receive that as evidence, but you may state it to the jury. To make it legal evidence, Professor Gregory must be here himself.

Dr. Galloway: The fact was stated at the first inquiry, and you said you would wait for the analysis.

The Coroner: Yes, the case was presented as a charge against you, and I thought it only proper that you should have a fair opportunity of rebutting any such charge or insinuation.

Dr. Galloway: will you allow me to read what I have received?

A Juryman said he should like to hear it.

The Coroner: It can be read as an explanation made by you before the jury. I wish to give you fair play, but I cannot take it down as part of the evidence on which the jury are to give their verdict.

Dr. Galloway then stated that he had this morning received a telegraphic message from Professor Gregory, acknowledging his letters and stating that, owing to an attack of influenza, he had not been able to make the analysis. Fearing that, this being the middle of the session, Professor Gregory might not be able under any circumstances to spare time, he had also communicated with Mr. James Cooke, a gentleman who was formerly a tutor in the family of Mr. Pease, and who after analyzing some of the globules assured him that he had not found mercury in them in any form,—if present it was soluble, and he could confidently state that in any globule there was not the twenty-thousandth part of a grain. All these globules were taken from the same stock.

The Coroner: Then you mean to say that you did not make these pills purposely for the case in question, but took them out of a bottle.

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Dr. Galloway: Yes that is the fact. I had the globules in stock, and many parties had taken them before.

A Juror: Are they your own manufacture?

Dr. Galloway: No. They would take too much time. I receive them from a duly qualified chemist. The medicines come from London and Edinburgh. Now, perhaps, I may be allowed to make some remarks with regard to the disease itself. I have here an allopathic work, a "half-yearly abstract of the medical sciences, by Dr. Ranking," in which there is a chapter on ulcerative gangrenous stomatitis by Dr. West. The writer says:—

"Gangrene of the mouth seldom comes on, except in children whose health has been already much impaired by previous disease, and especially by those diseases which are connected with important changes in the circulating fluid. Of 29 cases which MM. Rilliet and Barthez either observed themselves, or of which they found mention in the writings of other physicians, only one appeared to be an instance of idiopathic gangrene of the mouth, while in 12 cases the disease followed an attack of measles. Of the 5 cases which Dr. West has observed, and 3 of which he examined after death, 2 succeeded to typhoid fever, 2 to measles, and 1 supervened in a tuberculous child, who had been affected for many weeks with ulcerative stomatitis in a severe form. Though not confined to any one period of childhood, gangrene of the mouth is more frequent between the ages of 2 and 3 than either earlier or later. Of the 29 cases mentioned by MM. Rilliet and Barthez, 19 occurred between 2 and 5; 10 between 6 and 12. Of the 5 cases that came under Dr. West's own observation, 1 was in a child aged 2½ years, 1 in a child aged 3, 1 between 4 and 5, 1 at 6½ and 1 at 8 years of age.

"Although all the tissues of the cheek become involved in the course of this affection, yet difference of opinion has existed with reference to the part in which it commences; some observers conceiving that it generally begins in the substance of the cheek, while others regard the mucous membrane as being the part which is invariably the first attacked. So far as his own observation enables Dr. West to judge, he is disposed to regard this latter view, which is that of MM. Rilliet and Barthez, and of M. Baron, as correct.

"The early stages of the affection are attended by scarcely any suffering, owing to which, as well as to the circumstance that the children in whom it supervenes are almost always labouring under some other disease, or in the course of convalescence from it, it is probably due that the malady is often not discovered until after it has made considerable progress. There may for a day or two have been an unusual fetor of the breath, and a profuse secretion of offensive saliva, but the appearance of swelling of the cheek is frequently the first symptom that leads to a careful examination of the state of the mouth. The characters of the swelling of the cheek are almost pathognomonic of the gangrene of the mouth. It is not a mere puffi-

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ness of the integument, unaccompanied with any change of its colour, such as is sometimes observed in ulcerative stomatitis, but the cheek is tense, and red, and shining: it looks as if its surface had been besmeared with oil, and in the centre of the swollen part there is generally a spot of a brighter red than that around. The cheek feels hard, and is often so unyielding that the mouth cannot be opened wide enough to get a good view of its interior. The disease is almost always limited to one side, and generally to one cheek. Sometimes, however, it extends to the lower lip, and occasionally it begins in that situation. The upper lip is now and then reached by the progress of the disease, but is never its primary seat. Whatever be the situation of the external swelling, there will generally be found within the mouth, at a point corresponding to the bright red central spot, a deep excavated ulcer, with irregular jagged edges, and a surface covered by a dark brown shreddy slough. The gums opposite to the ulcer are of a dark colour, covered with the putrilage from its surface, and in part destroyed, leaving the teeth loose, and the alveolæ denuded. Sometimes, especially if the disease be further advanced, no single spot of ulceration is recognizable, but the whole inside of the cheek is occupied by a dirty putrilage, in the midst of which there are large shreds of dead mucous membrane hanging down. As the disease extends within the cheek, a similar process of destruction goes on upon the gum, and the loosened teeth drop out one by one. The saliva continues to be secreted properly, but shows by the changes which take place in its character, the progress of the disease. At first, though remarkable for its fetor, it was otherwise unaltered, but now it is no longer a transparent fluid, but receives from the putrifying tissues over which it passes, a dirty, greenish, or brownish colour, and at the same time acquires a still more repulsive odour."

With reference to the influence of mercury in producing the disease Dr. West observes:—

"There can be no doubt but that this preparation, even when given in small doses, has in a few instances produced severe ptyalism, inflammation of the mouth, loss of the teeth, and necrosis, more or less extensive, of the lower jaw. In some cases, too, the inflammation has terminated in gangrene of the cheek, which has presented many of the characters that we have just been noticing; and under such circumstances inquests have sometimes been held, and blame has been attached to the medical attendant for alleged want of caution in the administration of so powerful an agent as mercury. Now although mercury should never be given without necessity, nor its administration continued without watching its effects most carefully, yet I cannot but regard the supervention of gangrene of the mouth during its use as merely an accidental coincidence, or else as the result of some idiosyncrasy of the patient, such as has been observed in the adult as well as the child. During the past nine years more than 15,000 children of all ages have come under my care, and I have administered mercury to any of them who seemed to require it,

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but have hardly ever seen salivation follow its employment before the completion of the first dentition, and have never observed that medicine, at any age, produce an affection of the mouth sufficiently serious to occasion me a moment's delay."

Mr. Piper: I gave Dr. Galloway the benefit of all this at the former inquiry. What he has read is perfectly true; but I should like to know what is his soluble mercury?

Dr. Galloway: It is a preparation of Hahnemann's,—a nitrate of mercury.

Dr. Henzell: Is it the protoxide or the peroxide?

Dr. Galloway: It is a Hahnemannic preparation.

Mr. Piper: Do you consider your attendance as useless as your medicines? You found the child very ill, and with difficulty of breathing, and yet never went again for three days.

Dr. Galloway: I expected to hear from the parents. My own opinion was that the child would not get better; but this has nothing to do with the enquiry.

Mr. Piper: Yes it has. A man is not to give medicines, and to care nothing as to their effect. In ordinary practice I grant that your homœopathic medicines are harmless; you do nothing, and you are very right. We all more or less attend to ventilation, nursing, and diet, and you give small doses of things that can be of no avail whatever. What I complain of is that you sail under false colours. You call yourself a homœopathist, and very often practise as an allopathist, with this difference, that you give bi-chloride of mercury, and we give calomel.

Dr. Galloway: I deny that I have given the bi-chloride, and you have no proof of it.

Mr. Piper: I pledge my honour that the pills were kept separate, and fairly analysed.

Dr. Galloway: Why was I not asked to be present? If that was the object of your analysis, would it not have been gentlemanly to ask me and some friend to attend it? I think you would have liked such a course to be taken with regard to yourself. So long as I have been here I have not given the slightest offence to any medical man, and why should I be hounded in this manner?

The Coroner here interposed. He had allowed great latitude for explanations, but gentlemen were going to all sorts of lengths.

Dr. Henzell wished to state that to explain the process of analysis, it would be necessary to enter with great prolixity into chemical tests, and would detain the coroner and jury to little purpose. He would suggest, however, that his own analysis had to do with the globules he received from Mr. Piper, and not those sent to professor Gregory. He now held in his hand a solution of the globules, and in a test tube he had a solution of iodide of potassium. Should the former contain the suspected mercurial poison, a yellowish red precipitate would be produced on pouring one

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into the other. (The experiment was here shown, to the satisfaction of Dr. Haslewood and Mr. Piper.)

Dr. Galloway: Is there a poisonous quantity present?

Dr. Henzell: No, a very minute quantity. In four of the seven globules that I analyzed I could not detect a trace, but in one I should say there could not be less than the 32nd of a grain.

Dr. Galloway: I have here an extract from a medical work, in which it is laid down that a proper dose is from 3-16ths to 1-6th of a grain.

Dr. Henzell: Yes, for an adult.

The Coroner then proceeded to sum up: He admitted that the evidence given seemed to lay good ground for a public investigation; but a coroner's jury could not balance between conflicting systems of medical treatment. All they could do was to say whether any person had been guilty of neglect, which would amount to the crime of manslaughter,—whether any medical man had not brought to bear that ordinary degree of skill and attention which is required of the profession. Of this the jury must judge from the evidence before them. Any person who practises in medicine is of course expected to bring an ordinary degree of skill and attention to every case which he attends; and if he fails to do so, that is a case in which the crime may amount to manslaughter. Still, as he had said, a coroner's jury could not be expected to go into disputes on medical practice. One man will be positive in giving one opinion, and another as positive in giving the contrary; but if a man of ordinary skill administers what in his judgment will be best, he is not answerable for the effect, or there would be no end to such inquiries, and parents of children would never be satisfied. It might be worth remarking that Mr. Piper and Dr. Henzell did not think a *post mortem* examination necessary, and none was made; yet he (the Coroner) thought, had the evidence carried the case further, he should have considered a *post mortem* examination indispensable, for though it might be said that the cause of death was palpable, yet it must be shewn that it was impossible the child should have died by other means or from another disease. The medical gentlemen would only go to the extent of saying that the child's death was accelerated by the administration of mercury. Acceleration of death might certainly be carried to great length. A person who lingers in disease is not to have his life shortened by improper treatment. With regard to this child's death, it had been stated on the one hand that there were symptoms of salivation, and that the medicines contained mercury, which, on the other hand, Dr. Galloway denied; and it appeared from the evidence on both sides that there is a disease called gangrene of the mouth which children are subject to, particularly after measles. Therefore, all the doctors could say was that mercury had been the exciting but not the predisposing cause of death. Here was the difficulty. If the jury were to come to a conclusion directly adverse to any practitioner it would be satisfactory to know the state of the child

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when Dr. Galloway was first called in. Mr. Trotter proceeded to read from reports of cases in which the judges had laid down the law as to a medical man's liability, confirmatory of his own statement; and then, having reminded the jury that they had nothing to do with disputes in practice, left them to say whether they were satisfied that the predisposing cause of death was not in the child, but that Dr. Galloway, failing to bring an ordinary degree of skill and attention to the case, administered a medicine which, by inducing salivation, caused the death of the child.

The jury deliberated privately for a short time, and then found that Thomas Armstrong died from natural causes,—viz., gangrene of the mouth; and that no blame attaches to Dr. Galloway or any other person.

Who killed the Czar?

It is thought in professional circles that there is nothing, *per se*, at all improbable in the account given forth of the last illness of the Emperor Nicholas. On all hands it has been remarked, that during the winter, unexpected deaths after short illnesses have been more than ordinarily common. In not a few instances, the occurrence of severe pulmonary complications during influenza, has proved rapidly fatal. Such complications require, as is well known, resort to vigorous measures, and these, as the Czar's physician is a homœopath, were probably omitted. Most of our readers will have seen Dr. Granville's letter in the *Times* on this subject. It is a clever letter; but the Dr.'s claims of credit for prognosis cannot be considered so great as he appears to deem them. There is an important difference between death from madness or apoplexy, and death from influenza.—*Medical Times and Gazette.*

In the above, our contemporary seems to hint that homœopathy was the cause of the Czar Nicholas's sudden death. Were such the case, we should be somewhat at a loss whether to hide our diminished heads in confusion at the ill success of our treatment, or to claim the especial favour of our Government on behalf of homœopathy for the service rendered to the state by the destruction of the national foe. But as it happens, we believe it will be found that homœopathy has not been accessory to the death of Nicholas in the slightest degree, and consequently we are unable to put upon our system either the disgrace or the merit of his decease. A friend of ours who was very intimate with Dr. Mandt, the late Emperor's physician, was informed by him that the Czar could never be persuaded to take a particle of medicine, allopathic or homœopathic, that it was as impossible to induce him to take a globule of the latter, as to swallow a pill or a draught of the former. He had as great a horror of the tiny globule as of the "vigorous measures" of Dr. Granville and the *Medical Times*. Dr. Mandt was, properly speaking, the medical attendant of the Empress, though rejoicing in the title of physician to the

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Emperor, who had in point of fact no physician. Dr. Mandt called himself a homœopathist, but the account we gave in last number (p. 170) of his practice, shows that his homœopathy was not that of Hahnemann, nor of any of Hahnemann's disciples, but something peculiarly his own—neither homœopathy nor allopathy, but a *tertium quid* savouring of both.

Homœopathic Hospital for our Sick Troops engaged in the War.

The "horrible and heartrending" accounts of the sufferings of our troops in the East, the acknowledged insufficiency of the Military Medical Staff, the dreadful inefficacy of the method of treatment pursued in the hospitals already established, as shown by the long lists of mortality published, and the fact that many of those engaged in the campaign prefer the homœopathic method of treatment—all these circumstances led a number of the believers in homœopathy to wish that some method could be devised to provide our soldiers and sailors with an opportunity of availing themselves of homœopathic treatment in the East. Lord Robert Grosvenor, who is always warmly interested in every thing relating to homœopathy, summoned a meeting of the principal practitioners and influential supporters of homœopathy at the end of February last, for the purpose of considering what steps should be taken in order to bring homœopathy within reach of our countrymen at the seat of war. It was determined to memorialize the Minister of War on the subject, and a Committee was appointed to draw up a memorial and carry out the wishes of the meeting, while at the same time a deputation of noblemen and gentlemen was named to present the memorial to Lord Panmure when it should have received a sufficient number of important signatures.

In a few days the memorial was very extensively signed, and Thursday the 29th March was appointed by Lord Panmure for receiving the deputation. At the time of going to press we are not informed of the result of the interview with the Minister of War, but trust to be able to give a full account of the proceedings in our next, should they not have already made their appearance in another form.

Homœopathic Life Assurance.

Two Life Insurance Companies have recently been started on the principle of offering peculiar advantages to insurers who habitually employ homœopathy for the cure of their maladies. The highly respectable business names connected with both these schemes is a proof of the progress of homœopathy among the public, and a testimony of the most practical kind in favour of a belief in the life-preserving power of homœopathic treatment. Though we might wish to see the influence of these two societies united, we heartily wish success to both, as we believe nothing could more powerfully tend to advance homœopathy among this "nation of shopkeepers" than a demonstration of the pecuniary advantage it offers to those who employ it.

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To the Editors of the British Journal of Homœopathy.

In the British Journal for January (No. LI), your reviewer of the report of the Brooklyn Inquest has made a singular and mischievous mistake, to which I wish to call your attention. He infers from the report, that I refused to meet Dr. Gray in consultation—refused too on the ground that Dr. Gray's habit is to use lower dilutions in practice than *I* use. Now, to any one who knows the respective ages of Dr. Gray and myself, and our opportunities for experience as well as our relative positions in the scale of professional consideration, such a charge would appear too ridiculous to be noticed were it not that the uncontradicted assertion of such a fact is apt to work as much mischief as the fact itself would work, if true. I wish therefore to explain the matter of the suggested consultation, and to contradict this charge, which, I believe, has entered nobody's head in the wide world, save your reporter's.

Mr. Edey, a rampant allopath, with whom I held the conversation about the consultation, is not regarded as a member of the family of the child whom we were attending, and his opinion and wishes were consulted by us only when he acted by express authority of the child's parents. Hence when he said he was going for Dr. Gray, my first question was, "Is this the wish of the child's father?" (I had seen the father an hour before, and he had said nothing about it.) This question not being affirmatively answered, I expressly consented to his going for *any* physician whom the *parents* might desire to call in, but gave him to understand that I would not meet even Dr. Gray if called in by *himself*, without the authority of the parents, and without the consent of Dr. Wells and myself previously obtained. I added that I saw no immediate necessity for a consultation, and that if, in case of a consultation being held, the choice were left to us, "we might perhaps not select Dr. Gray." (The reporter did not correctly quote me.) My sole object in this was to preserve from outside interference that liberty in the choice of a consulting physician, which the parents seemed disposed to accord us. No mention was ever made of dilutions or doses.

As to the anxiety of the father to call in Dr. Gray, it was all felt during the single night which was the critical period of the meningitis, and it had disappeared in the morning (as he himself says) along with the symptoms of imminent danger. It was consequently never mentioned to Dr. Wells or myself.

Instead, therefore, of declining to meet Dr. Gray at all, on any grounds, I simply, in a circuitous method, requested Mr. Edey to mind his own business, and the event justified me, for the child recovered of the meningitis, and my attendance on her at that time ceased.

I have never declined to meet any physician, when the consultation has been suggested or requested from the proper quarter, but the inter-

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ference of allopathic outsiders, whose only desire is to do me a mischief, is always repelled as impertinent.

As for Dr. Gray, I need not eulogize his abilities and attainments. They are known to homœopathists everywhere. It has been my good fortune, on many occasions, to admire his wonderful practical tact, and to draw lessons of wisdom from his experience even in the matter of doses.

Moreover, I am not at all willing to be set apart from Dr. Gray with regard to dilutions and doses. In the case in question, the Jury were led into error in their statement that the 30th dilutions were the only ones prescribed. Some remedies were used in the 30th, others in the 6th, 3rd, and even in the mother tincture. The latter prescriptions were, for obvious reasons, overlooked by the coroner, and the 30th were selected as the express objects of his attack. We were content to meet him on this ground of his own selection, and to fall there if a jury could be made to condemn us, for it occurred to us that if, in Hahnemann's time, dogmatism on the subject of the 30th dilution was necessary,* since all allopathists scouted the notion, so is it, at present, *a fortiori*, necessary, since even homœopathists, who are supposed to have experimental knowledge of the matter, are found, who deny that the 30th dilution is ever efficient in disease.

As for my own practice, I presume it would be found not to differ materially, as to dilution, from that of very many British practitioners. Giving often the 30th, especially of the so-called antipsoric remedies, I give more frequently in acute affections the 12th, 6th, 3rd, or lower dilutions, and I have at present under successful treatment with mother tinctures, a case of rheumatic pericarditis which appeared, at first, to be almost desperate.

CARROLL DUNHAM.

Brooklyn, March 1, 1855.

* See *Brit. Journal*, No. LI, page 104, also Dudgeon's Lectures on Homœopathy, passim.

BOOKS RECEIVED.

Journal de la Société Gallicane.
Summary Outline of the Water Cure, by Dr. WALTER JOHNSON.
Report of the Hastings Homœopathic Dispensary.
A Brief Review of Sampson on Homœopathy.
Second Annual Report of the St. James's Hospital, Doncaster.

TO CORRESPONDENTS.

In reply to his letter Mr. Phillips is referred to Dr. Madden, who, we doubt not, will be able to satisfy him that his fears are groundless; were it otherwise, the Editors would have had the greatest pleasure in acceding to Mr. Phillips's request.

Dr. Elb's letter and essay received.

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

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

ON DIET.

By Dr. Rutherfurd Russell.

Whether it be true, as some historians affirm, that Napoleon lost the battle of Leipzic owing to his having eaten a bad dinner, may well be a matter of doubt; but there can be no doubt whatever that bad dinners and bad food generally are at the bottom of very much both domestic and national misery and disaster. And it seems to me that there is no subject which more imperatively demands our special attention as Homœopathists, than the one I have chosen to offer a few observations upon. For from the promulgation of the system founded and taught by Hahnemann, numerous specialities in diet have been inculcated with more or less rigour by himself and his followers, and so prominent have these innovations become to the eye both of the public and the medical profession, that while the former frequently seem to suppose that if they only consume a sufficient quantity of homœopathic cocoa, they will be entitled to all the benefits of the new system of medicine, the latter discovers with its usual sagacity, that although the success of our treatment is beyond dispute in very many cases, yet that we owe our superiority, not to the total difference of the principle according to which we select our remedies, but to our better judgment in the regulation of the diet of our patients, although the subject of diet has been one carefully studied and ably handled, since the time of Hippocrates, and although by this assumption our

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opponents pay us the highest possible compliment, by yielding us the palm of victory in the field common to us and them. In fact if they are right in this explanation, it would be tantamount to saying, that as there is no law by which we profess to be guided in our choice of food analogous to that which directs us in the choice of the proper medicine, each individual who practises homœopathy displays a higher amount of intelligence than his allopathic brethren, and is in their sense of the term the better physician of the two. This is a fatal argument for young physic, which professes rather to cure diseases by diet and regimen, than by medicines. They acknowledge themselves thrown in their own ring: how strange is their inconsistency! It is considered disgraceful to admit the superiority of homœopathic medicine, a novelty which old physicians might pardonably plead ignorance of, and they prefer to proclaim their inferiority in the only branch of the physicians' art on which they build their reputation; while on the other hand we find among ourselves a pertinacious adherence to certain dietetic formulas, which rest on no authority but that of accidental prejudice, and which derive no support from the enlarged experience that we have now within our reach.

There are but two methods by which we can hope to arrive at anything like unanimity in our dietetic creed; the one is to assume Hahnemann's writings as our Leviticus, and to ban all he banned, and admit all he admitted, or to enquire into the principles by which he was directed in the rules he lays down, and to follow out these principles, if they be sound, into their full development by all the lights which modern science and observation have shed upon the subject.

As Hahnemann did not assume the infallibility of inspiration, we may safely decline accepting any Leviticus at his hands, and examine with that care and respect which all his writings deserve, what they contain upon the subject of diet, and we shall be satisfied that if in some instances he was led into extravagance and error, yet that the principles of his doctrine are eminently sound and sagacious.

In endeavouring to form a just valuation of Hahnemann's dietetic rules, we must bear in mind that before he had discovered

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his grand formula for the selection of medicines, he had already written extensively upon various topics connected with diet and regimen, and that he carried over into the new province of homœopathy where he so long ruled supreme, some of the old adopted notions which he had already too vehemently expressed to admit of his recanting them. The most striking illustration of this was his antipathy to the use of Coffee. "The cold considerate earnestness of our forefathers," such are Hahnemann's words, "the firm steadfastness of will, of resolve and of judgment, the endurance of continued and yet powerful exertions of the body, adapted to the object in view, that used to constitute the original national character of the Germans, the whole sublime stamp of our descent disappears before this medicinal beverage, and changes into over-hasty disclosures, hurried resolves, immature judgments, frivolity, changeableness, talkativeness, irresolution, too easy mobility of the muscles without any endurable result, and theatrical behaviour." The extravagance of this passage makes it read like a temperance lecture. In fact what truth is in it is certainly applicable to the abuse not the use of coffee. It would be interesting if we could discover the origin of this excessive hostility to coffee, which belongs to the family of narcotics, and is a sort of foster brother of tobacco, that "foul and loathesome weed," as an irreverent lecturer calls it, which Hahnemann is said to have loved, if not wisely, at least too well. It may have been an idiosnycratic dislike, or more probably he fell into a common opinion of the time in which he wrote, and which was strongly shared by the philosopher Kant,* and by many French physicians, that coffee was an injurious beverage, and he afterwards rested his opinion upon the basis of unsound experiment. That it was an unsound deduction from the effects which follow the use of coffee when taken in a way to produce derangements in the system, to forbid its use in all circumstances, is obvious, if we reflect that we could all make ourselves as ill as any of our patients, if we were only to take dinner at time of breakfast and tea at dinner time for a few days.

We cannot however dismiss the subject of experiments in diet,

* See De Quincy's Last Days of Kant.

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without some further remarks. And the first is, that although in the particular example we have quoted, Hahnemann committed a great mistake, yet that on the whole he is perfectly sound, and does not seek to lay down any positive rules about diet, but acknowledges that food must be regulated by the special appetites and instincts, as well as circumstances of those who take it; and he gives in his "Friend of Health" several illustrations of the superiority of the popular over the scientific judgment upon this point.

In the whole of his intellectual career he seems to have been looking for some law of relation between diseases and their curative specifics, but nowhere does he hint that there can be any such law to guide us in the choice of food; and as an obvious corollary to this tacit conviction, while he from the first insists upon the necessity of instituting a series of rigid experiments to discover the effects of a drug upon the animal economy, he nowhere suggests that similar experiments should be made in regard to food. He seems to have recognized the important difference between that kind of knowledge which we reach by experiment, as in chemistry, and that other kind which we gain by observation, as in geology, where nature has made the experiments for us, extending over incalculable surfaces of space and periods of time. The feeding of the human race has been going on in every conceivable circumstance for many thousand years. In the language of Schleiden "The Gaucho who in the wild pampas of Buenos Ayres, managing his half-wild horse with incredible dexterity, throws the lasso or bolus to catch the ostrich, the guanacho or the wild bull, consumes daily from ten to twelve pounds of meat, and regards it as a high feast day, when in any hacienda he gains a variety in the shape of a morsel of pumpkin. The word bread does not exist in his vocabulary. The Irishman on the other hand regales himself in careless mirth on his potatoes and point, after a day of painful labour—he who cannot help making a joke even of the name he gives to his scanty meal. Meat is a strange idea to him, and he is happy indeed, if four times a year he can add a herring to season the mealy tubers. The hunter of the prairies lays low the buffalo with sure bullet, and its juicy, fat-streaked hump, roasted between two

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hot stones, is to him the greatest of delicacies: meanwhile the industrious Chinese carries to market his carefully fattened rats, delicately arranged upon white sticks, certain to find a good customer among the epicures of Pekin; and in his hot smokey hut, fast buried beneath the snow and the ice, the Greenlander consumes his fat, which he has just carved, rejoicing over the costly prize, from a stranded whale. Here the black slave sucks the sugar cane and eats his banana—there the African merchant fills his wallet with sweet dates, his whole sustenance in the long desert journey—and there the Siamese crams himself with a quantity of rice, from which a European would shrink appalled. And wheresoever over the whole inhabited earth we approach and demand hospitality, in almost every little spot a different kind of food is set before us, and the daily bread offered in another form."*

After perusing such a passage as this, we naturally ask, what conceivable advantage could the world derive from the experiments of Dr. Stark, who contrived to kill himself in about six months, by a succession of simple dishes?

Before his promulgation of homœopathy, Hahnemann, with the exception of his disapproval of coffee, did not differ in his views on diet from other writers of his age and country. "There is not," he says, "and cannot be anything, which, as a general rule, is absolutely wholesome or unwholesome, * * * * None of the general maxims of the dietist can be accounted good: such as, veal is the most wholesome butcher's meat, &c. * * * * There is a time for everything, says Solomon, and to my mind he speaks much more sensibly than most of the dietists." (Lesser Writings, page 227.) There is much more to the same effect in his early writings.

It is a very striking fact, that whereas, before he had discovered and taught the great law of healing, his position in regard to medicine, was very similar to that of young physic of the present day, and he relied much upon sanitary and dietetic rules; after he had made good his grand discovery that the obstacles to certainty in medicine were not insuperable, the power of diet

* The Plant—a biography, in a series of popular lectures, by M. J. Schleiden, Professor of Botany in the University of Jena, &c.

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as a method of cure, and its general importance seems to have assumed a very insignificant value in his eyes. What before had occupied whole treatises, now shrinks into this solitary observation in the *Organon*, (p. 308.) :—"Considering the minuteness of the doses necessary and proper in homœopathic treatment, we may easily understand, that during the treatment everything must be removed from the diet and regimen which can have any medicinal action, in order that the small dose may not be overwhelmed and extinguished, or disturbed by any foreign medicinal irritant." In a note he adds, "Coffee, fine Chinese and other herb teas, and many other things ought to be avoided by patients, as they should avoid excesses in eating and drinking, sitting up long at night, damp rooms, penurious living, and so forth." The note concludes with the following remark. "Some of my disciples seem needlessly to increase the difficulties of a patient's dietary, by forbidding the use of many more tolerably indifferent things, *which is not to be commended.*" Here we have the common-sense rule laid down, that patients are to avoid things hurtful to themselves, and likely to interfere with the operation of a minute dose of medicine.

On this note of things to be avoided, have been built with a somewhat slavish adherence to the text instead of the spirit, the majority of those homœopathic diet tables, which are in such large circulation, although some of the most acknowledged authorities have expressed an opinion in favour of a more liberal interpretation of Hahnemann's doctrines upon this subject. Thus Hartmann remarks,* "Every intelligent physician will at once perceive, that every patient cannot be subjected to such a rigorous diet, and that a man of sixty years old, for instance, who had been in the daily habit of taking coffee, tea, wine, brandy, or of smoking tobacco and using snuff, cannot be suddenly deprived of those things without detriment to his organism. Hahnemann allowed smoking and snuff; he forbade wine, brandy, and coffee with great severity. This seems inconsistent, and leads to suppose that in a more advanced age we may except some other things from the general rule of abstinence." While in this country† there is undoubtedly a

* p. 82, Acute diseases, vol i. † See Laurie, Chepmell, and others.

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disposition to enlarge the table of our patients, in America our energetic friend Dr. Hempel seems inclined to transcend Hahnemann in the rigour of his rules of life—one of his golden rules, as he styles them, running thus:—"Avoid all stimulating drinks, brandy, beer, wine, and content yourself with cold water, milk, light and unspiced chocolate, weak black tea, and syrups made of currants, raspberries, strawberries, or other kinds of wholesome and unmedicinal fruits. Never use tobacco in any shape, except for medicinal purposes."* We suspect that beyond the confines of the State of Maine Dr. Hempel's gospel will hardly find believers in the land of liberty and tobacco. Setting aside all extravagances, the subject assumes a very simple form, and may be divided into two questions.

1st.—Is it possible for our patients to avoid all medicinal substances in their diet; and

2nd.—Is it conducive to the better action of the medicine, to enforce a very rigorous diet.

At present, let us observe, we are considering the question solely in the view of its relation to homœopathic medicine, not to general health.

1st.—Is it possible to confine our patients to a non-medicinal diet? Suppose we restrict them to a prison fare, and desire them to drink a tumbler of water, and eat four ounces of bread for a meal, and repeat this three times a day. This would appear simple enough with a vengeance. We shall suppose the scene London, and just enquire into the character of the bread and water diet we had prescribed. To begin with the water, it is an incontestible fact, that in the words of Dr. Hassall, "The waters at present in use in this metropolis are all hard, and have all the disadvantages of hard water; they are moreover river waters, and for the most part contaminated to a great extent with organic matter, dead and living; add to these points the fact of their further deterioration by contact with lead cisterns, and by the accumulation and growth of animal and vegetable productions, which take place in these receptacles, and the case is proved against the whole present supply of the metropolis."†

* Hempel's Organon, p. 31.

† Food and its Adulterations, by Arthur Hill Hassall, M.D., p. 52, et seq.

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It is indeed impossible to contemplate the world of monsters contained in a drop of London water, without being satisfied that a score of globules would go but a little way in affording them a satisfactory repast. Besides these living impediments to the action of our globules, and besides the lead derived from the pipes and cisterns, which will be a stronger dose of Plumbum than our rigorous dietists ever employ, there are no less than from 20 to 30 grains of inorganic matter, carbonate of lime, of magnesia, &c., in every gallon of London water.*

So much for our patient's morning draught of pure water—now for his slice of bread.

Dr. Hassall examined twenty-four samples of bread, obtained indiscriminately in various parts of London: his verdict is, that the whole twenty-four samples were adulterated with alum. But perhaps it may be said, the quantity is trifling; on the contrary, according to another observer, Mr. Mitchel, in ten loaves there were no less than 819½ grains of alum discovered. And the reason for the presence of alum heightens the enormity of the pollution. It is put there to enable spoilt flour to be mixed with sound flour!

With such facts staring us in the face, would it not be absurd to insist upon bread and water as a simple diet for any unhappy patient who has the misfortune to fall into our hands. Unless we could keep our patients in a conservatory, and prepare by artificial means the air they breathe, the water they drink, and the food they eat, it would be absolutely impossible to prevent them being assailed by so-called medicinal influences every hour in their lives. In fact, all nature would be in a conspiracy against them, to avenge the sentence of outlawry we should thus have pronounced upon her. This is the answer to the second question. For if we strive to attain as near as possible a supernatural immunity from the influences at all times powerfully acting upon the human organism by any method of isolation or abstinence, we thereby intensify in a corresponding degree the sensitiveness of the frame, and our patients reared in a conservatory fade away before the first breeze, which had they been of out-door growth, would have invigorated instead of destroying their tender natures.

* Johnston's Chemistry of Common Life, p. 38.

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Is there then to be nothing peculiar in homœopathic diet, and are there no rules to be enforced? The only rule, and we may enforce it with peculiar rigour, that I can conceive as universal, is, that every one should eat and drink what his own experience has taught him agrees best with him, and we on our part need not be at all afraid of the efficacy of our medicines being seriously impaired by what contributes to the well-being of the individual. It may seem very strange to order a dose of Capsicum to a man who dines upon curry. But is it more strange than ordering a dose of Calcarea to a man who drinks a thousand times the amount of the dose in every glass of water? These are both strange, but life is stranger still, and we are utterly unable to unravel the complex influences on which its integrity depends, and we therefore cannot understand how powerfully substances act in their curative sphere of operation which are quite inert in their nutritive. If we were to throw out a conjecture, it would be that the medicinal action of a substance resembles a distinct impulse upon the nervous system like a note of music, and as an impulse, that is purely dynamically, takes effect, whereas the same substance conveyed through the system for the purposes of nutrition, does not secure the attention of the nervous system at all. Be the explanation what it may, fortunately for the possibility of our method of practice, the fact admits of no doubt, that infinitely minute quantities of a body produce important effects, while at the same time large masses of the same are quite inoperative, and therefore it is not necessary on the theoretical ground, to insist upon abstinence from all stimulants and condiments as the indispensible initiative to a successful course of homœopathic treatment. I am aware that these views will be considered by many as somewhat heretical, and perhaps as too speculative, but although I would now rest them upon the reason of the thing, they were forced upon me slowly by my own observations in practice. It is now some twelve years ago since I had a curious illustration of the possibility of a minute dose succeeding, even although the system was at the time being stormed at by massive ones. A patient of mine who had long been subject to megrim, was always cured by a

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few globules of Pulsatilla. She was also subject to ague, imported from India, which I could not cure. So she was put under the old system, and ordered full doses of the Sulphate of Quinine. While taking this, she had an attack of her old headache, and took a few globules of Pulsatilla, but expecting nothing from it; for I had told her, so long as she was taking her Quinine it was impossible homœopathy could do her any good. Homœopathy, however, shewed itself more liberal than its practitioner, and after a single dose of Pulsatilla she got better. This case made a deep impression on my mind, and I often thought from that period that perhaps our diet code was too rigorous. Then during a long course of observation, extending over some eighteen thousand cases treated at the Edinburgh dispensary, I found that it was on the whole impossible to interdict successfully the use of tea and spirits, and that notwithstanding these infractions, and a thousand other disadvantages, the proper medicine produced its expected result with so much exactitude as to reduce to an insignificant point the deranging influence of these condemned enjoyments. And quite lately I had under my care a gentleman who took a wineglassful of Laudanum daily, and yet was as speedily relieved by the proper medicine when attacked by pain and spasms of the heart, from which he suffered in consequence of organic cardiac disease, as if he had been an absolute teetotaller.

These facts, and many more such could be adduced, ought at least to make us pause before we lay down any imperative rule against the use of coffee, tea, tobacco, and other exciseable articles, as being necessarily destructive to the efficacy of homœopathic medicines. For my own part I seldom now make any change in a patient's diet out of respect to homœopathy. And with these observations we may pass on to the more general part of our subject, and consider the principles by which we are likely to be assisted in advising our patients in reference to the most difficult affair of regulating their food and drink so as best to lead a long, healthy, and happy life.

The difficulty that meets us at the very threshold of our investigation, and which we cannot get rid of throughout its

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whole course, and which seems to be strangely overlooked by most professed writers on the subject of the food of man, is, that man occupies an exceptional position in the animal kingdom, although in it, he is not of it. The fundamental instinct of animals is the preservation of their life, and the escape from death. The idea of manliness is contempt of death. The preservation of life is frequently a secondary feeling in man. The reason is, that upon the animal life of man is erected a life of sentiment, emotion and imagination, which always modifies his animal instincts, and sometimes entirely supersedes them. Hence come the long fasts and vigils of the saints of old, and of the modern Fakirs in the east. Fasts implying a continuance of abstinence from all food, which modern physiologists, deriving their knowledge from the effects of starving dogs and birds, and from the enforced abstinence of shipwrecked mariners and buried miners, insist upon ignoring, as they are so opposed to the conclusions of their experiments and observations. But the testimony in favour of these long spontaneous fasts is as trustworthy as any in favour of the other class, and certainly deserves attention, especially as it shows us a little farther into an every-day occurrence, that is, the power of abstract thinking, or very strong emotion, to arrest more or less the animal functions. It is the most common observation, that thought is incompatible with violent muscular exertion. Who ever heard of a mathematician trying to solve a problem in the hunting field? If he were found there at all, it would be to escape from thought. When thought is both very prolonged and very intense, and confined to one object, it may induce a kind of trance, in which there is an entire cessation of all other vital action; but long short of this, there can be no doubt that the over-active brain monopolizes the vital energy, and paralyzes to a greater or less extent, the other portions of the nervous system, and cuts off the supply of cerebral stimulus required for the nutrition of the body. That is, which enables the capillary vessels to exercise their elective affinities as to what they shall absorb, and what they shall reject.

Nutrition then, or the continual action and reaction of the external chemical world upon the living world, which clothes

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the spirit of man, depends upon two factors, the one the nature of the materials presented to the body to be incorporated into it, to increase its bulk by growth, or to repair its decay, and the other the reception given by the body to these substances presented by the hand of external nature. The character of this reception depends, among other modifying circumstances, upon the state of the mind, and the whole doctrine of the fitness of aliments for their proposed end, must begin by assuming that end to be known. Hence the grand difficulty of laying down laws upon the subject, for the ends of life are so dissimilar in different men. The scale runs from the sensualist, whose avowed end is corporeal enjoyment, to the ascetic, whose object is bodily mortification. And it is the duty of a physician to appreciate all these varieties, and to administer advice, not according to his preconceived notions of the proper ends of life, but the most healthful, or least injurious method of securing them. If we were practising in the millennial times, we might tell men to avoid all excess, of eating, drinking, loving, hating, sleeping, waking, working, talking, &c.; perhaps when such advice can be followed, it will not be needed; certainly to talk so to men as they are now, would be in many cases simply an impertinence, or an affront. What would become of a popular preacher if he could not fill a large church with his voice for an hour together, or a popular alderman, if we forbade him to taste turtle? In short we must make the best of our materials, accommodating our rigging to the state of our vessel, and sometimes too thankful if we can secure a jurymast to save our ship from impending wreck. After these preliminary remarks, let us consider how our bodies are built up from day to day, and of what materials the structures consist.

"According to Quetelet, a full grown man weighs on an average 154 lbs., and if we subtract the great quantity of water which runs through all parts of our body, keeping them supple and pliant, some 88 lbs.; 14 lbs. of this comes from the bones, and 24 lbs. from all the remaining parts. The former contains about 66 per cent., the latter 3 per cent. of earthy constituents which are left behind after combustion. Man

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consists therefore, in more than a third part, of inorganic substances which are necessary to his existence, and which he must therefore receive with his food. He must in fact as the evil spirit says in Faust, 'feed upon dust.'"*

It is to supply this dust for the stony skeleton of the fabric, that birds instinctively swallow sand and gravel, and not to assist the comminution of their food merely. Chossat found that birds deprived of sand, and fed upon grain, died in seven or eight months, and the bones became so brittle, that they broke with the slightest touch. Total abstinence from salt, the constituents of which enter largely into the composition of the blood, is productive of various evils, among which, according to Woodward, scurvy is one of the most remarkable, and Dyer ascribes the frequency of tapeworm in the negroes, who eat but little or no salt, to the same cause. The necessity of salt is greater if the food be of vegetables, as less is contained in them than in animal diet. In strange contradiction to these well authenticated facts, accepted by so cautious and critical a writer as Moleschott,† stands the extravagant nonsense of one of the apostles of abstinence, Mr. Sylvester Graham,‡ that "salt is a mineral substance, and is wholly innutritious and indigestible." Does this gentleman, and do those who crusade with him against the traditional symbol of hospitality, ignore the fact that bones are necessary, and that without mineral and innutritious articles of food we cannot have them? It is well, perhaps, that by such monstrous statements, he reveals the unscrupulous character of his mind, for otherwise his earnest denunciation of other dietetic articles of more questionable value might have undue weight.

Besides the salt we take with our food, we obtain a large quantity of mineral substances from the water we use so copiously in all articles of consumption, even if we do not indulge in libations of the limpid element. And it has been

* Schleiden, op. cit.

† Die Physiologie der Nahrungsmittel, ein Handbuch der Dietetik, von Dr. J. Moleschott.

‡ Lectures on the Science of Human Life, by Sylvester Graham, people's edition, p. 270.

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observed that waters artificially deprived of their saline ingredients are unfit for domestic purposes. The phosphates, however, we must get either from animal food, or from grains, in which they exist in considerable quantity, and Mulder ascribes the frequent fractures he observed in a poor-house, to the exclusive potatoe diet. This disposition was rectified by giving the inmates rye-bread and butcher's meat, and the hint may be useful in dealing with various conditions met with among our own poor.

There is no great difficulty in comprehending how the inorganic materials are used in building up the body, for they undergo no other changes in it than those ordinary chemical de- and recompositions we are familiar with in the laboratory. The component mineral matters of the bones and other parts are all found in the blood, into which they are conveyed by the chyle the product of the food, and out of the blood they are selected by the capillaries of the bones according to laws of vital affinities of which we are totally ignorant. But this we do know, that it is now an ascertained fact, that there are no transmutations of elements in the body, that if phosphorus and iron are found in the blood, they must be previously discoverable in the food, and that there is not a tittle of evidence for the assumption that out of silicea, iron can be made, or out of oxygen, phosphorus.

So much for the inorganic components of our frame. A much more difficult task is the description of the organic remainder. This has been divided into those substances which contain nitrogen and those which contain none. The nitrogenous elements (using the word element in a larger sense) of food are chiefly albumen in its simplest form, as it presents itself in the white of egg, and in its modified form of gelatine—for the most advanced chemistry identifies the two. The non-nitrogenous elements are chiefly starch, sugar, and fat, in their various forms. Let us then proceed to consider how we obtain these substances, and what changes they undergo during their strange metamorphosis—we might almost say, without irreverence, their miraculous transubstantiation—from dead dry bread into living juicy flesh.

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Before doing so, however, it may be well to point out the enormous importance of the facts just mentioned, that the body imperatively demands for its health a supply of certain mineral substances, among which soda and phosphorus hold an important place, and that various forms of disease, such as scurvy and softening of the bones, are the consequence of starving it in this direction. The obvious deduction for us is that to cure such unsound states of body, it is as essential to feed it with what it wants, as it is to give food to a famished man. Here we touch upon one of the limits of the application of the homœopathic or any possible therapeutic formula. Diseases arising from insufficient supply of any of the constituents of the frame, cannot be cured by any medicine whatever, and can only be cured by giving in some form or other the required aliment. This holds true, as was first demonstrated by Boussingault, * for the vegetable kingdom, and upon this fundamental law of nutrition the whole modern system of agriculture is based; and in consequence of the violation of this law, and growing potatoes upon a soil richly manured, arose the potato-disease, so eventful in its social and political consequences. †

Let us resume the previous enquiry as to the means by which the body gets its supply of nitrogenous ingredients. The answer will be sufficient if we can trace them into the blood, for the blood is the body in a fluid state; nothing is found in any part of the animal frame which does not exist, in some form or other, in the blood. We must begin with an analysis of this all-important fluid.

The nitrogenous constituents of the blood are:

1st. *Albumen*, of which, according to Becquerel and Rhodier, there are from 71 to 87 parts in a thousand. Salts of phosphate of lime, of sulphate of potash and soda, and chloride of sodium, are intimately mixed with this albumen, which, according to the formula of Mulder, consists of N^{89} C^{630} O^{220} S^{3} P^{00}.

2nd. *Fibrine*, which differs chemically from albumen, chiefly

* Rural Economy in its relations with Chemistry, &c. by J. Boussingault.
† See Johnston, Op. cit.

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in containing more oxygen and less sulphur. Mulder's formula for it is N^{88} C^{671} H^{523} O^{231} S^{7} P. The quantity of fibrine varies from 2·1 to 2·8 parts in a thousand.

3rd. *Caseine.* A substance of a very complicated chemical nature, and found in a very small quantity in the blood.

4th. *Globuline.* A very important constituent, forming the white membrane of the blood globules. It differs in many of its chemical aspects from the albumen, fibrine, and caseine, and according to Le Cann, amounts to 125·6 parts in a thousand. Mulder's formula for it is N^{94} C^{694} H^{522} S^{6}.

5th. *Hæmatin,* on which the colour of the blood globules depends. It amounts to about 2·3 parts in a thousand, and its most interesting feature is its peculiar chemical nature, for it contains neither Sulphur nor Phosphorus, but consists of N^{3} C^{44} H^{22} Fe. Hence the necessity of iron for the proper nourishment of the body, and especially for the ruddy glow of health produced by the rich red blood.

Such, then, are the nitrogenous constituents of the body, which we must supply it with to preserve life and health, and we shall now consider whence the supply is derived, and in what form, and what changes it has to undergo before it is converted into this liquid flesh and bone.

The supply must come from either the vegetable or animal kingdom, for although we read of tribes who consume as their chief food large quantities of clay, yet it is now a recognised fact, that unless the clay contain animal or vegetable matter in some form, it may be merely as a multitude of those infusoria Ehrenberg describes, it is in itself qua clay, or mountain meal, or any other merely mineral substance, incapable of sustaining life, although for a time it may appease the cravings of hunger.

Let us turn then to the vegetable and animal kingdom, and set out with this important observation of Mulder, "that those who feed on flesh, and those who feed on vegetables, partake of the same nutriment; they have both their albumen, the one derived from plants the other from animals, but for both the albumen is the same." *

* G. J. Mulder en W. Wenckenbach, Natur-en Scheikundig Archief. 1838, s. 128, quoted by Moleschott.

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It is obvious that the albumen, and its modification gelatine, which we derive from our animal food, requires less transformation to prepare it for returning to a condition almost precisely similar from that which it previously held, than the vegetable albumen does to enter for the first time the portals of animal life. Indeed, all that it needs is to be dissolved, and this is done, first by the processes it undergoes in the kitchen, which holds to man somewhat the same relation that the first stomach or paunch does to ruminating animals; next by the mastication and insalivation it is subjected to in the mouth; and lastly by the solvent action of the gastric juice, which according to the observations of Beaumont on the Canadian, Alexis St. Martin, the operations of whose stomach were open to inspection by an accidental perforation, takes from two to three hours to dissolve an egg.

Albumen is first coagulated, and then dissolved by the gastric juice; gelatine is simply dissolved, and thus passed onwards, as chyme, to be absorbed into the blood. The nutritiousness of animal food is generally calculated by the quantity of albumen it contains, and hitherto there has been a disposition to consider that gelatine only afforded material for cartilage and bone and not for muscles. This opinion rested upon some experiments of the French commissioners appointed to investigate the qualities of different aliments, who succeeded in starving dogs by giving them nothing but pure gelatine to eat. However, these experiments, at once unphilosophical in their conception and cruel in their execution, are entirely refuted by the fact, that dogs not only lived, but throve and fattened upon a diet consisting of nothing but bones; a fact corroborated by the history of every convalescent who is nourished by arrowroot and pure soup, as Mulder remarks. Why dogs thrive upon bones, and starve upon the pure aliment the bones contain, is a problem of which there are many examples, some of the most curious of which, are several instances where horses on a voyage pined away under the exclusive use of grain as food, and, impelled by the instinctive requirements of their organism, tore and eat all the dry wood within their reach; on this hint they got chips of wood, and very

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soon recovered their flesh and spirits.* From this we gather, that the vital processes, as well as the chemical products, are necessary for the maintenance of health, and it should make us hesitate before we subscribe to any diet-table submitted to us by the chemist, unless it be in accordance with the findings of popular experience. It may be that hereafter the chemist shall discover the value of some of those substances, such as kreatine, which exists in very small quantity in animal food, but which, as its name implies, is supposed to be a sort of incarnation of flesh—if the phrase be allowable; and it may be, that as the slight chemical difference in the amount of sulphur and oxygen makes the distinction in the laboratory between fibrine and albumen, so equally minute portions of chemical ingredients may induce totally different forms of the aggregation of the atoms from which the various tissues are evolved; and it is impossible not to recognize here how very small quantities of medicinal agents, properly administered, may exercise an enormous effect upon the development of the organism. How great may be the effect of Sulphur, of Phosphorus, of Silica, for example?

While the nutritiousness of food depends upon the quantity of albumen and gelatine it contains, its digestibility seems to depend upon the form in which they are presented to the system. Various attempts have been made to classify the ordinary articles of animal diet, and some writers, such as Robertson,† give a regular schedule, beginning with mutton and ending with pork. It is enough to observe upon such schemes, that they rest upon purely arbitrary assumptions, or upon the fallacious experiments of Beaumont; "who, when he saw mutton-suet dissolve in his Canadian's stomach in five hours and a half, must evidently have mistaken," as Moleschott observes, "mechanical division for chemical solution." What vitiates his conclusions most, however, is, that he employed mixed substances in his experiments, and also that with him solution, or rather, reduction into a homogeneous mass, was equivalent to digestion. A more recent case of a similar conveniently perforated stomach, taken advantage of by Grunewald

* Graham's Lectures, &c. † Robertson on Diet and Regimen.

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and Schroeder, gave results diametrically opposed to Beaumont.* The Germans found raw meat and veal more rapidly digested than boiled beef! In the absence of all satisfactory experiments, we must rely upon popular experience, and yet not place ourselves in the ridiculous position of Dr. Robertson, who translates the language of an old wife into the *sesquipedalion* phraseology of an old pedant, and utters it with the assurance of an auctioneer.† It is certainly better to tell those who ask our advice upon the point, that although it may not be true, that after years of maturity every man should be his own doctor, yet certainly every man may have discovered what agrees and what disagrees in the ordinary articles of animal food; and to stigmatise as unlawful the eating of the flesh of hogs, in a country which was never either Jewish or Mahommedan, is what may be called an infraction of Christian liberty. Pork is the cheapest animal food, and therefore the only attainable form for many, and because it does not agree with some, there is no reason to ban it with such Levitical austerity. Much depends, in this as in most things, on the form in which it is prepared, and we must take a peep into the kitchen before we dilate further upon what is digestible. On this matter we cannot do better than quote the sensible observation of Professor Johnston.

"In cooking animal food, plain boiling, roasting, and baking, are in most general favour in our islands. During these operations, fresh beef and mutton, when moderately fat, lose on an average, about—

	In boiling.	In baking.	In roasting.
4 lbs. beef lose	.... 1 lb.	.... 1 lb. 3 oz.	.... 1 lb. 5 oz.
4 lbs. mutton lose	14 oz.	1 lb. 4 oz.	1 lb. 6 oz.

"The greater loss in baking and roasting arises chiefly from the greater quantity of water which is evaporated, and of fat which is melted out during these two methods of cooking. Two circumstances, however, to which it has not hitherto been necessary to advert, have much influence upon the successful result of these and some other modes of cooking.

* Brit. and For. Med. Chirurg. Rev. Jan. 1855. † Op. cit. p. 143.

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"If we put moist flesh into a press and squeeze it, a red liquid will flow out; this is water coloured by blood, and holding various saline and other substances in solution. Or, if after being cut very thin, or chopped very fine, the flesh be put into a limited quantity of clean water, the juices of the meat will be gradually extracted, and by subsequent pressure will be more completely removed from it than when pressure is applied to it in the natural state, and without any such mincing and steeping. The removal of these juices renders the beef or mutton nearly tasteless.

"When the juice of the meat, extracted in either way, is heated nearly to boiling, it thickens, or becomes muddy, and flakes of whitish matter separate, which resemble boiled white of egg. They are, in fact, white of egg, or albumen, and they show that the juice of flesh contains a certain quantity of this substance, in the same liquid and soluble state as it exists in the unboiled egg. Now, the presence of this albumen in the juice of butchers' meat, is of much importance, in connection with the skilful preparation of it for the table. The first effect of the application of a quick heat to a piece of fresh meat, is to cause the fibres to contract, to squeeze out a little of the juice, and, to a certain extent, to close up the pores, so as to prevent the escape of the remainder. The second is to coagulate the albumen contained in the juice, and thus effectually and completely to plug up the pores, and to retain within the meat the whole of the internal juice. Thereafter the cooking goes on through the agency of the natural moisture of the flesh. Converted into vapour by the heat, a kind of steaming takes place within the piece of meat; so that, whether in the oven, or on the spit, or in the midst of boiling water, it is in reality, when skilfully done, cooked by its own steam.

"A well-cooked piece of meat should be full of its own juice or natural gravy. In roasting, therefore, it should be exposed to a quick fire, that the external surface may be made to contract at once, and the albumen to coagulate before the juice has had time to escape from within. And so in boiling: when a piece of beef or mutton is plunged into boiling water, the outer part contracts, the albumen which is near the surface

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coagulates, and the internal juice is prevented either from escaping into the water by which it is surrounded, or from being diluted and weakened by the admission of water among it. When cut up, therefore, the meat yields much gravy, and is rich in flavour. Hence a beef-steak or a mutton-chop is done quickly, and over a quick fire, that the natural juices may be retained.

On the other hand, if the meat be exposed to a slow fire, its pores remain open, the juice continues to flow from within as it is dried from the surface, and the flesh pines, becomes dry, hard and unsavoury. Or if it be put into cold or tepid water, which is afterwards gradually brought to a boil, much of the albumen is extracted before it coagulates, the natural juices for the most part flow out, and the meat is served in a nearly tasteless state. Hence to prepare good boiled meat, it should be put at once into water already brought to a boil. But to make beef-tea, mutton-broth, or other meat soups, the flesh should be put into cold water, and this afterwards very slowly warmed, and finally boiled. The advantage derived from simmering, a term not unfrequent in cookery books, depends very much upon the effects of slow boiling, as above explained."

This passage contains the whole theory of the art of cooking meat. If we want to give our patients the full richness of the flesh, we must order a chop or steak, or something of that sort; if we want the flavour chiefly, and not the strength, we give beef-tea; if we want bulk rather than either flavour or strength, we can order the meat to be boiled to rags. This knowledge gives us all the command of the kitchen we can expect to have.

So much for animal food; let us now consider what the vegetable world affords in the shape of albumen, and how it is to be prepared for the table.

1st. *Soluble Vegetable Albumen* exists in a greater or less quantity in the juices of all plants, and in greatest abundance in the so-called grains. In its proportion of nitrogen, carbon, oxygen, and hydrogen, it is exactly the same as animal albu-

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men, but differs somewhat in the amount of Sulphur and Phosphorus. It is soluble in water and various acids.

2nd. In the seeds of leguminous and corn plants, besides the vegetable albumen, is formed a substance called *kleber*, by Beccaria, by Liebig, vegetable fibrine. It is insoluble in water, but soluble in alkalies and acids.

3rd. A modification of this is vegetable gelatine, which like kleber is insoluble in water, and soluble in alkalies and water.

4th. The last and most recently discovered albuminous ingredient in vegetables, has so close a resemblance to caseine, as to be called by Liebig, vegetable caseine. This name is now rejected, for though like, it is essentially different from the caseine found in milk, and the name it now goes by is *legumin*. It is found only in small quantities, and is confined to a few of our esculents. It is soluble in water, and is precipitated by all acids. From these chemical facts, we are now able to infer the digestibility of vegetables, as well as their nutritive property, for as a general rule, while their power to nourish the body is in direct ratio to the total amount of their albuminous contents, the facility with which they are reduced to a state fit for assimilation depends upon the relative quantity of the soluble and insoluble form of this albumen. Besides this important explanation, chemistry also suggests the reason of dressing some vegetables with vinegar; for all forms of cabbage contain a large quantity of insoluble albumen, which is rendered soluble by the addition of this acid. It is probable that in the preparation of vegetables for the table, we have yet much to learn, and no doubt the indefatigable efforts of the vegetarians will be of use.

The comparative amount of nutriment contained in the most nutritious form of animal and vegetable food, is, according to Professor Johnston, about 3 to 1.* "Or a pound of beef-steak is as nutritive as three pounds of wheaten bread, in so far as the nutritive value depends upon this one ingredient," *i.e.* albumen. Thus we find that as Coleridge defined a rogue to be a fool with a circumbendibus, so we may consider a man

* Op. cit. p. 128.

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who lives on vegetables alone, to be a roundabout flesh eater; for by a circuitous route he gets the same albumen as the beef-eater gets directly. Whether it is well to live solely on vegetables, or solely on animal food, or on a mixture of both, is a question to be decided by the whole circumstances of the eater. The appeal to nature made by the vegetarian propagandists, is manifestly futile; for man's nature is progress, and as one generation succeeds another, man alone of all creatures that dwell upon earth, inherits the accumulated acquisitions of those who lived before, and every child born stands in a new relation to the external world to what its parents did. Man is "the heir of all the ages," as such he accepts on his birth new duties in a new sphere of action from those who went before him. Is he to be denied the right of innovation, perpetual innovation and general progress in the food which is so essential to his life? His nature is himself. He alone can resolve the problem of his duties for himself. If he finds that for their fulfilment he requires to abstain from flesh, let him abstain; but let him not insist upon putting a straight jacket upon his neighbour who is under no such necessity, and who on the other hand finds he can do his work better if he live on meat. Above all, it is lamentable that the apostles of this vegetable creed should be so carried away by their fanatical exclusiveness, as to convert the board of hospitality, where the bread, the meat, and the salt, are spread to satisfy the various instincts of our bodily requirements, and to express the oneness of our origin, our progress, and our destiny, into a conspirator's meal, at which each guest pledges himself against the common food of his fellow-men. In former times, when men fasted, they went some days' journey into the wilderness, not to annoy their neighbours with their lugubrious faces. Might not all exclusionists in diet do well to follow this example? But we have said enough, perhaps too much, upon this head, and we must conclude with the saying of Goethe—"That is good which does us good." Newton wrote his treatise on optics living upon wine and water, biscuits and tobacco. That was good for him. We might have injured his labours if we had insisted upon his

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eating a mutton chop. But it does not follow, that if we confine ourselves to biscuits and sherry, in process of time we shall be transformed into Newtons. In short, the reason of every man is, or ought to be, the absolute lawgiver upon this matter to himself, only the reason should be enlightened by the fullest knowledge of how he can best secure the ends it seeks. But as these ends vary infinitely, so should the means also vary, and the whole dispute between the vegetarians and non-vegetarians is terminated by the old proverb—"One man's meat is another man's poison."

Having thus briefly described the inorganic and nitrogenous ingredients of food out of which the bony skeleton with its ligaments, and the muscular fibres of the body are procured, let us proceed to investigate the character of the materials which furnish the non-nitrogenous remainder of the animal frame, and the complex series of transmutations which they undergo, before their final adjustment to the parts they play in the living organism.

The starch group is the first we here encounter, and the most important. It consists of—

1st. *Starch or fecula.* A substance found generally in those parts of a plant to which light does not penetrate. It exists in the greatest abundance in the potato, and forms above sixty per cent. of most grains. Its formula is C^{12} H^{10} O^{10}. It is soluble in warm water, and readily transformed into a substance called dextrine, of similar atomic constitution, but of different physical and chemical properties, by the contact of saliva and various organic substances.

2nd. *Cellulose.* Of the same atomic constitution as starch, and like it, by long exposure to the action of acids, being converted into dextrine, but insoluble in water. It abounds in green vegetables, especially cabbage.

3rd. *Pectin.* Of the same atomic constitution as the former two. It is imperfectly soluble in water, but if exposed to the action of acids at a higher temperature, it passes into a substance called *metapectic acid,* which is soluble. Pectin is met with in large quantities in various roots, such as carrot, turnip,

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&c., and still more in the fleshy fruits, such as raspberries and apples. The gelatinous-looking substance so abundant in Carrhageen moss, is nothing more than a modification of Pectin.

4th. *Dextrine*, or gum. These are essentially alike, but the term gum has a more limited application. *Dextrine* may be called the father of all the gums. It exists in large measure in all ripe fruits, and is the transition form of the metamorphosis of all feculent bodies into sugar. It derives its name from its action on light; the polarized ray is thrown by it to the right; probably the ray thrown to the left, acting upon similar elements, forms true gum.

5th. *Grape sugar* and *glucose*, are closely allied, and only distinguishable by the difference of their action on the polarized light, and the crystallizable character of grape sugar, which glucose cannot attain. Besides being readily produced by the action of various substances upon other forms of fecula, it exists naturally in figs, apricots, and many other sweet fruits, as well as the grape. It is readily soluble in water, and if any nitrogenous body be present it undergoes fermentation as it is called, and is converted into alcohol. It is also changed by the action of caseine and of bile, according to Van den Brock, into sugar of milk and buttric acid. Sugar of milk has the same composition as grape sugar, but cannot pass spontaneously into alcohol; it requires first to be changed into grape sugar, a transformation readily effected by the action of an acid.

Cane sugar differs atomically from all the other sugars, its formula being C^{12} H^{11} O^{11}; or, as there is probably one atom of water in this, the truer formula will be C^{12} H^{10} O^{10}. Like sugar of milk, it is incapable of direct fermentation, and to acquire the useful property it has to become grape sugar, through the action of an acid.

Thus we see that all the varieties of starch may be promoted into grape sugar, that highest point of advancement of the class, at which it undergoes the astonishing transformation from a sweet and harmless material for the nourishment of the body, into a fiery stimulant called alcohol, the most fertile source of every human crime, the great author of madness and suicides.

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The second non-nitrogenous group consists of substances from which fat is derived; for although grape sugar may be converted into fat, yet this transformation is made more easily if ready made fat be present, and it exists in large quantities in various forms of food. The most widely distributed form of fat is *elain*, which constitutes nearly eighty per cent. of olive oil. Its formula is calculated at C^{36} H^{35} O^{4}, It is generally met with as elaic acid, and as such, or as a soap, is received into the blood. Next in abundance to elain is *margarin*, which constitutes sixty-eight per cent. of butter, and enters largely into the composition of all solid fats. Its formula is C^{35} H^{35} O^{4}.

Stearine is much more rarely met with; it is found in mutton suet and cocoa. Its formula is C^{37} H^{37} O^{4}.

The last member of this group which is of any importance in a dietetic point of view, is *Butyrine*, which is a constant constituent of milk, although it is in the small proportion of two per cent. It is readily decomposed. Its formula is C^{11} H^{11} O^{4}.

The above group, as will be perceived, abounds in carbon, and yet the demand for this element is so large, both for the purposes of respiration, and to form the many carbonates that exist in the body, that besides the contributions derived from the various forms of fat, a considerable amount is afforded by various acids, which constitute the third and last non-nitrogenous group.

The most important of these, are the oxalic, malic, citric, tartaric, acetic, and lactic. All these acids are very similar in atomic constitution, consisting generally of four atoms of carbon, two of hydrogen, and from three to five of oxygen. The formula of lactic acid deserves more specific attention, for it is readily formed from grape sugar, it stands thus: C^{6} H^{5} O^{5}. As this acid is found, in combination with alkalies, in the muscles, it is probable that it passes unchanged into the blood. As also the acetic, for it is met with in the perspiration, although in small quantities, and, no doubt, much the largest quantity of the acetic acid we use, is changed into carbonic acid and water. All the acids we have enumerated are readily decomposed, and form new combinations with the various com-

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plex bodies they encounter in the blood. It would be out of place here, to attempt to follow their chemical progress, and we shall now proceed to the more interesting task, of describing the process by which the most important members of the non-nitrogenous groups are adapted for the various offices they have to fulfil in the state corporeal.

Let us first pursue the history of starch, which enters so largely into most vegetable diet, from its entrance into the mouth, to the transformed existence it presents in the blood.

When food is taken into the mouth, there is, or ought to be, an immediate flow of saliva from the various glands connected with that cavity. The action of this saliva upon starch is very remarkable, as it gradually converts it first into dextrine, and then into sugar. Digestion then begins in the mouth, and from this important fact, too much lost sight of, we may deduce several dietetic rules. The first that occurs is an old adage, that food "well chatted is half digested:" a curious example of the popular instinct anticipating the scientific discovery, for it is literally true, the chatting during a meal prolongs the process of mastication, and has also the effect of conveying the requisite amount of nervous influence to the salivary glands. No part of the system is more under the influence of the emotions than these organs. "The mouth waters for dainties," is a literal fact. The sight and smell of food make the mouth weep in pleasurable anticipation of the "sweet morsel" it will soon "roll under its tongue." How exact is this description! While gaiety thus improves what we may call the oral digestion, fear and anxiety exercise as powerful an effect in the opposite direction. The dryness of the mouth is a symptom of terror, suggesting the expression, "vox faucibus hæret," or, "the tongue cleaves to the roof of the mouth." In India a thief is detected by desiring him to chew rice in his master's presence; the saliva will not flow from fear, for "conscience doth make cowards of us all," and the thief is unable to make any impression upon the dry hard grain. So much for the importance of recommending social meals, and the obvious risk of throwing an undue amount of labour upon the stomach by bolting food. Is it not possible, that this habit, which is said to be so

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common in America, is one of the causes of the remarkable leanness of the people? For, as we shall see afterwards, the ultimate destination of this starch and sugar is to supply fat to the frame.

Another question of great practical importance to us as homœopathists here suggests itself, viz.—whether we do wisely in restraining our patients from all spices. The action of mustard and pepper, and of seasoning generally, is very powerful upon the salivary glands; and it is a remarkable fact, that while the taste for sweet things is the characteristic of childhood and boyhood, the love of tarts and sugar-plums, as a rule, entirely gives place to a relish for spices in maturer years. If we condemn our patients to eat tasteless farinaceous food, shall we not incur the risk of subjecting them to the punishment of the thieving Hindoo, and will they not be too glad to get rid of the insipid stuff as expeditiously as possible, that is, little digested in the mouth, and gulp it down, "unhouseled, unanointed, unannealed," to the sepulchre of their stomach, where it can hardly expect a proper welcome, coming in so unmannerly a fashion. If this is in any measure true of mature manhood, it will be much more so of advancing years, when the apparatus for disintegrating food, so that it may be well kneaded with saliva, is all broken and useless, and at the same time the sense of enjoyment is diminished, and there is less lively participation of the cerebral functions in those of nutrition. To insist upon an old man eating his beef and bread without mustard, is almost as cruel as to give him mustard without bread and beef. The mustard to him, at least, is an essential; without it he could not instigate the glands of his mouth to pour out their contribution to the first act of digestion.

The starch, then, on its arrival at the stomach, has already undergone a partial transformation into sugar, the process is there completed by the action of the pancreatic fluid, which bears a close resemblance to saliva, and by the secretions of the stomach itself, the most important of which, is the complex substance called *pepsin*, whose characteristic peculiarity is, its power of inducing active molecular changes in all organic

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matters susceptible of its influence. It is, in short, the digestive principle in its purest form. Besides converting the unreduced remnant into sugar, it acts upon the sugar in such a way, as to transform a portion of it into lactic acid. This is also done by the bile, but the full action of the bile upon the chyme is yet unknown, and how sugar is converted into fat is still an unsolved problem—possibly an insoluble one, for it is the step out of chemistry into vitality. This first act of vital generation, by which the hard and angular chemical sugar is transformed into the soft and globular vital oil, by which the lamp of life is fed at the lungs, and the whole bodily machine kept pliant and warm, seems to be in some way or other under the direct control of the brain. The nervous system, the differential between what is vital and what is chemical, here asserts its claim for the first time over the contribution to the reconstruction of the living body presented by external nature. This important fact has come to light during the investigations into the cause of the curious disease known by the name of diabetes mellitus, which seems to result from the incapacity of the brain to discharge its requisite office, and transform the sugar, presented to the organs of assimilation, into fat, so that, as sugar it enters the blood, and as sugar leaves the body by various emunctories, and thus the body is starved of its fat, and extreme emaciation, going on generally to death, is the consequence.

For the important discovery, which, like the appearance of a point of rock in a plain, suggests a series of hitherto undiscovered analogous facts, we are indebted to Dr. Claude Bernard. He found, that on puncturing a particular spot of the fourth ventricle of the brain close to the origin of the eighth pair of nerves, one of Sir Charles Bell's respiratory system, in an hour or so, evidences of an excessive quantity of sugar were observed. The blood and all the secretions were loaded with it. In one instance a cat with kitten was the subject of experiments, and even the fœtuses were all sugared through. The artificial diabetes mellitus lasted for about a week, and then disappeared spontaneously. Besides obtaining this result as a constant consequence of irritating the brain at the particular point men-

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tioned, he observed it to occur after any violent pertubation or lesion of the nervous system. No doubt a portion of sugar, and a large portion, may continue unchanged in the blood, till it passes through the lungs, where it may be oxydized and converted into carbonic acid and water; but there is as little doubt, that what we consume as sugar is largely converted into fat; and hence the fattening effect of a purely sugar diet upon the negroes who work at the sugar-cane plantations. The facts which seem to me of such immense importance to us practically, are these two, that we are now on the road to discover what substances yield the elements of fat to the body, and what the condition of the body is which enables it to turn its opportunities to account; and what the bodily states are, on the other hand, which debar it from the privilege of converting the bounties of nature into that ductile element, which rounds the harsh masculine features of bone and muscle into feminine beauty, and tends to mollify the temper and tranquillize the mind.

Besides the fat we obtain from the starch and sugar we consume, there is a considerable quantity of it in the principal grains employed in making the various kinds of bread, or the cakes and other forms in which meal is prepared for use. And it is of consequence to know the proportion in which it exists in the different varieties of these bread-stuffs, for upon the amount of fat seems to depend the laxative or binding action of these articles of diet upon the alimentary canal. Professor Johnston, in the book we have before so often alluded to, gives the following proportions:—

In fine English wheaten flour	2 per cent.
In bran of English wheat.....	6 „
In Scotch oatmeal	6 „
In Indian corn	8 „

From this table we learn that fine wheaten bread contains only one-third the quantity of oil contained in oat-cake or bread made from bran, and that we may derive a useful hint from this in the management of cases attended with constipation. It was generally supposed, that the bran acted as a

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foreign body upon the mucous membrane, and that from the irritation it produced, the peristaltic action was increased. This may be partly true, but the presence of the oil is undoubtedly highly conducive to the greater activity of the bowels. Rice contains very little fat, and hence its binding tendency upon the bowels. Indian corn on the other hand, is very rich in fat, and might probably be more extensively used in this country, with great advantage. All travellers in America dwell with much gusto on the delicious cakes of Indian corn that are there served up at breakfast.

Although we derive the elements of the fat, which enters into the composition of every tissue of the body except the enamel of the teeth, and constitutes the bulk of the brain and nerves from various forms of fat that present themselves both in the animal and the vegetable kingdom, yet the modifications these endure before they take their new place in our frame, is much greater than any which the other primary constituents undergo. In the brain it is found in the form of two acids, the one called cerebric, the other oleophosphoric; the latter posseses the interesting property of being resolved by heat and water into Elaine and Phosphoric acid. This fact may throw a light upon the important observations recently made by Dr. Bence Jones, upon the amount of phosphates in the urine being the measure of the waste of the nervous system.

It does seem strange that with such facts as this one and many others staring us in the face, to shew the immense value of fat as a source of nourishment to all parts of the body, and chiefly to the most noble part of all the brain, it should be the fashion of chemical physiologists to speak of fat as if it served no other purpose than to be burned at the lungs to warm the rest of the body. Surely the curious fact of hibernation alone might teach us that fat went far to sustain life, for from the store accumulated in themselves during summer and autumn, must the beasts and other animals which pass the winter in sleep, without food, draw the whole nourishment during the months of their retirement from active life. To deny the name of nourishment to that which sustains the life of an animal, involves a paradox; and in this instance the paradox results

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from an exclusive application of the term nourishment to substances which supply the materials for constructing the fleshy parts of our tabernacle, and ignoring the existence of the earth and fat, which are essential to the formation of the organs of sensation and locomotion.

The sophism implied in this paradox lies at the root of the entire misrepresentation of the effects of alcohol, by those who deny to them any nutritive qualities; and as the subject is one of unsurpassed importance and interest to us as physicians, it will be right to enquire fully into the properties of alcohilic drinks, regarded, not as medicinal stimulants, but as articles of strictly dietetic or nutritious use.

The ground we are now entering on, demands from us a most dispassionate investigation, for it is beset with difficulties on all sides, and requires that we should at the outset clearly define what are our special duties in this matter, as contradistinguished from those who are most prominent in leading public opinion upon it.

To those who devote themselves to the arrest or mitigation of the frightful evils produced by intoxication, whether by popular lectures, or by addresses from the pulpit, or by the organization of societies, we wish to express the deep sense of our obligations, for their noble and patriotic efforts, and in so far as it is in our power to advance the great cause of temperance, in our capacity of citizens, it is surely our bounden duty to do so. But the restraint of excess is a wholly different question from the proper use of any article of food; and if out of dread of offering an obstruction to the promoters of a great philanthrophic movement, we shirk a candid investigation of the alleged benefits to be derived from a temperate indulgence in all the drinks they find it expedient to condemn, we should be abdicating our position as advisers to those who consult us as to what is best for them, and be betraying their interest and our duty for the promotion of a remote and hypothetical good. We have no right to sacrifice our patients upon the altar of temperance. There is no more inconsistence in promoting the cause of temperance, and recommending the use of wine, than in doing all we can to advance a Fire-Insurance office, with all

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its machinery for extinguishing a conflagration, and each of us at the same time making these very efforts by the comfortable warmth of his "ain fire side." Temperance is the law of life; the torrid and the frigid zones are equally inimical to man, nor less so probably would be found the universal abstinence from wine and all its kindred. Nay, we do not take up a merely negative position in reference to temperance, while thus claiming a fair hearing for what its *soi disant* advocates condemn, we go further, and maintain, that if it be shown that the use of wine, spirits, and beer, be conducive to health in certain circumstances, by recommending their use, we are really doing more for the ultimate triumph of temperance, than by passing no end of Maine-liquor laws; for it is a fact beyond all denial, that one of the most fertile causes of intemperate indulgence is traceable to some bodily infirmity or depravity, and that intoxication is hardly possible for those whose bodily and mental conditions are in the highest state of vigour and refinement.

I have been thus free in the expression of my opinion, because I find myself opposed to the views of many, whose opinions deserve the highest attention and consideration at our hands, and with none more than Dr. H. Madden, who in an article published in 1846, in the British Journal of Homœopathy, makes the following observation. "Alcohol when acting not as a stimulus, but substantially, is not and cannot be a pabulum to any organ, and for the following reasons:—*first*, its chemical composition disqualifies it from taking any share in the formation of muscular fibre, or other azotized compound, since it possesses no azote; and it has now been proved that the higher orders of animals have no power to compound their proximate principles, but must obtain them ready formed: *second*, although its chemical constitution has some approximative relationship to nervous matter, we have no proof that it is or can be transformed into that substance, while numerous arguments may be drawn from transcendental chemistry, to show its extreme improbability."

In opposition to this statement, we think we shall be able to shew that alcohol may supply a pabulum to every organ by affording it the materials whence to derive its fat which

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is essential to its healthy action, and also that there is every probability of its nourishing as well as cherishing the nervous system. Human fat, according to Chevreul, contains 79 per cent. of carbon, while alcohol contains 53 per cent. of the same element, and the conversion of alcohol into fat, rendered thus probable by their similarity of atomic constitution, is put beyond a doubt by the examination of the blood of persons who have imbibed alcohol in large quantities, in whom this fluid has been observed to be of a whitish, milky appearance, from the quantity of fat globules that float there.* So great indeed may be the transformation of alcohol into fat, that there is a case on record in which all the organs of the chest and abdomen, and even the muscles in the body of a drunkard, were found converted in a great measure into a fatty substance.†

So much for the first proposition, that alcohol goes to make fat in the body. As to the second, that alcohol by loading the blood with fat, probably affords special nourishment to the nervous system, which consists in a great measure of this substance, it seems highly probable, not only from the fact of the chemical composition of the two, but from its physiological action as a narcotic. We know indeed, as a positive fact, that the brain is nourished during sleep, and we also know that, as a general rule, the tendency to sleep is in direct proportion to the quantity of fat in the body. Fatness and somnolence are mutual cause and effect, as we see in the example before referred to, of hibernating animals who do not go to sleep till they have laid in a great store of fat, and who then pass their whole time in this condition, and the converse we see in the effects of sleeplessness producing all the evils of insufficient nutrition on the brain. "All the causes," says Dr. Bucknell, in a recent article in the *British and Foreign Medico-Chirurgical Review*, "even of the acute forms of insanity, point to an interference with the due nutrition of the brain. Starvation causes raving delirium, mortification produces muttering delirium. * * * If anything is positively known of the brain and its functions, it is that it expends its powers during the waking state; and

* Wilson on the Pathology of Drunkenness.

† Rosch, Der Misbrauch geistiger Getränke, p. 93.

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that it is nourished and its powers are recruited by cell-growth, or otherwise, during sleep, * * * and during the prodromic period of threatened insanity, opiates often act like a charm." * That alcohol does act narcotically, especially if combined with another narcotic, such as that of hop, requires no proof. It is an admitted fact, and now we are in a position to perceive how it is that the English and the Germans are a fat race, while the French and the Scotch are lean. The former drink beer, which contains about the same amount of alcohol as the light French wines, but in combination with a narcotic and nutritive extract to the extent of from 4 to 8 per cent. While in milk, the model food, the nutritive matter is about 12 per cent. So that a pint and half of good beer is equal, in respect of solid nourishment alone, to a pint of milk. But it has this immense advantage over milk, that it soothes the over-active nervous system at the very instant that it presents to it its means of nourishment. It cherishes and nourishes at once. Shall we then, misled by the crude speculations of modern chemists, reject the evidence of all history in favour of the mighty boon conferred by Bacchus on our race? When we reflect that in the present age the work is done more with the brain and the nerves, than with the muscles and the bones, that we have now bones of iron and muscles of steam, which relieve to a great extent those of the human frame, and that this substitution is daily progressing; while, on the other hand, the strain upon the mental and cerebral system is proportionally increased, for we cannot multiply brains by any process of machinery yet invented, and that this very liberation from the toil of the hands begets greater and greater competition in the race of mental achievement; when we reflect on all this, is there not something very presumptuous in venturing against the most advanced investigations of physiology, to enforce more than monastic ascetism upon those who instead of the dawdling life of the monastery, with the trifling expenditure of its hibernating existence, have daily to undergo a waste of cerebral and nervous matter in the furnace of a city, to an amount hitherto unknown in the annals of our race? If we

* Brit. and Foreign Med. Chirurg. Rev., Jan. 1855.

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forbid alcohol in all its forms, is there not a danger of our starving the brains and the nerves? May not a portion of this substance be absolutely necessary for those who like pleaders have to go through a work of intense cerebration, so to speak, for hours together? Certainly in my own practice I have met with many instances where the health was kept in a state of deterioration by abstaining from alcoholic drink, and where the addition of a glass of ale or a glass of wine permanently improved the health and comfort of the persons; and I believe, notwithstanding all the averments of the teetotallers, will contribute to the prolongation of a life it has already made happier. There is wisdom in the adage that wine is the old man's milk.

Before considering the comparative value of different forms of alcoholic drinks, let me observe that the cases in which marked benefit was derived from their administration as articles of regular diet, not occasional stimulants, were all characterized by the feebleness of the pulse, and a difficulty of obtaining a sufficient quantity of sleep. This entirely corresponds with what our physiological investigations might have led us to expect. In such instances, alcohol in its proper form at once propitiated the appetite of the nervous system, and presented to it its most appropriate aliment. At the same time it is right to state, that the greatest caution is required in deciding on the class of cases which are suitable for this method of treatment, for it certainly is extremely injurious in many cases characterized by a feeble pulse, if there is preter-natural general irritability present. In such cases it acts not as a sedative, but as a stimulant, and increases instead of mitigating the evil. I have known immediate improvement to follow the withdrawal of all stimulants, in cases where the heart is at once feeble and irritable. Indeed I do not believe there is any matter connected with the management of those who consult us that requires so much care, and about which, with all our caution, we shall so often commit errors in giving a reply to the question: what must I drink? Perhaps it may be well to give Dr. Bence Jones' resumé of the various qualities of different alcoholic drinks, as it may afford us some guide

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in the solution of this intricate and perplexing problem.* "Generally then, it may be said, that beer contains much saline matter, wines contain very little, and spirits contain none at all. Each year our knowledge of the chemical composition of these fluids will increase, and with advancing knowledge we shall obtain more clearness regarding the dietetic and medicinal properties of all fermented liquids. At present the answer to the question which is the best wine, cannot be given, because of the imperfect knowledge which we possess of the chemical composition of different wines. But even when full knowledge is obtained, no universal answer can be given; for that wine which is best in one state, or for one person, may be the worst in a different state, or for another person. Generally however it may be said, that that wine is best which contains least alcohol, least acid, least sugar, and highest flavour. This is the best for a person in health, while for a person in a state of low fever, that wine which contains least salts, most sugar, most astringent acid, and most alcohol, will cause least irritation of the bowels, will furnish most nutriment, be most febrifuge, and most supporting. Where there is much irritation and much depression, brandy will be better than wine. In some states in which diuretic action is desirable, Moselle wine, by the excess of salts it contains, may prove almost as energetic and far less heating than the essential oil in gin or whiskey. The difference in action being that between cream of tartar and oil of turpentine. In diabetes, ale and porter, which contain much sugar, cannot on rational grounds be advised, while claret, which is free from sugar, and contains perhaps much tannic acid, is highly beneficial. While cider, though free from sugar, contains much malic acid, and is diuretic. In dyspepsia and gout, the wine which is freest from ultimate acidity, and which is least stimulating, is best. The least acid claret wines, first, and then some sherry, and even perfectly dry champagne, when very free from excess of acid, are not unsuitable. When a taste is acquired for good Mansanilla, it answers all the requirements, and is obtained at a far cheaper rate than first rate Amontillado sherry, which may

* Medical Times and Gazette for Sept. 1854.

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be procured free from all sugar, and with little acid, and scarcely stronger than Mansanilla, and so far surpasses it in flavour, that the difference in expense is almost forgotten. But by adding water to brandy, or other spirit, a fluid is obtained which is far less acid than any wine, and which may be made of any strength, and be free from all sugar. Theory then, as well as practice, leads to the belief that if any stimulant is taken in dyspepsia, the best is brandy and water. With regard to porter and stout, these containing little acid, have much sugar, and hence give rise to much more acidity than some pale ale. [But at the same time are *pro tanto* more fattening if they agree.] Some pale ale may be found more sweet and acid than ordinary sherry, but generally pale ale is more acid than sherry, and less stimulating. Yet for this, compensation is made in the greater quantity of ale drank. The larger quantity of salts also in malt liquors must always be borne in mind. Such is the meagre information which at present is the best I can bring before you to enable you to answer the question: what may I drink?"

The question of how much, must also receive answers as various as are the habits and capacities of those who ask it. One man's extremest idea of temperance conveying to another the horror of a debauch. I recollect a celebrated writer, who is now far advanced in years, remarking to me in reply to my question of whether he took much wine, "I drink very little now, he said in the quietest tone, I seldom take more than eight or perhaps ten glasses of sherry at dinner." A limit of indulgence which would have entitled him to be enrolled on the books of a temperance society instituted towards the close of the 14th century by the Landgrave of Hesse, the rules of which restricted its members to seven bumpers of wine along with each meal, which at three meals a day, and allowing six bumpers to a quart, would give each man his three daily bottles.

We should here have considered the effects of the other sources of fat, and especially of cod-liver oil, but that the subject has been ably handled by so many writers, as to make it a work of supererogation. There is one observation, how-

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ever, it may be right to make, in order to prevent disappointment from the results of this fashionable remedy, and it is this: In cases of phthisis it may fatten the patient to such a degree as to give a delusive appearance of restored health, while all the time the mortal malady is making rapid progress to its unerring end. As to the value of inunction, a still more fashionable mode of introducing fat with the body, I confess myself to be very dubious, from the few trials I have made of it. I have found, in several instances, unspiced turtle soup one of the most digestible forms of presenting fat to patients in a state of extreme emaciation. Of the dietetic value of cocoa, in this point of view, I shall speak presently, when considering its claims as a beverage, along with those of tea and coffee.

Before doing so, it may be right to state, that however important fat is to the economy, yet both oil and sugar are so readily decomposed and converted into a variety of acids, some of which are of a highly indigestible character, that, practically, they are usually found unsafe articles of diet, unless presented in circumstances well adapted to secure their admission without decomposition.

Sugar is safest in the form of grape sugar, and it is owing to this that the *grape-cure* owes its efficiency probably, in cases to which it is suited. It is said to be specific in certain forms of diarrhœa or dysentery, but I am not aware of any trustworthy details of the way in which it is used. Milk thickened with mutton suet, has an excellent effect upon children who are weak and lean from long-continued diarrhœa. And broiled bacon is found by many to be a useful substitute for butter at breakfast. No doubt in this, as in other forms of aliment, individual peculiarities of taste and disposition, impossible to specify by anticipation, must be taken into account.

The importance of coffee, tea, and cocoa, as articles of diet, requires no enforcement. Of coffee alone, the consumption in the United Kingdom, amounted, in 1853, to thirty-seven millions of pounds; and yet coffee is of comparatively recent introduction into Europe.

According to Abd Alkader Ebn-Mohammed, who wrote a treatise in 1566, entitled, "The Prop of Innocence, in Refer-

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ence to the Lawfulness of Coffee," a very learned and pious sheikh became acquainted with this beverage in Abyssinia, and introduced it into Aden about the beginning of the fifteenth century, under the name of kahwa. In the year 1554, an alarming tumult arose in Constantinople, no less than an emeute of the priests against the sultan, because the opening of coffee-houses had been attended with such irresistible attractions to the true believers, that they had all deserted the mosques. With the sagacity of one born to rule, the sultan settled the matter by heavily taxing the coffee-houses, thus religating to the mosques the poorer portion of those who frequented them, satisfying the priesthood, and enriching himself. In 1652 a Greek, of the name of Pasqua, opened the first London coffee-house, in George Yard, Lombard Street; and in 1671 the first was opened in France, at Marseilles; it was not till 1721 the first coffee-house was opened in Berlin.

Thus began the second Byzantine empire, which is likely to be more enduring and fruitful of great political results than the first. For it is hardly too much to say, that if there had been no cafés in Paris, there would have been no French revolution, or, at all events, its history would have been very different.

The most important chemical ingredients of roasted coffee (for, except in the Crimea, it is always roasted before it is used) are: 1st, a volatile oil produced during roasting; 2nd, a variety of tannic acid, modified by this process; and 3rd, a substance, called caffeine, similar to the theine and theobromine of tea and cocoa.

The physiological effects of the infusion or decoction of coffee are very peculiar. It seems to act especially upon the spinal and respiratory system of nerves, rather than on the cerebral, as alcohol does, It is well worthy of consideration, that while wine induces sleep, coffee and tea prevent it. And it may be, that the increasing number of spinal affections, which are undoubtedly met with now, are, in some measure, due to the much larger quantities of tea and coffee consumed. It has, besides, a most remarkable effect in retarding the waste of the tissues, and thus, is indirectly nutritious; it husbands the strength of the person who drinks it, and so

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increases his wealth: as a man's riches depend upon the excess of his revenue over his expenditure, and what diminishes the latter, augments the former. Some interesting experiments have been made upon this subject, and the result was to prove, in the instances recorded, that by the use of 1½ ounce of coffee daily, the absolute quantity of urea and phosphoric acid voided from the system in a day was diminished one-third, while the absolute quantity of urine was increased by a fifth. If this experiment be confirmed, it shews that coffee, to some extent, gives us the control of the waste of our bodies, and when we recollect that life is an incessant stream, the rapidity of which, in a great measure, determines the amount of health and strength; that the rapid exhaustion of fever is the acceleration of the river of life in the body, and, that the arrest of decay implies increased energy and prolonged vigour, there is no wonder that those who are exposed to great wear and tear of the body, especially of the nervous ingredients of it, should cling with desperate tenacity to those beverages, which experience, now ratified by scientific observation, tells them, tends to reduce to a minimum the expenditure of substance, during the efforts they are obliged to make. And, while to deprive a man of his wine, may be to starve his brain and his nerves, by withholding from them their requisite sources of food, to deprive a man of his tea and coffee, may operate with equally disastrous consequences, by involving him in an expenditure to which his means are inadequate.

The quantity of tea consumed in the United Kingdom in 1853, amounted to fifty-eight millions of pounds, while in Germany, with a population of four millions more than the British, it was only one million and a half, and in France only half a million. This accounts for the ghastly parody of the refreshing beverage which goes by that name the traveller in these countries is generally mocked with, and displays the absurdity of homœopathists transferring Hahnemann's inhibition against coffee to this country, while tea, which takes the same place here held by coffee there, is allowed to be used with certain faint admonitions against its excess. For the physiological effects of the two are very similar, depending, in

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a great measure, upon the presence of the peculiar highly nitrogenous principle, called theine or caffeine. The difference between black and green tea depends entirely, according to Mr. Fortune, our great authority in this matter, upon the mode of preparation. Green tea is dried rapidly, while the leaves are fresh; while black tea is exposed for some time to heat and air, which induce various unknown chemical changes in their substance, and mitigate its sleep-destroying properties. It is usual in China to prepare the green tea for the foreign market with a small quantity of copper to intensify its colour, and to the deleterious action of this substance, some of the evils of green tea are ascribed. However, recent investigations have proved, that the amount of copper employed is so minute, as hardly to be of any consequence—at least, so it is maintained.

All that has been said of the action of coffee upon the nervous system, is equally applicable to tea, and does not require to be re-stated. I believe its moderate use to be perfectly harmless, and that it in no way interferes with the action of homœopathic medicines.

The quantity of cocoa consumed in this country, although still greatly inferior to that of tea or coffee, is rapidly on the increase, being no less, in 1853, than 4,126,000 pounds, while in 1832, it was only 1,150,000. Like tea and coffee, it contains a peculiar highly azotized principle, called theobromine; the composition of this is, $N^4\ C^{14}\ H^8\ O^4$; while that of theine is $N^2\ C^8\ H^5\ O^2$. And if cocoa were prepared and used in the same way as coffee, it is probable the effects would be much the same. This, however, is not the case; it is not roasted and infused, and the infusion drank, but boiled, and eaten in substance; and besides various ingredients in common with tea and coffee, it has a much larger proportion of oil, amounting to between fifty and sixty per cent. while in coffee there is only ten per cent. and in tea none at all. It is to this difference the fattening properties of cocoa are due, and this too is the reason why it is found to be indigestible by many. In Spain, and other countries where it is much used, it is not the practice to use bread and butter with it, but generally a species of rusk or roll of biscuit. In a chemical point of view, there is not much

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difference between a breakfast consisting of tea and bread and butter and one of cocoa, and the attribute homœopathic, applied to the latter, seems to be somewhat arbitrary, if not clap-trap. The so-called homœopathic cocoas are no way different from the other cocoas, except in being mixed with various proportions of sugar and arrowroot, or potato-flour, which lessens the proportions of oil, and improves their flavour to most palates, and their digestibility to most stomachs. On this admixture Dr. Hassall has made some very severe strictures, denouncing it as a fraudulent adulteration, on the ground that the only design the chemists who prepare the cocoa can have in view, is to increase their gains, by selling a cheaply prepared article at a high price. With his condemnation of those—and I am sorry to say they are a considerable number—who adulterate their cocoas with earths, it is impossible not to concur in the fullest extent, but I do not see that those who prepare a wholesome and nutritious article of food, the basis of which is cocoa, are to be blamed for selling it under the name of homœopathic, or dietetic, or any other catch-penny title they fancy; as to the price, that is their affair and the public's. The whole idea of trade is gain. To buy in the cheapest market, and sell in the dearest, is the fundamental principle of commerce. Shall we blame tradesmen for obtaining the highest price for their wares? Shall we not rather say, if the price be too great, let it be brought down by competition. There is no monopoly except that obtained by superior skill, capital, and reputation. If Dr. Hassall can bring down the price, not only of cocoa, but of coffee, of beer, of hats, of coats, and of every other article advertised by Moses & Son, why, we shall look upon him as a benefactor of the nation, especially during the seven per cent. income tax. But let him be just, and not make tirades against enterprising tradesmen, for catering to the wants of the public, and fixing the price they please upon the article they supply.

A few words about milk, and then I have done.

This is called the model food, because it contains in nice proportions, albumen, gelatine, and fat. In a dietetic point of view, the chief point of interest is, to determine the kind of milk best suited to various purposes. The modification of milk

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called colostrum, on which the first days of the infant's life are sustained, differs from the after-milk, in containing a considerably larger quantity of all the solid parts. Thus, at birth, the caseine amounts to 40 parts in 1000, while at the end of the fourth day, it is only 35 or 36 parts, the sugar is as high as 70 instead of 41, and the butter 50 instead of 35. This is an important fact to bear in mind, when we are required to supply an artificial substitute for the natural aliment of a new-born infant. In the course of lactation, there is a gradual tendency to an increase of caseine, and a diminution of milk and butter; at the fourth month, the relative quantities of these ingredients, as compared to the first fortnight, are, caseine 40 instead of 22; sugar 45, instead of 56; and butter 28, instead of 27. There is also a marked difference in the quality of the milk of fair and dark women. This observation, which is a popular notion, has been scientifically corroborated by Heretier, who subjected the milk of fair and dark nurses, of the same age, to chemical analysis, and found, that while in the fair the amount of solids varied from 108 to 118 parts in 1000, in the dark nurse's milk they amounted to 146 and 147 parts in 1000. The milk of the cow is nearer in chemical constitution than that of any other animal, to the human milk. By the addition of one third part of water and some milk-sugar, the resemblance is made nearly as perfect as we can expect. The milk of the ass contains much less butter than that of the cow, and for this reason it is preferred for many delicate persons.

The effects of disease upon the secretion of milk have not been much investigated, but Labillardiere has made the very important observation, that the phosphate of lime is increased no less than seven-fold, in the milk of cows suffering from a tuberculous affection of the lungs. This fact should put us on our guard, when we give an opinion as to the propriety of a mother suckling her child, and we must not allow ourselves to to be induced, by the laudable efforts which are now fashionable, in favour of the mother being nurse to her own offspring, to endanger the future constitution of the infant, by supplying it with improper food at an age when growth is so much more rapid than at any future period of its life, and when, conse-

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quently, any imperfection in the elements on which it lives, is most likely to be attended with important results.

Such, gentlemen, are all the observations I have to make upon the subject of diet, for I find, after a careful perusal of the best authorities, that the materials for attempting anything like a specification of the diet suited to particular diseases, are altogether insufficient for a successful achievement of this highly desirable aim.

ON OPHTHALMIA,

By Dr. Henriques.

(*Read before the Hahnemann Medical Society*, 1st May, 1855.)

The apparatus of vision is usually divided by anatomists into the orbits, the facial and orbital appendages, and the globe of the eye. In virtue of the structural differences of these important parts, the eye, as you will readily understand from its almost incessant activity, and its naturally exposed situation, is subject to a great variety of diseases, the pathology and treatment of which has constituted from a very remote period of antiquity, till this day, a separate, special, and highly important branch of the healing art. I purpose to-night to demonstrate the efficiency of the homœopathic treatment, in that most common, ever varying, extremely dangerous, and ofttimes rebellious class, that has received the generic name of ophthalmia, or inflammatory diseases of the eye. Like every other part of the organism, the organ of vision may become the seat of preternatural redness, increased heat, swelling and pain, arising from almost innumerable direct or indirect causes: these phenomena are the primary characteristic symptoms of the first stage of an inflammatory attack. Should they not spontaneously subside, or gradually diminish through the means employed for their cure, the inflammation will go on increasing with greater or less rapidity, till the tissue inflamed ultimately sets up one or other of the following morbid processes, namely, effusion, adhesion, suppuration, ulceration, mortification, granulation, or cicatrization. It

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is familiar knowledge that the part inflamed may pass through several of these states in succession—or several of them may co-exist—and that the functions of the eye may be completely or incompletely destroyed by them.

The physical and vital properties peculiar to each of the textures composing the organ of vision, peculiarities of temperament, constitutional predispositions, and certain artificial states of the constitution, are the principal circumstances which modify the inflammatory affections of the eye, and upon which we must mainly establish their diagnosis, prognosis, and treatment.

The relations of the eye to the surrounding structures of the nostril, the frontal, maxillary, and sphenoid sinuses, and the cranium, produce in inflammatory affections of the eye, innumerable combinations of morbid phenomena, which we must accurately analyze, and justly estimate, in order to arrive at a correct method of treatment.

Ophthalmia is seldom or never confined to one texture of the eye: if not speedily arrested, the inflammation is soon propagated by the influence of local sympathy, or contiguity of surface, to several other textures, and thus sometimes the whole organ may become involved. It is also seldom confined to one eye; if one should at first be attacked, the other soon becomes affected also—sometimes simultaneously, sometimes successively.

In the examination of inflammatory diseases of the eye, it is necessary to consider four things.

1st, the tissue affected; 2nd, the peculiar nature of the affection; 3rd, the local and general symptoms; and 4th, the stage of the attack.

The conjunctiva, sclerotica, cornea, iris, crystalline capsule and retina, may be the primary seat of the attack, and each will produce different groups of phenomena, or separate series of the modifications of the inflammatory action; and hence our method of treatment will vary according to the tissue affected. Oculists have consequently based a classification of ophthalmia according to the differences of texture, which they have denominated as follows:—

1st, Conjunctivitis; 2nd, sclerotitis; 3rd, corneitis; 4th, iritis; 5th, crystallinitis; 6th, aquo-capsulitis; 7th, retinitis.

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By conjunctivitis is meant an inflammation of that muco-cutaneous membrane, which lines the internal surface of the eyelids, covers the anterior third of the eyeball, forms the valvula semilunaris, invests the cornea, the excretory ducts of the lachrymal gland, the caruncula lachrymalis, and Meibomian follicles; then enters the puncta, leaves the lachrymal sac, and at the nasal extremity of the duct, is continuous with the common mucous membrane of the nostrils, fauces and alimentary canal. Like the other parts of the mucous system, the conjunctiva is subject to inflammation of a puro-mucous blenhorrheal, or catarrhal character, to eruptions and ulcerations. The distinguishing characteristics of this kind of inflammation, are the scarlet red, and tortuous condition of the vessels of the conjunctiva, which by anastamosing freely with each other, form a sort of shifting net work over the white of the eye.

Pathologists admit four distinct kinds of conjunctivitis, viz.—1st, The catarrhal; 2nd, the contagious or Egyptian; 3rd, ophthalmia of new born children; 4th, the gonorrhœal.

The following is an example of the catarrhal.

Sarah Adams, aged 25, a strong, healthy looking woman, having never previously suffered with inflamed eyes, consulted me on the 20th of March, and stated that for two days before, she had been troubled with an intolerable dryness and itching in both eyes, which she attributed to the presence of some foreign substances. On examination I could not detect any extraneous body, but there was chemosis, redness, copious secretion of an opaque, thick, and puriform matter, from the conjunctiva and Meibomian follicles, the eyelids were very much inflamed, and bound together during the night: the cornea was perfectly transparent, and the sclerotica remained unaltered. She complained of heat of the skin, frontal cephalalgia, and intolerance of light. She was ordered $^{1}/_{3}$ dilution of Tr. Aconite, in 4 doses, one to be taken every four hours. The following day the patient felt great relief; the chemosis, redness and secretion, were much diminished, and the heat of the skin was quite gone. I then ordered Nux Vomica, $^{5}/_{12}$ in 6 doses, one to be taken every four hours, and on the 25th the patient was discharged perfectly cured.

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This was a case of simple catarrhal ophthalmia. Of all the ophthalmiæ, this affection is the most common; and some persons are particularly subject to such attacks, periodically returning every three or four months: the exciting causes are sudden changes of temperature, and exposure to cold and wet. Its treatment in general is very simple, and when our remedies are promptly and judiciously selected, the affection is always cured in three to five days; but if it be neglected, or treated with improper local applications, it will cause a great deal of constitutional and local disturbance. In these cases it frequently happens that the conjunctiva of the superior palpabra becomes sarcomotous and rugged, and by friction in this state against the cornea, it eventually destroys the transparency of the cornea. This patient having applied for advice at the commencement, she was cured in five days, by means of Aconite and Nux Vomica, rest and spare diet; compresses of tepid water were applied locally, from which she experienced great relief. I sometimes apply cold water; with some patients cold is far more grateful than warm water; this depends however entirely upon the idiosyncrasy of individuals. It is our duty therefore, to consult the feelings of the patients. and adopt that which is most agreeable to them.

Aconite, Chamomilla, Pulsatilla, and Nux vomica, are the remedies which have proved most successful in my practice.

The next case I shall call your attention to, is that of purulent ophthalmia in an infant, complicated with hooping cough.

Infants are frequently born with, or soon after birth, are subject to, a puro-mucous inflammation of the conjunctiva, which has been denominated ophthalmia neonatorum. This affection is attributed by Mackenzie and others, to the inoculation of the conjunctiva by leucorrhœal fluid during parturition. This in my opinion, is a purely gratuitous hypothesis. It appears to me to arise entirely from premature exposure to too strong a light, to draughts of air, or to the heat of a fierce fire, near which nurses are in the habit of sitting with the infant in their lap, for hours after birth, and sometimes it may be traced to constitutional causes.

Robert Ireland, an infant, 30 days old, was brought to the

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Hahnemann Hospital, on 4th November, with purulent ophthalmia of both eyes. The mother who was a strong healthy looking woman, and was never affected with leucorrhœa, stated, that the infant has been suffering ever since his birth, with inflammation and purulent discharge from both eyes. About seven days ago he was seized with hooping cough, for which she had given him several doses of castor oil. The child was of a delicate frame, and feeble constitution; has frequent and violent paroxysms of convulsive cough during the day, as well as at night, with wheezing, great anguish, and face injected of a bluish hue during the attacks; the conjunctiva is very red; the eyelids are extremely vascular, considerably swollen, and glued together every morning; there is copious secretion of a yellowish purulent matter: with the exception of a slight haziness of the cornea, the transparent part of the eye is not affected.

He was ordered to take Ipecacuanha and Spongia, $^{3}/_{12}$ of each to be dissolved in 12 tea-spoonfuls of water; one tea-spoonful to be taken every second hour, alternately; the eyes to be injected every two hours, with cold water.

On the 11th the cough was all but gone, but there was little or no alteration in the ophthalmic affection. I then ordered Sulphur and Calc. carb. $^{2}/_{30}$, to be taken dry on his tongue, alternately every fifth day; at the end of two months with these two remedies, the ophthalmia was completely cured, and the child became fat and healthy.

After hearing the history of this little patient, and before cleansing and examining the eyes, I was apprehensive that vision was entirely destroyed; for it is very rare that this disease lasts as long as 30 days, without disorganizing the structures; but to my joy, and great astonishment, I was agreeably disappointed, in only detecting a slight opacity of the cornea, which rapidly disappeared under treatment.

The purulent ophthalmia of infants, is always a dangerous affection, requiring prompt medical means; for it runs its course frequently in so very rapid a manner, as to destroy vision in a few days. It usually begins about the third day after birth, when the eyelids of the infant are observed sticking

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together, and swollen, from which ooze some drops of purulent matter when they are opened, and the mucous suface is extremely vascular. At this first stage it is generally very easy to arrest the progress of the disease, but if neglected or mismanaged, as is frequently the case, the conjunctiva becomes more and more swollen, the purulent discharge increases, and the lids present a dark red appearance: this is the second stage, and usually lasts from 8 to 10 days, without affecting the transparent tissues. The third stage is that in which we find the cornea hazy, infiltrated with pus, ulcerated, or completely destroyed, with the iris and humours protruding.

Our prognosis must be based upon the state of the organ; when therefore we are consulted, our first business is to remove the purulent discharge, and examine the globe of the eyes carefully. In the two first stages our prognosis may be favourable, for then the corneæ are intact, and the disease is generally under the controul of judicious treatment; but in the third stage we must promise nothing; for vision may be impaired, or totally lost, from the disorganization which sooner or later takes place in the cornea, the consequent protusion of the iris and humours, and ultimate irremediable loss of sight. The remedies you will find most useful in the first stage, when it does not originate from syphilitic contagion, are, Aconite, Calcarea Carb. and Sulphur. Aconite is indicated especially at the very onset of the disease, when the child is only irritable and sleepless, with a hot dry skin, slight redness and tumefaction of the lower lids, and little or no discharge during the day. The eyes must also be syringed repeatedly, with a lotion composed of equal parts of rose water, and the mucilage of quince seeds, especially at nights, when it ought to be done every two hours; for it is during the night the secretion becomes more copious, concretes on the internal surface of the lids, and irritates the corneæ. Although existing thirty days, contrary to the usual march of the affection, there were no organic changes of the transparent tissues in the case under consideration; indeed it might be said to be in the first stage. Calcarea carb. and Sulph., were therefore administered alternately, and with such decided advantage, that in two months the

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infant was cured without leaving the slightest trace of the ophthalmia, and the constitution very much improved.

When the purulent ophthalmia of infants can be traced to syphilitic contagion, which we must never neglect to inquire into, the specific remedy, Mercurius, must be administered immediately, and the eyes, in the manner and by the means previously suggested, must be frequently cleansed of the purulent discharge.

The other remedies that you will find most suitable to this species of ophthalmia, in its first and second stages, are, Chamomilla, followed by Belladonna, and Nux Vomica, Pulsatilla, Bryonia, Calcarea carb., and Sulphur.

When there is ulceration of the cornea, you must apply the extract of Belladonna, diluted with some white ointment, as a means of preventing protusion of the iris; and the remedies you will find most efficacious are, Arsenicum, Calcarea carb., Silicea, and Sulphur.

When specks or opacity of the cornea exist, the principal remedies are, Cannabis, Euphrasia, Carbo veget, Cina, Senega, and Nitric Acid.

Should Hypopium exist, either alone or in conjunction with either of the previous morbid alterations of structure, Hepar sulph. and Silicea will be more especially indicated.

The two following cases are examples of what is called strumo-catarrhal ophthalmia; a disease which implies inflammation of the conjunctiva, complicated with scrofulous diathesis or dyscrasia. This species of ophthalmia usually attacks children from the time of weaning till ten years of age, and its distinguishing characteristics are, a slight degree of redness, great intolerance of light, small pustules on the conjunctiva, and specks on the cornea, resulting from these pustules.

Two sisters, Mary and Juliet Kellevon, the former 9 and the latter 7 years of age, came to consult me on 25th January. Mary has been suffering with ophthalmia of both eyes since May last, Juliet has been affected in both eyes also, but it is only two months ago since she began to complain. They are of the lymphatic temperament, but they are plump and healthy looking children. With the exception of the uneasiness arising

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from the inflammatory state of the eye, they state that they feel themselves perfectly well. In both cases, the intolerance of light is very acute—granular conjunctiva—the redness of the conjunctiva is considerable; its palpebral portion is also very much thickened, and there is copious secretion of muco-purulent matter. Slight opacity of the cornea; tumefaction and tenderness of the cervical glands. The only difference between the affection of these two patients was in the intensity of the inflammatory action, which was greater in Juliet's case.

Belladonna $^2/_3$ in 4 oz. of water was ordered, a tablespoonful to be given to each every four hours.

On the 27th, the acute inflammatory state had subsided, but the photophobia was still considerable; they were therefore ordered Calcarea carbonica $^5/_{12}$ in six doses, one night and morning.

On the 31st, the redness of the conjunctiva was very much less, but the secretion from the Meibomian follicles is the same, the eyelids being very much glued together every morning, and there is still considerable photophobia. Sulphur was ordered $^5/_{12}$ to be mixed in six doses, one to be taken twice a day.

Both these patients continued taking alternately Calcarea carb. and Sulph. for nearly seven weeks with decided advantage, for on 7th March, Juliet was quite well, and Mary, although better, is not quite as well as her sister. After a suspension of all remedies for a fortnight, these patients began again with the Sulphur and Calcarea, which they continued taking alternately in the same manner as previously, for three weeks, at the expiration of which time they were discharged cured. The conjunctiva of the inferior palpebra, however, in the case of Juliet, being still somewhat thicker than it ought to be, and in both patients the eyelids being still occasionally glued together, for which a prolonged sojourn at the sea-side or in the country was recommended, which would also improve the general tone of the organism, and so prevent a relapse.

A cartarrhal ophthalmia occuring in a scrofulous constitution is a compound affection called the strumo-catarrhal, which is of frequent occurrence, and of all the ophthalmias there is none more difficult to be cured. The treatment in these cases

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must consist of the remedies suitable to each of the morbid conditions of which the disease is composed. Thus our first care must be to subdue the inflammatory state by the remedies especially recommended for ordinary conjunctivitis, and when this object has been accomplished, our next duty is to combat the strumous constitution by such remedies as I shall hereafter recommend when treating of the scrofulous ophthalmia. For the present it suffices to observe, that I know of no remedies more useful in curing every kind of strumous affection than Sulphur and Calcarea, repeated for a long time, at longer or shorter intervals, according to the urgency of the case. Their good effects are amply testified by the foregoing cases.

The distinguishing characteristics of scrofulous ophthalmia are—1st. Slight redness of the conjunctiva and sclerotica. 2nd. Pain more or less intense, particularly at night. 3rd. Photophobia or intolerance of light. 4th. Epiphora, or gushes of tears. 5. Blepharospasmus, or spasms of the orbicularis palpebrarum. This kind of ophthalmia is often the first manifestion of a strumous dyscrasia, and it is of such frequent occurrence that Beer and Mackenzie assert, that out of the 100, 90 cases of inflammation of the eyes in young subjects are of this kind.

The first case of strumous ophthalmia is that of Emily Cadman, 12 years of age, who has had bad eyes ever since she was three years of age. This girl is of a delicate, spare habit, with blue eyes, and enlarged cervical glands. She complains of a sensation of intolerable glare and dazzling, with itchings, and a feeling of sand in the eyes. The redness of the eyes was not very great, but there were several spots of opacity on the cornea; the eyelids were rugged and swollen; inability to face the light; tears constantly flowing; and a few red vessels were observed running over the sclerotica. I first ordered her Aconite, after which she took successively Belladonna, Calcarea carb., Euphrasia, Sulphur and Silicea, and was discharged cured in ten weeks, without any outward application.

The next case is that of Isaac Robinson, 9 years of age, who stated that when he was 2 years old, he had an attack of

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scarlet fever, of which he recovered; but ever since he has had inflammation of the eyes, for which he has been attended allopathically several times, by different practitioners, but had not received any permanent benefit. This patient, of unquestionable scrofulous diathesis, had enlargement of the cervical and mesenteric glands, and was subject to diarrhœa. Both eyes were slightly inflamed, but the intolerance of light was considerable. There were no ulcers, but the opacity of the corneæ was so great that he could scarcely distinguish objects or colours; there were several red vessels running over the sclerotica, and the inferior palpebræ were granular, and very much thickened inside; little or no appetite; restlessness at nights, and is extremely irritable. This patient first took Belladonna, after which he took alternately Calcarea carb., Sulphur and Baryta carbonica, for six months; leaving a week's interval between each remedy, and at the end of this time he was discharged cured.

There is nothing that is either very remarkable or unusual in the foregoing cases, but they are interesting in demonstrating the efficiency of the homœopathic practice in a class of diseases which certainly do not originate in the imagination, and relative to the diagnosis of which no doubt can exist. The first was nine years standing, and was cured in ten weeks; the second was only seven years standing, but it required six months' treatment before the patient was completely restored to health. The reason of this difference was in the complication of the ophthalmia with diseased cervical and mesenteric glands—diseases, the cure of which is at all times tedious and protracted even when they exist alone.

Aconite, Belladonna, Calcarea carb., Euphrasia, Sulphur and Silicea, were the remedies employed in the case of Emily Cadman. And Belladonna, Calcarea, Sulphur, and Baryta carbonica, were the remedies administered in the case of Isaac Robinson.

In the ordinary cases of scrofulous ophthalmia, I consider Belladonna, Calcarea carb., and Sulphur, the chief remedies; but they require to be repeated once or twice a week alternately, till some sensible amelioration takes place, when it will be

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advisable to discontinue their use till the improvement ceases, and then recommence the same course. A great number of remedies have been employed, and recommended by authors, in this affection, but I know of none so efficacious and certain in their effects, as the three I have previously indicated.

The most distressing symptoms in this affection are photophobia and ophthalmospasmus. Should Belladonna, Calcarea and Sulphur fail to modify immediately the photophobia, you might give with advantage, as intercurrent remedies, Arsenicum, Aconite, Cina, Conium, Ignatia, Phosphorus, Mercurius, and Staphisagria, according to their symptomatic indications. For the same reason, and in the same manner, Chamomilla, Hyoscyamus, and Stramonium, may prove beneficial against the ophthalmospasmus. But, however judicious the selection of remedial agents may be, you will never succeed in curing strumous ophthalmia unless you pay particular attention at the same time to the mode of living of your patient, and make him adopt, conformably to his means, an appropriate hygienic plan; for there is no doubt, that a vast amount of this affection is the result of improper diet, want of air and exersise, uncleanliness, unsalubrious habitations, and insufficient clothing. The basis of the hygienic plan consists in, 1st, let your patient be well clothed from head to foot—he should wear flannel next his skin covering his chest, arm-pits, and abdomen completely; 2nd, if he inhabits an insalubrious locality, it must be changed, but if this cannot be altered, he must live as much as possible in our public parks and fields; 3rd, he should be bathed daily in tepid water on rising every morning for five minutes; and 4th, plain but nutritious food.

The next case I shall relate to you is one of traumatic ophthalmia. John Martin, aged 38, consulted me as an outpatient at the Hahnemann Hospital, and stated that he has been suffering with ophthalmia of the left eye for eleven years, caused by a blow. It occasionally subsides, but he is never free from redness, photophobia, pain and lachrymation. Vision in the affected organ very imperfect. He has been repeatedly bled, leeched, cupped, blistered, and mercurialised, without

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any permanent relief. Has been attended till now, for three months, by Dr. Quain, of the North London Hospital. This patient is thin, pale faced, of a nervous temperament, and scrofulous disposition. The characteristic symptoms present were, scarlet redness of the left eye; extreme intolerance of light; lids very red and swollen; shooting and sharp pricking pains in the globe of the eye; profuse and constant lachrymation, with pressive pains extending from the ocular region to the whole left side of the cranium; opacity and ulceration of the cornea in the axis of vision; diseased eye is smaller than the other; indistinct vision of objects; pupils discoloured and contracted; loss of transparency of the humours; and granular lids.

John Martin attended the hospital as an out-patient for twelve months, at the end of which time he was discharged perfectly cured. The remedies employed during the treatment were Arnica, Mercurius, Euphrasia, Conium, Ignatia, Cannabis, Hyoscyamus, Sulphur, Calcarea, and Arsenicum.

Traumatic ophthalmia designates all those inflammatory affections of the eyes, that arise from mechanical or chemical injury. This species of ophthalmia is always extremely dangerous, very obstinate, and unless properly treated at the commencement it leads sooner or later to cataract, glaucoma or amaurosis, and consequently the loss of vision. One, many or all the textures of the eye may suffer in traumatic inflammation, hence you must be prepared to meet with a great variety of symptoms corresponding with the kind of tissue affected especially, in any given case.

It not unfrequently happens, that complete disorganization of the interior textures of the organ occurs after an apparently trifling and superficial injury. When called to a case of traumatic ophthalmia, therefore, we must ever be mindful of these probable effects; and although we may not detect any present mischief, we should always adopt such prophylactic means as experience teaches us to be most efficacious in preventing these formidable consequences. We ought, therefore, from the moment of an injury to the eye, however insignificant it may at first sight appear, to enjoin absolute rest, and a spare diet for

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twenty-four hours. Bathe the injured organ frequently with Arnica lotion, and give internally some doses of the same remedy. If at the expiration of this time, there is neither pain, redness, nor swelling of the eye, it will be advisable to give a a dose of Nux vomica, as a means of relieving the organ from internal congestion. If, on the contrary, the patient complains of circumorbital pains, and there exist the slightest traces of inflammation or congestion, we must not hesitate to apply Belladonna around the orbits; let him be placed in a dark room, enjoin absolute rest and diet, and give Belladonna internally, or such other remedy as may be most suitable to the case; continuing the treatment till every marked symptom has disappeared.

The sclerotic, like the conjunctiva, may be the primary seat of inflammation. The sclerotic is a strong, opaque, fibrous membrane, extending from the optic nerve to the cornea, which preserves the globular figure of the eye, defends the soft internal structures, and gives insertion to the ocular muscles. This tissue frequently becomes the seat of inflammation, from exposure to atmospherical influences, and is called sclerotitis, or rheumatic ophthalmia. It has been observed that children are not subject to it, and that it prevails more frequently when there is a cold north-easterly wind. It is distinguished from conjunctivitis:—

1st. By the primary seat of the inflammatory action being in the sclerotica.

2nd. By the pulsative and deep seated pain, which is felt principally around the orbit, eyebrow, temple, cheek, and side of the nose, whilst the pain in conjunctivitis is felt occasionally on the surface of the conjunctiva, and is described as a roughness, or feeling of sand under the eyelids.

3rd. The redness, which is reticular in conjunctivitis, is radiated or zonular in sclerotitis; in the former the congested vessels evidently occupy the conjunctiva, whilst in the latter they are manifestly seated under the conjunctiva.

And lastly. By the absence of any morbid secretion, whilst conjuntivitis is always attended by a muco-purulent secretion

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from the surface of the eye. Pure sclerotitis is a much rarer disease than conjunctivitis; the proportion is estimated as one to ten. We more frequently meet them combined, giving rise to a kind of ophthalmia that is called generally the catarrho-rheumatic, the character and treatment of which the following case will illustrate.

1st Case. Jane Pitts, aged 27, was admitted in the Hahnemann Hospital on the 4th February. She states that for three months past she has felt general debility. Naturally of a pale and delicate appearance, she is subject every winter to a very severe cough, and has several times been ill with inflammation of the bowels. Catamenia appeared for the first time at sixteen years of age, ever since it has continued, with some trifling irregularities, till now. About a fortnight ago, she was suddenly seized with aching pains in her right eye, and could not distinguish clearly the surrounding objects; they seemed to be enveloped in a halo; for which she took some Senna and Salts, and the pain increased, particularly during the night. On examination, the following symptoms were observed:—loose cough, with occasional shooting pains in the chest and between the shoulders; sleeplessness and agitation from pain in the eye and head; constipation; loss of appetite; acute darting pains in the right side of the head; smarting and burning pains in the right eye; sclerotica of the right eye very much injected, of a bright red colour, radiating in concentric fasciculi towards the edge of the cornea; dimness of vision; haziness of the cornea; sluggishness of the pupil, and considerable epiphora; both the upper and lower lids are swollen; and the conjunctival lining is red, and secreting a thin whitish matter; she felt hot and feverish at nights. She was ordered low diet, and Belladonna $^{2}/_{3}$, $^{1}/_{8}$th every third hour.

On the 5th there was a decided aggravation of the inflammation and cephalalgia, with increased susceptibility to light; frequency of pulse and heat of skin. I therefore substituted Aconite for Belladonna.

The following day she was seized with very violent colic;

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cramp-like pains, and profuse and loose evacuations, of a very offensive character, to combat which she was ordered Colocynthis, of which she took ½ drop, 3rd dilution, every third hour.

On the 7th, the bowel complaint was better, but there was no amelioration in the condition of the eye, on the contrary, it seemed worse, for she complained of intense burning pain in it, and a feeling as if it was coming out. Considering that Belladonna was the most suitable remedy, notwithstanding it produced no effect when first administered, I ordered again 1/6th drop, Belladonna, 3rd dilution, to be taken every 4 hours.

On the 15th the ophthalmia was quite gone, but she complained of face-ache; there were constant spasmodic and tearing-like pains in the bones of the face. 2/30 Sepia was ordered, of which she took 1/6th part three times a day, in water, which she continued till 17th, on which day she is reported quite well, and on 19th was discharged cured.

The following is a case of pure rheumatic ophthalmia, exteding to the iris.

Joseph Piper, a cabman, 32 years of age, consulted me on 3rd January, for inflammation of the right eye, which he has had for twelve years, for which he has been repeatedly blistered, cupped, and had a seton inserted, without any effectual relief. He was last attended by Mr. Alexander, the oculist, but did not receive any benefit. He attributes the disease to the damp and night air to which his occupation exposed him. It began with a slight redness of the white of the eye, and severe pain in the eye and around the eyebrow, which generally increased at night. It gradually increased without affecting vision, till two years ago, when, after a violent paroxysm of pain from a fresh cold, he discovered that he could not see well from the affected eye; since then he has been gradually losing the sight, and he can now scarcely distinguish objects. On examination I could not discover any constitutional symptoms: he appeared in good health; complained of pulsating circumorbital pain, varying in intensity; the right eye was smaller than the left, and he experienced constant deep-seated pulsations in the globe of the eye; several red vessels were observed running

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along the sclerotica, which was slightly red; the cornea was hazy; and the pupil was discoloured, contracted, moveable, and very hazy. Considering the cause of the affection to be exposure to wet, I ordered him $^1/_3$ Dulcamara, in three doses, 1 to be taken every 4 hours.

On 7th he was very much better; he had suffered much less, and the redness of the sclerotica was diminished. He was ordered Dulcamara and Belladonna, the $^1/_4$ of a drop of 3rd dilution, to be taken every 4 hours alternately.

On 15th, there was no pain nor inflammation, and vision was more distinct. In order to remove the effusion of coagulable lymph within the pupil, I ordered him Sulphur and Calcarea alternately, $^5/_{30}$ of each to be taken every fifth day, and on 1st April he was discharged cured. The inflammation and pain had quite left him for upwards of two months, but, owing to the irreparable change of colour and structure, with the consequent imperfect function of the iris, the vision was incomplete; he could distinguish objects, but they appeared to him as if enveloped in a clear mist.

As it usually occurs in sclerotitis, only the right eye was affected, and although the disease was twelve years' standing, never did the left participate in the disease, nor had he ever suffered from rheumatism in any other part of the body. It has been remarked, that rheumatic sclerotitis is never metastatic, but an individual who has previously suffered from it, becomes susceptible to future attacks; hence it is advisable, to warn the patient of this fact, and give him such hygienical instruction that may protect him from the exciting causes, which may be traced always to exposure of the eye to currents of cold air, when over-heated or in a state of perspiration, or sudden changes of temperature—from a crowded room into the cold air of the street, or from getting wet, and other similar imprudences.

Amaurosis.

I shall now conclude my observations by relating to you a case of incipient amaurosis, or obscurity of vision. This is an

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affection of the very delicate membranous expansion of the nerve of vision or some other parts of the optic apparatus. Like all the other tissues of the eye, the nervous system is apt to become the primary focus of a morbid action, brought on either by the over-stimulation of intense light, over-action of the organs of vision, or from sympathy with affections originating in some other remote organ.

William Bennett, a sickly-looking man, 36 years of age, silver watch-case maker, consulted me, on 31st March 1852, for weakness of sight and appearance of floating bodies constantly dancing before the left eye. He states that he has been suffering for two years with dyspepsia, and that it was about the same time he began to lose his sight. On examination, the only objective symptoms appreciable were in the left eye; a slight strabismus, with the pupil dilated and sluggish; he complains of perceiving constantly black streaks and spots floating before the left eye; lowness of spirits; frontal cephalalgia two or three times a week, of a dull pressive character, which usually begins in the morning, and ends at 4 P.M.; vision is obscured by a greyish cloud; diminished sensibility of the retina; throbbing pain in the globe of the eye; sleeplessness; pyrosis; tongue furred; a sense of weight and tenderness in the epigastrium after eating, and constipation.

To correct the characteristic symptoms of gastric derangement, was the obvious primary indication in this case; he was therefore ordered Nux vomica $^{5}/_{12}$, in six doses, one to be taken night and morning. This remedy was continued for seven days with marked improvement; his digestive functions were better, but the loss of vision and the cephalalgia remained unaltered. Chamomilla was then ordered, after which he took, at intervals of ten days, Pulsatilla, China, and Sulphur. Under this treatment the patient daily improved, and at the end of four months, vision was completely restored, the head and eyes were free from pain, and the digestive organs were in perfect order.

Thus, gentlemen, I have endeavoured, in this paper, to compass as extensive a field of observation on the homœopathic

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treatment of diseases of the eye, as the short duration of our meeting would allow. The cases I have selected to illustrate the subject of our discussion to-night, are highly interesting, in demonstrating the efficiency of our remedial means in a class of diseases, which no sophism of the old school can contest, for ophthalmias are neither imaginary nor mistakeable affections. It is also evident, from the prompt action and positive results of our method of treatment, which succeeded, in many cases, after allopathy had failed, that the new is far superior to the old system, and that in addition to such absolute results, homœopathy is also preferable, by avoiding a great deal of unnecessary annoyances, and additional pain from the leeching, bleeding, blistering, setons, and mercurialization, which are so common in the practice of allopathy.

ON THE PROPHYLACTIC POWER OF BELLADONNA IN SCARLET FEVER.

By Dr. Elb, of Dresden.

In the preface to Belladonna in the first volume of the Materia Medica, Hahnemann expressly states, that a dose of this remedy administered every six or seven days is a perfect prophylactic for the common scarlet fever, scarlatina laevigata. Let us examine whether this dictum is worthy of the implicit faith which Hahnemann demands of us.

If we ask, how he came to this conclusion, we find from an essay, published in 1801, "On the Prevention of Scarlet Fever," that a lucky accident gave him the first idea, and, his sagacity soon guessing the hidden truth, at the first opportunity he tried Belladonna as a prophylactic, though he had never as yet used that medicine as a curative.

Finding the first few trials successful, he at once laid it down as a law, that Belladonna under any and every circumstance was a prophylactic for scarlet fever; thus in his zeal for the benefit of his fellow-creatures allowing his fancy to supersede his great and acute powers of observation.

He who on other occasions, as for instance in the selection

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of remedies, specialized so minutely, forgot that many things must be considered before he could be justified in thus enunciating a law so general, and of such extensive bearing.

But in this it happened to him as on some later occasions, when that which he found occurring in some cases, he decided would do so with mathematical certainty in all similar ones.

The most striking example of this is his psora theory, to which every unprejudiced medical man will agree so far as this, that many chronic affections have as their origin and feeder sometimes suppressed skin diseases, sometimes an inherited disposition to those diseases; and that further, such complaints can only be cured by recalling or producing the eruption; but no scientific practitioner will or can accept this theory to the extent that Hahnemann did. So it seems to be with the *infallible* prophylactic power of Belladonna in scarlet fever.

Hahnemann himself restricted this power to the scarlatina of Sydenham, and in his essay prescribes a dose every three days, but where a greater danger of infection exists, as in delicate and weakly children, or during violent epidemics, at first one dose daily, and afterwards at longer intervals; the dose being for a child two years old, two drops, and for every year an additional drop. Two drops of the dilution Hahnemann used, corresponding to about one drop of our seventh decimal dilution. And this practice he recommends to be followed during the whole time of the epidemy, and for four or five weeks afterwards.

But as scarlet fever epidemics sometimes last from six to twelve months, it does not seem advisable to continue the administration of Belladonna for so long a time, as very unpleasant primary effects might be produced, not likely to be beneficial to the children, who were thus sought to be protected from scarlet fever.

So long a course of Belladonna could only be justified, if the prophylactic power lasted for life, or a series of years, as is the case with vaccination.

Apart from all this, it is always a difficult task to ascribe prophylactic powers to any remedy, and any statement of the kind is but a hypothesis, let there be as many corroborative

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facts as you will, and can only be made with regard to a particular epidemy, and not all future ones.

Hahnemann himself seems to have gone no further, his experiments having been confined to the epidemy then prevailing.

We demand of every remedy, to which we ascribe a prophylactic power for any disease, that it shall stand in a specified relation to the complaint, and that it must be capable of curing such complaint, when fully developed.

According to the Materia Medica, Belladonna is said to produce the scarlatina laevigata only, and therefore to be a prophylactic for it; the latter being an assertion we can neither confirm nor deny, as during eighteen years of homœopathic practice, we have never seen this species of scarlet fever in its pure form, the fever, which appears in Dresden, being invariably either scarlatina miliaris, or mixed with that of Sydenham, against neither of which, according to Hahnemann, can Belladonna be of any avail, he not having found it produce in healthy persons the exanthem peculiar to them.

But as in both species the concomitant symptoms are alike, and from our own experience we are quite convinced of the power of Belladonna to produce in healthy persons a miliary eruption, resembling that of scarlatina, of which everybody may convince himself by applying Belladonna externally in sufficient quantity, this remedy ought to be prophylactic and curative for both species.

That it is curative in the miliary species, we have a thousand cases to prove; but as it is no prophylactic for it, we may conclude that its boasted prophylactic power in the common scarlet fever might be found to fail.

Perfectly true is it, that many children, to whom Belladonna is administered as a prophylactic during an epidemy, remain free from scarlet fever; but whether this happens in consequence thereof, or from there not being any tendency to the disease, must remain undecided as long as it is observed just as frequently that no prophylaxis takes place; the children, notwithstanding the administration of Belladonna, becoming infected, and the disease itself not even being made milder.

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These apparently contradictory facts, which every practitioner will frequently meet with, may easily be explained.

When we consider the physiological effects of Belladonna, as regards scarlet fever, we find beside the eruption a strong erethic fever, with burning heat, full pulse, angina tonsillarum et faucium, delirium and sopor; the two latter symptoms, however, being caused by congestion to, or inflammation of the the brain, and not constituting a separate primary affection of the substance of the brain.

This kind of scarlet fever is cured by Belladonna * given alternately with Aconite, if the fever is violent, and to epidemics of this erethic character, which are comparatively little dangerous, the prophylactic power of Belladonna seems to be confined.

To this category doubtless belongs the epidemy in which Hahnemann made his first successful trials, for although he describes it as a virulent one, the only symptoms he adduces are such as we observe in all cases not of the mildest character, while those symptoms which indicate virulence are entirely wanting, even the pulse cannot have shown any peculiarity, or Hahnemann, with the accuracy with which he has described all the other symptoms, would certainly not have failed to mention it.

But in other epidemics, in which a predisposition to paralysis of the brain and lungs prevails, where the pulse is not hard and full, but at first somewhat soft and undulating, not unlike the "pulsus dicrotus," and becoming small at a later period, Belladonna is injurious, because its pathogenetic effects are diametrically opposed to the disease, and therefore *impending paralysis, resulting from direct weakness in the respective*

* The concomitant symptoms only, but not the exanthem, which runs its regular course; as measles, with or without Puls. or Acon., will go through its different stages; and in our opinion the natural course of an eruption cannot be altered except by poisons.

[This is not very intelligible. We apprehend Acon. and Puls. are poisons if given in sufficient dose, and nothing else is a poison if not given in sufficient dose. Does Dr. Elb mean that nothing short of a fatal dose will modify an eruption? But if any thing short of a fatal dose will alter the course of an eruption, may it not be made use of in therapeutics?—EDS.]

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organs, can never be averted by it, and in selecting a remedy we cannot decide from the mere form of the exanthem, but the more essential characteristics of the disease should be considered.

Now Belladonna cannot be a prophylactic for a disease which it is not capable of curing, and in this case it certainly is not the medicine indicated; those which best answer to the symptoms being *calc. carb.* and *zinc.*, which however are not themselves prophylactics.

For the same reason Belladonna is not to be used either as a prophylactic or curative in those forms of scarlet fever which incline to the putrid or typhoid character, where *muriat. acid.*, *ammon. carb.*, *carbo-veg.*, *rhus. tox.*, *arsen.* and *staphisagria*, would be more suitable.

The question now remains, would it be judicious in the less dangerous epidemics, where Belladonna, according to its pathogenesy, may be expected to be prophylactic, to administer it as such to healthy children

The demand for such a prophylactic can arise only from too great an anxiety; and its advisability seems very doubtful, when we consider that it would be better for children to be seized with scarlet fever during a mild epidemy, and thus be protected for life, than that they should be carefully preserved from it, only perhaps to be the victims of a future and more dangerous epidemy, for which we have at present no prophylactic.

We recommend, therefore, that Belladonna should be used as a prophylactic in the case of those children only, whose debilitated state of health might not be able to support the attack of even a mild scarlet fever.

These opinions rest not upon empty speculations, but are founded upon great experience.

The "jurare in verba magistri" loses its value, as soon as science is concerned.

Our master, Hahnemann himself, exhorts us not blindfolded to follow authority, but to examine for ourselves, and if we have here ventured to question one of his dicta, homœopathy will not suffer, as the *prophylactic* power of Belladonna affects

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in no way the fundamental principle of the system; while our objections and attempted explanations are all based upon the principle of "similia similibus."*

HOMŒOPATHIC CLINICAL STUDIES,

By Drs. Wurmb and Caspar.

(*Continued from Vol.* XII, *page* 394.)

Intermittent Fever.

As to the remaining ten remedies, we have always obtained the best and quickest results from those capable of producing a similar disease in a healthy person; it was exclusively with these that the worst and most obstinate forms of intermittents were cured; on the other hand, the remedies were more uncertain in proportion to their want of agreement with the law of similarity.

The following table will present us, at one view, the number of cases of intermittent fever, the time required for their treatment, as well as the remedies employed.

After the employment of the following remedies, no paroxysm appeared in 19 cases, for example—

After Nux	in	5	cases.
„ Arsen.	„	4	„
„ Veratrum	„	4	„
„ Pulsatilla	„	3	„
„ Ipecac.	„	2	„
„ China	„	1	case

One paroxysm appeared in 16 cases—

After Nux	in	5	cases.
„ Arsen.	„	4	„
„ Pulsatilla	„	3	„
„ Ignatia	„	2	„
„ Ipecac.	„	1	case
„ Cina	„	1	„

* [We gladly give a place to the communication of so able and practical a physician as Dr. Elb, but, of course, do not hold ourselves as at all committed to the views expressed in this article, in any respect in which they differ from those we have already maintained.—Eds.]

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Two paroxysms appeared in 14 cases—

After	Nux	in	2 cases
„	Arsen.	„	4 „
„	Pulsatilla	„	5 „
„	Veratrum	„	1 case
„	China	„	1 „
„	Bryonia	„	1 „

Three paroxysms appeared in 13 cases—

After	Nux	in	1 case
„	Arsen.	„	4 cases
„	Veratrum	„	3 „
„	Pulsatilla	„	2 „
„	Ipecac.	„	1 case
„	China	„	1 „
„	Ignatia	„	1 „

Four paroxysms appeared in 7 cases—

After	Nux	in	1 case
„	Arsen.	„	2 cases
„	Veratrum	„	1 case
„	Pulsatilla	„	3 cases

Five paroxysms appeared in 1 case—

After	Arsen.	in	1 case

Six paroxysms appeared in 3 cases—

After	Veratrum	in	1 case
„	Ipecac.	„	1 „
„	Ignatia	„	1 „

Eight paroxysms appeared in 1 case—

After	Arsen.	in	1 case

Nine paroxysms appeared in 1 case—

After	Ipecac.	in	1 case

Ten paroxysms appeared in 2 cases—

After	Natr. mur.	in	1 case
„	Pulsatilla	„	1 „

Total .... 77 cases

It is evident that in speaking of the quickness of the cure, we must not pass over in silence the length of time the disease

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had existed previous to our aid being required, as well as the relation subsisting between the duration of the disease and the remedies. The following table will give us some information on these points.

	Arsen.	Pulsatilla	Nux	Veratrum	Ipecac.	Ignatia	China	Natr. mur.	Cina	Bryonia
Intermittents of—										
14 days' duration were cured	2	6	6	....	4	2	....	....	....	....
30 „ „ „	2	6	1	1	2	1	1	1	1	1
2 months' „ „	9	3	4	6	....	1	2	....	....	....
4 „ „ „	3	2	1	2	....	....	....	....	....	....
8 „ „ „	2	....	1	1	....	....	....	....	....	....
18 „ „ „	2	....	1	....	....	....	....	....	....	....
Total	20	17	14	10	6	4	3	1	1	1

From the above statement it is evident, that in the larger number of cases, we have had to treat maladies of long standing, and, notwithstanding this fact, they were cured homœopathically in a shorter time.

The remarks we are about to make upon the etiology, the character, course, and termination of intermittents, as well as upon the indications for the choice of remedies, may indeed contain nothing new, though they may, nevertheless, be not unacceptable to many of our readers, because there is nothing similar in homœopathic literature.

Each morbid process may present a different degree of activity, and hence becomes more or less amenable to treatment. This is more especially the case in intermittents, which are known to originate from such varied causes, and are greatly influenced by so many attendant circumstances.

Young, healthy persons, married women, and natives, usually recover more readily than the sickly, or men enfeebled by want or ebriety, or even than married men and foreigners.

Intermittents originating from errors of diet and mental emotions, are more readily removed than those resulting from bad food or water, or from the action of marsh miasmata.

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The longer the individual has been subjected to the last-named noxious influences, so much the longer will the cure be delayed.

According to the duration of an intermittent, so will be the degree of disturbance in the vegetative sphere, as well as the length of time required for its removal.

The more allopathic remedies have been employed, especially Quinine, so much the more obstinate will the intermittent prove, because it has become associated with a new and artificial morbid process, and is no longer a simple malady.

The general condition, which we will term intermittent fever cachexia, or for shortness, simply cachexia, merits the first consideration; it offers the surest indication in the choice of the remedy. The violence and peculiarity of the paroxysm demands the second consideration.

If, during the employment of a remedy, the cachectic state should remain unchanged, while the paroxysm decreases in force, the medicine should be continued for some time, then another should be chosen, even if the former one should have entirely subdued the paroxysm.

The diminution of the cachectic state is the most certain sign that the most suitable remedy has been chosen, and its use should not be discontinued, even if there should be a more frequent recurrence of the paroxysms; the cure is certain if the remedy is not changed.

The general improvement is first indicated by apyrexia; the more certain this state becomes, the more the digestive powers, the excretions, the powers both corporeal and mental, as well as the colour of the skin, approach the normal condition, so much the sooner may the termination of the malady be expected.

The more marked the limits between the paroxysm and the apyrexia, so much the better. Above all, the condition of the pulse must be attended to; in proportion as the latter becomes slower, during the state of apyrexia, so much the earlier will the disease disappear.

We have never observed that the type of the intermittent has had any influence on the duration of the disease. On this

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point no difference was observable, whether the paroxysms recurred daily or every fourth day, whether at the same hour or otherwise, whether during the day or night.

The severity of the paroxysm is a very deceptive sign. We have seen cases of intermittent fever, with the most violent paroxysms, terminate in a short time.

If the paroxysm regularly, in all its stages, and continually decreases in force, in which case there is usually an equal diminution of the cachectic state, a favourable and rapid termination may reasonably be expected.

If, without any previous amendment, the attacks should suddenly disappear, a relapse may be looked for, especially if any indisposition, however slight, should remain.

It not infrequently occurs, in highly developed forms of the cachectic state, that the paroxysms gradually become weaker, and finally cease.

If the cachectic state does not change, or, on the other hand, actually increases, then the cessation of the paroxysm becomes an important and clear sign of existing torpor.

A good prognosis may be formed when the paroxysm occurs at the commencement of the disease, and is uncomplicated with violent gastric disorder.

No correct conclusions can be drawn from the duration of individual attacks.

The agreement of the different stages of the disease with each other, in reference to duration, admits of a more favourable prognosis than the contrary.

The cold stage is the most important. The longer it lasts, the greater its severity, the greater the disturbance in the capillary vessels—as evidenced by cyanosis—and oppression of the pulse, so much the more unfavourable does the prognosis become.

If the increased severity, and prolongation of the cold stage is at the expense of the hot, and the latter becomes weaker and shorter, it then becomes a bad indication of a torpid condition, and a greater development of the cachectic state.

If the hot stage is in accordance with the other symptoms, so that a sufficient reaction in the organism may be expected, a

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shorter duration of the malady may be concluded. An immoderate degree of fever may induce some unfavourable results, but in our experience it exerts no influence on the length of the intermittent.

The sweating stage is only prejudicial by being too great, and lasting too long, thereby lowering the vital powers.

Instances in which the intermittent is but imperfectly formed, rarely appear at the commencement of the disease, but only at the conclusion; one or other of the stages disappearing because the disease is on the point of subsiding: at least, we have often observed that the disease disappeared in this manner. Should, however, any stage of the fever be wanting at the commencement of the disorder, it is frequently attributable to a state of torpor, in which case a greater development of the cachectic state must be dreaded.

The objective symptoms merit by far greater consideration than the subjective. If the former exist in a moderate degree, the latter, even when presenting some activity, need not be heeded.

The condition of the spleen imparts the most certain information as to the character, course, and duration of an intermittent, especially as to whether the disease is actually cured or not. There is not a case of intermittent fever in which there is not enlargement of the spleen. The organic changes in this organ advance step by step with the constitutional disturbance; they stand, in particular, in a necessary and immediate connection with those in the vegetative sphere, and offer, as they can be so readily and certainly distinguished, the best indication in forming a correct diagnosis and prognosis.

According to the increase or decrease of the spleen, during the paroxysms, must a more or less unfavourable prognosis be formed.

In recent cases of intermittent fever, a cure should only be considered as effected, when the spleen has returned to its normal condition. On the other hand, in intermittents of long standing, in which there is very considerable enlargement of the spleen, it often occurs, that on the employment of the suitable remedy, the organ diminishes rapidly to a certain

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point, and then remains stationary, the paroxysms and other symptoms having entirely subsided. In such instances the cure should be considered as certain, although the then existent enlargement of the spleen may continue many months, or for the whole period of life, without causing the slightest constitutional disturbance.

We have seen an instance in which intermittent fever has disappeared on the occurrence of prurigo, and in another case, on the appearance of eczema.

Therapeutics.—Like the rest of our colleagues, we searched for a remedy which covered the symptoms of the paroxysm, and while we did not lose sight of those indicative of the primary disorder, we at least placed them in the secondary rank. In consequence of observations made in the course of 1850, we became convinced that we had not adopted the right treatment of intermittent fever, and have since followed a different mode.

The paroxysms may, by their violence, duration, and other prominent symptoms, yield much information as to the grade and peculiarity of the primary disorder; thus, for example, great chilliness, or great coldness, cyanosis, &c., indicate depression of the vascular system; slight shivering, followed by a lower degree of warmth, a torpid condition; and a higher and continuous elevation of temperature denotes an excessive excitement; a rapid change from cold to heat, or the reverse, suggests some injury to the nervous system; partial degrees of cold or heat, lead to the presumption that only certain portions of the vascular system are affected; immoderate thirst, without a corresponding degree of heat, or the contrary, thirst during the cold fit, indicate a disturbance of the nervous system; imperfectly developed paroxysms, likewise, often show a sinking of the vital powers. Similar conclusions should only be made when the paroxysms remain continually alike, and their continuance cannot be accounted for in any better way. This, however, experience teaches us is not usually the case, on the contrary, the reverse is of far more frequent occurrence.

The form of the paroxysm is, in the greater number of instances, very changeable; it frequently happens, for example, that the second paroxysm is very different to the first, that the

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third does not resemble the second, nor the fourth the third. If the choice of the remedy must depend upon the peculiarity of the paroxysm, then, in such a case of intermittent fever, after each attack, not only a new remedy, but often, one of a very different action would be required, while it is impossible that the primary disorder should be able, so often and so rapidly, to assume a different form. Hence, the paroxysm may form a part, but not the whole of the disease, and similar symptoms may be called into existence by very different pathological states, therefore it cannot be taken as a certain guide in the treatment of intermittent fever. Hahnemann was therefore perfectly right in maintaining, that the condition of the patient in the interval, must be the true guide in the choice of the most suitable homœopathic remedy.

In the 154 cases of intermittent fever under our care, we employed 15 remedies, and in 77 cases a favorable result was obtained. The unhappy selection of the remedies in the 77 remaining cases, was the result of the views we entertained at that time, of the importance of the paroxysm.

In examining more closely the following remedies, Arsen., Nux, Verat., Puls., Chin., Ipecac., and Ignat., we find that they all have a direct action on the nervous system, and that the more decided and extended that influence may be, the more beneficial do they prove in the treatment of the most obstinate cases.

The preceding table shews that 44 cases of Intermittent fever were cured with Arsen., Nux, and Veratrum, and only 13 with Ipecac., Chin., and Ignatia.

In continuing the comparison of the above 7 fever remedies, there is a second point worthy of notice, in deciding upon their greater or less utility. They all have a close connexion with the vegetative sphere, and are more beneficial when they exert a greater influence upon it. Our principal fever remedies, Arsen., Nux, Veratrum, exert a powerful influence on the vegetative powers, and in this point leave far behind the remedies of the second degree, Ipec. and Ignatia. The importance of this influence is most clearly shown in the instance of Pulsatilla; for in the action of the latter on the nervous system, it should be placed next to Ignatia, and yet with the

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exception of Arsenicum, it proved most efficacious, a result which must be solely attributed to its close relation with the vegetative sphere. These facts prove that a remedy should embrace both the nervous and vegetative systems in its action. By the employment of Arsen., Nux, and Veratr., we have cured the most obstinate intermittents, of many months duration. The less violent forms, of only a few months duration, have yielded to Puls. and China, while Ignatia and Ipec. have proved beneficial in the mildest and most recent cases.

Lastly, we must now consider the fact, that all the above remedies have a direct influence upon the vascular system. As the latter is subject to the control of the sympathetic nerves, therefore those remedies should be selected, which act especially as the vasomotory portion, while on the contrary, those which act only on the spinal nerves, must have less influence on the vascular system, therefore must yield to the former in importance.

Hitherto we have carefully avoided every hypothesis; this however is no longer possible, the occasion is too alluring. We believe that intermittent fever is a neurosis, especially seated in the ganglionic system, for those remedies prove most curative which act on the nervous system. This accordance with the views of most medical practitioners, is certainly not without importance; for as each indication of a curative action is in reality a step towards the knowledge of that condition which we describe as disease, it follows that homœopathy carried out in accordance with the feelings and requirements of the present age, may throw much light on the hitherto dark regions of nosology; this accordance moreover shows how closely homœopathy is connected with the physiological tendencies still dominant in medicine.

Intermittents may be divided into two classes; to the first belong those which originate in disturbances of the nervous system, in which the vegetative system is very slightly if at all affected. To the second and more important class belong those forms of intermittents arising from marsh miasmata, from a residence in damp, humid dwellings, and from partaking of deleterious food, by which digestion is disordered, as well as

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the process of chylification, assimilation, and sanguification; the secretions and excretions become affected, evidencing great disturbance in the vegetative system. A perfect cachectic state results from the complete depression of the nervous powers. The depression of the vital forces affects the vascular system, so that the blood becomes serous, giving rise, before death, either to accumulations of water in the cellular tissue, or the larger cavities of the body, or to a state of complete marasmus. An unfailing symptom of the disease is enlargement of the spleen, which frequently attains incredible dimensions. The liver is but rarely enlarged.

Hitherto we have been considering the symptoms common to all intermittents of this class, but we will now proceed to ascertain their distinguishing marks, and we shall find that they may be separated into the two following groups.

a. Intermittents of this group are mostly developed with rapidity, and are from the first attended with gastric derangement; diminution of appetite; aversion to food; nausea; retching and vomiting; derangement of the evacuations. The peculiar colour of the skin, so characteristic, soon shows itself. After the disease has existed a little time, then these symptoms appear, indicative of disturbances in the primæ viæ; the appetite is entirely lost, or becomes fanciful. Food is borne either not at all, or in but small quantities. The tongue is white; pains arise in the regions of the liver, stomach, or spleen. The fluid ejected is green, bitter, and watery; the bowels are constipated; the evacuations are hard and lumpy; the urine is scanty, of a high colour, and thick, with the exception of that passed during the hot stage, which is mostly clearer than normal. Emaciation ensues; the skin becomes rough, dry, inelastic, hangs in folds, and there is desquamation of the cuticle. Enormous enlargements of the spleen and liver take place, followed by effusion into the abdominal cavity. The strength diminishes with the progress of the disease; the patient becomes indolent or peevish, and irritable, or what is more frequently the case, dull and apathetic.

b. Intermittents of the second group are mostly slow in their development; sometimes a long period elapses before a well-

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defined paroxysm occurs. After the disease has existed some time, symptoms peculiar to a serous state of the blood become fully developed; the skin becomes pale, sometimes assumes a tint intermediate between yellow and grey; the veins become visible through the skin; the mucous membranes lose their redness, the pulse and heart's action are feebler and softer. At the commencement of the disorder the circulation is easily excited; hence shivering, heat, and redness of the skin are produced by the slightest causes. The abnormal sounds of the heart and bloodvessels, so characteristic of anæmia, are almost never absent, and sometimes obtain to an enormous extent. The secretions are increased, and become more fluid; hence there is great disposition to sweating and diarrhœa, with a frequent discharge of serous urine: the powers of nutrition become sadly enfeebled. The mental powers quickly diminish in force, and finally the originally irritable patient falls into a condition of complete apathy.

In these cases we found the spleen only moderately enlarged, the liver of a natural size; on the other hand, serous effusions of a partial character, into the cellular tissue, were of very frequent occurrence.

We must however acknowledge, in conclusion, that there were cases in which the disease presented symptoms of both groups; but these were of rare occurrence, and were rather limited to intermittents of the second group, with gastric complications.

Our arrangement of intermittents is not strictly scientific: we have not intended it to be such, but simply one applicable to our observations. We have not made any remarks upon forms of fever which have not passed under our notice, because it is not our intention to write a monograph of this malady. In accordance with this principle, we will only treat in the following pages, of those fever remedies which we have verified to be such viz:—Arsen., Nux, Verat., Puls., China., Ignat., Ipecac.

Arsenicum is one of those few remedies, remarkable not only on account of their activity, but also for the extent of their action. It comprehends the organism in its totality. All the powers by which life is carried on, every department and every organ of the body, and every branch of a nerve, &c., are so

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subject to its power, that it is difficult to decide whether its symptoms are primary or secondary, and where the precise centre of its action is placed. The symptoms of chronic poisoning with Arsenic exhibit a surprising similarity with those of the cachectic condition, induced by an intermittent; it likewise possesses in so high a degree the property of producing periodical exacerbations, that it excels all other remedies; in a word, *none of those remedies with which we are yet acquainted, has, with so great a power, so varied and so close a relation to the organs especially affected in intermittent fever; and none corresponds to all the requirements which we have considered as indispensable for the utility of a fever remedy as arsenicum; hence we hold it to be not only a remedy for very frequent employment, but as the first antipyretic.**

Clinical experience is in entire harmony with the anticipations formed from the physiological proving of Arsenicum. The employment of this remedy is the more urgent, when the symptoms of the disease indicate great weakness of the vital powers.

Intermittents caused by marsh miasmata are of the worst and most dangerous forms; in these cases Arsenicum is not only a useful, but very often, the only remedy capable of warding off the danger which threatens life. We feel called upon to recommend it absolutely, in those cases in which the vegetative powers are deeply affected, and in which considerable cachexia is existing, attended with great changes in the internal organs, such as the liver and spleen. We cannot refrain from mentioning the fact that this condition is very much promoted by the abuse of Quinine, and that we have sometimes treated this disease produced by art, with the best results with Arsenicum.

Intermittents for which Arsen. is the most appropriate remedy present the following peculiarities in their paroxysms:

* However it is still far from being the only one; for example, the extremely torpid form of intermittent is not within its range. Arsenicum will often cure, when other remedies selected with the greatest care have failed. Notwithstanding, we cannot assume Arsenicum to be an absolute specific, for in spite of its apparently great similarity, in rare instances it has no influence upon the disease, which may soon be subdued by another remedy.

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the accessions are mostly violent and of long duration. The stages may be either well marked, or as is often the case are wanting in one particular. If one stage is absent, it is the cold one, and the hot stage becomes proportionably hotter. The more violent the disturbance of the vascular system, the more violent the thirst, so much the more is Arsenicum indicated. The sweating stage may be absent, or on the contrary excessive. Many other annoying symptoms may seem referrible either to the nervous or vascular systems, such as cramps, pains, delirium, paralysis, and the state of anxiety so characteristic of Arsenic.

The intervals between the paroxysms are not devoid of symptoms of a varied and troublesome nature, such as restlessness; want of sleep; cramps; indigestion; feeling of weakness and general illness; the most characteristic symptom for the use of our remedy is the increasing feebleness after each paroxysm.

Nux vomica.—The sphere of action of this remedy is of much less extent than of Arsenicum, for its principal action is on the nervous system, as is clearly shewn in cases of poisoning, and in the experiments which have been made with this drug; the contradictory symptoms which arise in the Nux disease are only secondary, and are the results of disturbed innervation. Its peculiar and most important action is on the spinal nerves, then upon the sympathetic, as shewn by its influence upon the functions of the stomach, liver and intestinal canal. In intermittents, in which the nervous system is principally affected, Nux is the true homœopathic remedy. No more suitable medicine can be selected, when, besides the local symptoms, viz., diminution of appetite, aversion to food, nausea, eructations, vomiting, and the various gastric affections, there are likewise indications of a material change in the organs of assimilation, as shewn by great disturbance of the digestive powers, of the evacuations as well of the secretion of the bile; when the process of nutrition is visibly affected, as evidenced by emaciation and a cachectic state, with dryness and a peculiar yellowish grey colour of the skin.

Although the sympathetic system is secondarily affected in

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intermittent fever, it however does sometimes occur that the reverse is the case, and that the original seat of the disorder is in the ganglionic system, which is but secondarily affected by Nux, that is to say, in those nerves which regulate the functions of the stomach, liver, and intestinal canal.

The special indications for the employment of Nux are as follows: Paroxysms of moderate violence correspond more clearly with Nux; still, when the general symptoms indicate the employment of the latter, we should not be deterred from its use by the feebleness or violence of the febrile stage. Neither will the fact of the paroxysm being attended by symptoms of nervous disorder, or occurring at any period of the day, exercise any influence in the selection of the remedy. Neither do we consider it of any importance whether the type be quotidian, tertian, or quartan.

The stages of the disorder caused by the use of Nux vomica, are generally fully and clearly defined, and often maintain a certain degree of regularity with each other. This, however, is not universally the case; for very frequently, one stage may be more developed than another, or one may be absent, or the stages may run one into another. Hence in intermittents, which in respect to duration and relation of their stages, differ very much from each other, Nux may prove the best homœopathic remedy.

The intervals between the paroxysms may either be free, or may be attended with gastric disorder. In severer forms of the disease the non-febrile condition is never free from these symptoms, indicative of alterations in the process of nutrition.

The greater number of patients in which Nux proved useful were of mature age, and of the male sex. This circumstance does not seem to us be without importance, as it accords with the general opinion that Nux is more beneficial in disorders of the male sex.

Veratrum.—We have already expressed our views on Veratrum, when speaking of the indications for its use in typhus, and then had occasion to remark that its employment was indeed rarely necessary, although more reliance might be placed upon it than any other remedy, owing to its character being so

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distinctly defined. The same is true of its selection and action in intermittent.

The form of intermittent to which it corresponds is indeed of very rare occurrence amongst us; when it does occur it is easily recognised, and readily yields to Veratrum.

Veratrum is of service from its immediate relation to the entire nervous system, as a valuable antipyretic; its great importance is attributable to its powerful influence upon the ganglionic system, especially upon its motor portion, for all motor nerves in the circle of the vegetative spheres are subordinate to Veratrum, and mostly those which regulate the movement of the alimentary canal and vascular system, hence it answers to all the requirements of a fever remedy of the first rank.

Physiological experiments prove that the action of Veratrum on the nervous system is to weaken and oppress the vital manifestations; hence it gives rise to sinking of the vital powers, the greatest debility, syncope and paralysis. We are unable to impart any certain information as to how it acts, but will only hint that many of its peculiar symptoms, for example, the pains similar to those induced by electricity, suggest that Veratrum causes a sudden derangement in the nervous system, and that each shock produces at first reflex actions, and subsequently the contrary, a state of exhaustion in the nervous portions affected.

The vascular system shews, at first, symptoms of excitement which soon gives place to sinking of the circulation. The pulsations of the heart and pulse become slower, feebler, softer, and often imperceptible. The blood no longer freely circulates in the capillary vessels. If the blood is arrested in the capillary vessels cyanosis ensues, and the skin finally assumes the paleness of death. It is scarcely necessary to observe, that the temperature, which is so closely dependent on the circulation, must sink below the normal standard. The organic powers sink so low, that during life, mechanical and chemical affinities are formed, so that the watery constituents of the blood, as it were, exude from the surfaces of the stomach, intestinal canal, and skin, without any effort of the secreting organs, so that abun-

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dant watery discharges from the stomach and bowels, as well as a profuse cold sweat, ensue.

Such is the description of the disease caused by Veratrum, in its worst form. We have only seen exactly similar cases of intermittent fever during the cholera. Intermittents more or less approaching the above description, have been frequently met by us at other periods, as well as doubtless by every practitioner of much experience.

The following symptoms render the selection of Veratrum absolutely necessary. Great debility and feeling of general illness; great sinking of the powers; slowness of the pulse and of the heart's action, not only during the apyrexia, but likewise in the paroxysm. If these additional symptoms should appear, it then becomes almost impossible to select another remedy; such as cramp in the extremities, but more especially in the stomach and intestinal canal; numbness of the extremities; feeling of paralysis; fainting; watery diarrhœa, or obstinate constipation; rapid sinking, and collapse.

The paroxysms offer very few peculiarities affecting the selection of the remedy, which have not already been mentioned, we will only make the following remarks.

The cold stage is of less or greater duration, and comparatively speaking it is the prominent symptom, as it often encroaches on the hot stage, and is even prolonged into the non-febrile interval. The change of temperature is very perceptible in the extremities. The hot stage is frequently absent, and when present never attains a high degree. There is usually only a subjective sensation of heat, while the temperature is scarcely elevated, sometimes, nay often, diminished.

The pulse rarely rises at this period; it may indeed be quicker, but not fuller, and more powerful.

The thirst is of no importance, as it is dependent more upon the frequency of the evacuations than upon the amount of fever.

The sweating stage precedes the attack, and is of long duration, lasting even to the next paroxysm; it is either very abundant, or is replaced by a cold, clammy humidity of the skin.

The complications peculiar to the Veratrum fever almost

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always occur during the cold stage. The patient feels very exhausted after the attack, and recovers but imperfectly during the interval.

In one case, we remarked during the period of the usual recurrence of the fever, only an increased coldness, with slight cyanosis of the extremities, and during the whole interval of apyrexia, a cold sweat, very abundant during the night, and which rendered the patient very feeble.

This kind of intermittent fever either shews itself at first, or is developed in the course of other forms, especially after the abuse of China.

Hence it appears that Veratrum is the most suitable remedy in the worst forms of intermittent fever, and in many respects rivals Arsenicum, and should be preferred to the latter, whenever a paralysed condition of the vital powers exists.

LAST DESPERATE EFFORTS OF THE ENEMY.

After a long period of suspension of hostilities, the allopathic school has once more taken up arms against homœopathy. Our enemies, after lying perdu all the winter, have apparently been warmed once more into life and activity by the rays of the vernal sun, and for the last few months they have been busily engaged in launching at our devoted heads all the destructive missiles they could lay hands on;—at one time plying the heavy artillery of "slashing articles;" at another, aiming at us the envenomed shafts of calumny—now making a furious but ineffectual assault on our well entrenched position, with long phalanxes of irrelevant calculations; and now leading desperately the forlorn hope of an unjustifiable coroner's inquest. They have scarcely allowed a week to pass without directing some new attack against us, or displaying some novel manœuvre designed to annihilate us, and drive us pell-mell into the sea. They feel that we are gradually gaining ground upon them, sapping the credit of their most cherished dogmas, and undermining their pretensions to be the only legitimate and orthodox practitioners. They watch with alarm the progress

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we are making on their own terrain, and they see plainly that if we are not repulsed, and that speedily, it will soon be all over with their vaunted fortress of traditional medicine. Accordingly, under the able guidance of their favourite general of the *Lancet*, they have been lately busily employed burrowing counter-mines of argument, making sorties of hard words, firing canister and grape of abuse, and discharging all their great guns of rhetoric, invective, and calumny with reckless profusion; but as yet without proportional damage to their opponents. The redoubled fury of the adversary's fire poured in upon us from all sides, and from every possible weapon, though unattended by danger, is not destitute of annoyance, and we find ourselves constrained to resort to more active measures, if only to shew our opponents that our batteries of argument are well placed, and ready for use; our means of defence sure, and our plans for effectual offensive measures unbroken. Our enemies boast loudly of being one united holy legitimate empire, and taunt us with an unholy alliance with heretical hydropaths and mesmeric and kinesipathic Bashi-bazouks. We may, however, retort that their unity is apparent only, not real, for that their boasted banner of legitimacy is the rallying point for the partisans of a thousand different medical creeds, only temporarily joined to oppose the victorious advance of medical reform and progress, but among whom dissensions prevail, and animosities are rife, which their common hostility to ourselves is unable to keep in check.*

But to drop our war metaphor, it is painful to see the measures resorted to by our opponents to stop the progress of our therapeutic doctrines. We have no objection at all to the use

* In proof of this we may refer to almost every number of the allopathic journals. Take, *instar omnium*, the number of the *Medical Circular* that has just come out while we are writing (that of June 13th.) In addition to the usual abuse of homœopathy, it addresses the following elegant language to two of its allopathic contemporaries:—"Let these jaundiced scribblers write on; they can scarcely make themselves more contemptible than they have already become. Let them crawl ignominiously at our heels, and spit out their malice as their humour lists: it would cost us no effort to strangle each with the other's coils, if we deemed our time so valueless as to justify our wasting it upon such a pair of miserable impotents;" and so on, through a whole column. If such is the way our adversaries speak of each other, we can hardly expect them to be more courteous to the common foe.

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of the accustomed licence of gentlemanly controversy. We can stand with perfect equanimity any amount of dry, logical argument, good-humoured banter, or merited satire;—but what shall we think of the force of our adversaries' reasons when these are backed by haling us before the tribunal of the law on frivolous and vexatious charges? What must we think of the soundness of their doctrines, when they try to suppress all opposition to it by personal calumnies and injurious insinuations against their opponents? It is true we have long been used to this sort of thing, and history teaches us that all truths meet with a similar reception from interested and prejudiced opponents. We fondly hoped, however, that our truth had outlived that period of its existence; that such methods of opposing it had all been exhausted. We trusted that the period of tranquillity we had recently enjoyed was the forerunner, if not of a general recognition of our doctrines—at least, of a more dignified and scientific opposition to them. So far, however, is this from being the case, that at no period that we remember of the existence of homœopathy in this country, have the means resorted to to crush us been so unworthy of a so-called liberal profession; and we may add, so unsuited to the end proposed, so apt to recoil upon the heads of those who employ them.

The truth of these remarks will, we believe, presently appear, when we trace the chief incidents that have marked the anti-homœopathic campaign of 1855. We need not take the facts in their historical order, but shall refer to them just as they occur to us.

The following brief review from the *Athenæum*, which is well known to have an allopathic critic for the medical works, mildly preludes the more vigorous operations of our opponents, and is an admirable specimen of allopathic logic:

"*Tracts on Homœopathy.* By W. Sharp, M.D., F.R.S. (Aylott & Co.)—The foundation of all inductive science is the law that effects are increased with the increase of their causes, decreased by the decrease of their causes, and changed with the change of their causes. Unless causes and effects answer to

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these laws, they are not regarded as such by sane people. In the face of these fundamental truths, Homœopathy says effects are increased by the decrease of their causes, and decreased by the increase of their causes,—and, therefore, asserts a folly which it is not worth the while of a man in his senses to look into. Moreover, we may add, that the man who is inclined to investigate this folly already betrays unsoundness of mind, and we would warn him against experimentation on the subject, which will be almost sure to end in his adopting the delusion. We feel ashamed to see so intelligent a man as Dr. Sharp the victim of so weak a delusion as the evidence of cure in homœopathy. Does he not see that an equally imposing array of figures and facts could be brought forward in favour of charms and amulets, the king's touch, the magnets of Mesmer, and the pills of Morison and Holloway? No amount of fine writing can explain away this fact, nor get him out of the unscientific position in which he has placed himself."

We should probably be considered impertinent by the mysterious magnifico who penned the above article, did we venture humbly to suggest that a high and mighty reviewer ought to condescend to investigate (if only slightly) the subject he undertakes to review. This idea, however, is treated with contempt by our supercilious critic, who knows intuitively all about homœopathy, without deigning to investigate it: the inclination even to do which, would, he asserts, betray unsoundness of mind. He knows (by intuition) that "homœopathy says effects are increased by the decrease of their causes," and *vice versa*, which is about as true as if one were to say "that astronomy says the moon is made of green cheese." Homœopathy being thus, according to him, such a preposterous folly, it is somewhat remarkable to find him warning his readers against experimentation on the subject, as that he asserts will be almost sure to end in their adopting the delusion. What should we think of a teacher who should thus address his disciples? 'The doctrines of my rival are sheer and transparent nonsense; but don't be persuaded to go and hear him, for if you do, you are almost sure to be converted to his way of thinking.' Should we

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not be very apt to suppose that the teacher's estimate of his rival's doctrines was not a very correct one—and moreover, that he was conscious of its incorrectness? The last sentence in this wonderful critique is the most curious of all; therein the writer seems to insinuate that it is a telling argument against homœopathy, that it has "an imposing array of figures and facts in its favour." We suppose the writer deems it a recommendation of allopathy that the figures and facts are against it. He reminds us of the story told of a certain speculative individual who said, "if the facts are opposed to my theory, so much the worse for the facts."

The next episode we shall notice in the recent revival of anti-homœopathic zeal, is that exhibited by two late coroner's inquests, got up by allopathic practitioners, with the praiseworthy object of damaging the fair name of two of their colleagues who differed from them in their therapeutic creed.

The first of these inquests is that held in February last at Darlington, of which a full and literal report was given in our last number. The disease that proved fatal in this case was, it will be remembered, *cancrum oris*, a malady of the most mortal description, and one which no one who has seen much of medical practice could for one moment confound with the poisonous effects of an overdose of mercury; and yet, because the death occurred in the practice of a homœopathic physician, Dr. Galloway, an allopathic opponent was found so malicious or so ignorant as to get up an inquest, in order to prejudice the medical attendant in the eyes of the public; for notwithstanding Mr. Piper's disavowal that he did not "get up" the inquest—a disavowal that, in the absence of any assertion that he did so, is extremely suspicious—for, as the French have it, "*qui s'excuse, s'accuse,*"—we have his acknowledgment that he certified that "the child died of salivation." In other words, Mr. Piper certified that the child was salivated to death by the homœopathic practitioner; and all he said at the inquest was intended to prove this. He signally failed to convince the jury that Dr. Galloway was in any way to blame for the fatal result. It was shewn on the inquest that the disease that killed the child was one of a very fatal character; that Dr. Galloway had not given a particle of mercury before it broke out; and that

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when he did administer that medicine, which was quite homœopathic to the case, he gave it in the mild form of the *mercurius solubilis*, and in doses of a billionth of a grain. As regards the pretended analysis of the globules by Mr. Piper and his friend, we put just the same amount of faith in its accuracy as did the jury. As a set off against it, we have Dr. Galloway's declaration on oath, and the corroboration of an experienced analyst. When so much *malus animus* and persecuting rancour was displayed by Mr. Piper, we are at no loss to estimate the precise value of his hole-and-corner examination of Dr. Galloway's globules. There was on his part a strong desire to crush Dr. Galloway, and a foregone conclusion that the child's disease was an effect of corrosive sublimate, so we can easily believe that his chemical analysis of globules of the 6th dilution of *merc. sol.* would yield to him exactly the result he required, in order to establish Dr. Galloway's dishonesty, and convict him of killing his patient. The jury being uninfluenced by Mr. Piper's prejudices and motives, very properly awarded more credence to Dr. Galloway and the weighty allopathic authorities he adduced in support of the truthfulness of his statements, than to Mr. Piper, whose enmity to the homœopathic practitioner he did not take the slightest pains to conceal.

The *Lancet*, in its comments on this inquest—of which, however, it does not give the whole report, but merely two short extracts—takes for granted that the case was as Mr. Piper ignorantly supposed and alleged, one of mercurial salivation, and not *cancrum oris*. It accepts as proved the insinuation that Dr. Galloway gave an overdose of corrosive sublimate while professing to give infinitesimal quantities of medicine. Having thus "cooked the accounts," and "made things pleasant" to suit its own purposes, it winds up by saying, "any comment on this case is unnecessary." Had the facts been as the *Lancet* puts them, we think some comment had been very necessary, but as the facts are precisely the other way, we agree with the *Lancet* in thinking that it adopted the wiser course in refraining from commenting. The best comment on the *Lancet's* remarks is the full report of the inquest, which we gave so lately, and which we felt required no comment of ours in order to produce the conviction in the minds of our readers that the whole affair

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was a disgraceful and malicious attempt to blast the reputation of a respectable practitioner, merely because he practised differently from his persecutors.

The other inquest to which we refer was of a totally different character as regards the cause of death, but the motives that led to the holding of an inquest at all, were precisely similar to those that prevailed in the above case; to wit—a desire to crush the reputation of a most successful and talented homœopathic practitioner. From the account we subjoin, derived from a local paper, it does not appear on the face of it that the inquest was "got up" by the rival practitioners; but it will be observed that it was held at the instance of a magistrate; and from a private source we learn that this magistrate is himself an allopathic surgeon. There is not a shadow of a doubt that no inquest would have been thought of, had the medical attendant not been a homœopathist.

"On Wednesday T. Badger, Esq., coroner, held an inquest at the Manor House, Kimberworth, the residence of Mr. John Warris, farmer, on view of the body of Mrs. Jane Warris. Mrs. Warris was forty-two years of age, and died on Saturday evening, after her tenth accouchement. Mr. E. Smith, of Sheffield, surgeon, was called to attend the deceased during her last confinement, and on arriving at the Manor House about one o'clock on the morning of Friday week, found that she had already been in labour more or less for some hours. At seven o'clock he prepared thirty grains of Ergot of Rye, of which she took about two-thirds in two doses. The labour not progressing satisfactorily, Mr. Darwin, of Masbro', surgeon, was desired to attend and bring his instruments with him. He arrived a little after nine o'clock, and after ascertaining the state of the patient, remarked that they should have another 'Spilling's case, of Ecclesfield.' Soon after his arrival, Mr. Darwin suggested the administration of a dose of Opium, and 1¼ grain was administered. Hopes were at first entertained of a satisfactory result, which, however, were not realized. Dr. Shearman, of Rotherham, was called in between eight and nine o'clock on Saturday morning, and expressed a fear that rupture of the uterus had taken place, and remarked to Mr. Smith (who practises homœopathy), that if he had

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'kept to his globules this would not have happened.' The medical men consulted, and coming to the conclusion that the state of the patient did not admit of any further steps being taken at that time, it was arranged that Dr. Shearman should go away for two hours, and if it became apparent that rupture had taken place, the delivery should be proceeded with on his return. The doctor left towards eleven o'clock, and on his return between three and four in the afternoon, it was clear that his opinion was but too well grounded.' It being obvious that the case must terminate fatally, the medical men, after another consultation, determined to proceed with the delivery if the patient consented, inasmuch as that course would relieve her of the agony which would have attended death in case the delivery had not been effected. The patient was informed of her situation, and, on her consenting, the delivery was with some difficulty effected. The patient began to sink immediately afterwards, and died at half-past nine o'clock the same evening. It appeared that Mr. Darwin had expressed an opinion, which he repeated before the jury, that the Ergot of Rye had been administered at an improper period. A rumour spread that death had resulted from maltreatment, and a magistrate addressed a letter to the coroner, calling upon him to investigate the case. Hence the inquest. The enquiry was attended by the following medical men:—Dr. Shearman, Dr. Clay, an eminent accoucheur, of Manchester; Mr. Chesman, of Sheffield (who had been instructed by the coroner to make a *post mortem* examination of the body), Mr. E. Smith, and Mr. Darwin. Mr. Darwin was the first witness examined, and (not having had the advantage of knowing the facts disclosed by the *post mortem* examination, which was only in course of being made at the time), stated that the Ergot of Rye had been administered at too early a stage, and that rupture could not have taken place before the Ergot of Rye had been administered, unless there had been unnecessary manual aid applied. . . . . By the time that Mr. John Warris, husband of the deceased, and Mrs. Fletcher, her sister, had been examined on some general matters, the *post mortem* examination had been completed, and the evidence of Mr. Chesman was taken. In detailing the appearances Mr. Chesman said there was a sort of malformation

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of the pelvis, which exhibited a small cutting inlet. He attributed death to the rupture of the uterus, and was of opinion that the Ergot of Rye was not the immediate cause of the rupture, but that the mechanical pressure of the child, which was a large, full-grown one, against the inlet of the pelvis was the cause; the ruptured part being soft and easily tearable. . . . . In reply to the coroner, Mr. Chesman said the administration of the Ergot of Rye, after the rupture had been ascertained, would have been highly improper, but was, in his opinion, highly proper if administered before any symptoms of rupture were present. . . . . Mr. E. Smith tendered evidence, and after detailing the circumstances of the case, said he had often administered Ergot of Rye in apparently the same circumstances, with the happiest effect, and that there was not the least symptom of rupture when it was administered in this case, nor for five or six hours after. The Ergot of Rye had nothing whatever to do with the rupture, which the natural efforts producing pressure on the pointed part mentioned, were sufficient to cause. . . . . Mr. Darwin now stated, in reply to the coroner, that after what had been disclosed by the *post mortem* examination, he was of opinion that the rupture might have occurred if the Ergot of Rye had not been administered. . . . . Dr. Shearman said there could be no suspicion of rupture until after the Ergot of Rye had been administered. He was of opinion that the natural pressure would not have caused the rupture, and that the Ergot of Rye had caused it. Had the patient been let alone, he thought she would have got over the accouchement; but Mr. Smith was not to blame, for no doubt he gave it with the best intention. . . . . Dr. Clay said the stimulating stage of the Ergot of Rye was not of sufficiently long duration to account for death in Mrs. Warris's case; the smallness of the dose, and the length of time it was administered previous to the rupture (at the least five hours) sufficiently exonerated the Ergot of Rye as the cause of death. He differed with Dr. Shearman as to the probability of the case having resulted favourably under different treatment, and said the plain cause of death in this case had been long previous illness, general softening of the vaginal and uterine structures, increased by inflammatory action probably some weeks previous to labour

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—these combined acting against the sharp inlet of the pelvis were sufficient to cause death without any other circumstance. . . . . In a conversation which ensued, Dr. Shearman admitted that it was merely a matter of opinion that the Ergot had caused the rupture; for it was impossible to prove that it had; and that in the only two published cases in which rupture was attributed to the action of Ergot of Rye, it was only a matter of supposition. . . . . Mr. Smith enquired of Mr. Darwin whether the Opium, which, when administered in small doses, was rather a stimulant than a sedative, was not as likely to have caused the rupture as the Ergot of Rye? and Mr. Darwin replied certainly not, and that he did not consider 1½ grain a small dose. Dr. Clay, however, said, a dose of that amount would have a stimulating effect in such a case as this, and there the matter dropped. . . . . The coroner remarked, during the expression of differences of opinion by the medical men, that although Mr. Smith practised homœopathy, this was not a case in which an issue could be raised between the two systems, inasmuch as neither system came into question. . . . . The jury returned an unanimous verdict that death had resulted from natural causes."

We have received from Mr Smith some details which go to explain some of the circumstances connected with this case, better than they can be gathered from the above condensed report. Labour commenced at 3 A.M.; Mr. Smith saw the deceased first at 1 P.M., and at that time it was thought by the attendants that the delivery would be completed in a very short time. On examination the os was the size of a crown. The pains returned every few minutes, but from the commencement to the end they were confined to the upper part. The head presented. About 5 P.M. *the os was much larger, very flaccid, and easily turned over the head with the fingers.* About six the waters broke naturally, and as the pains became weaker and were then not expulsive, Mr. Smith administered the Ergot as above stated, with the intention of altering the direction. As, however, the child did not advance, and it was getting late, Mr. Smith conceived that the long forceps might be useful, so he sent the patient's husband to beg the loan of Mr. Darwin's forceps, and in case Mr. Darwin should refuse to lend them, to

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bring him also. When Mr. Darwin came at 10 P.M. he gave the Opium. Mr. Smith never examined the case after half-past twelve at night, when he retired to rest, supposing that the patient was now under the sedative influence of the Opium. By Mr. Darwin's account the head receded at 1 A.M. In the morning the attendants being alarmed at the non-return of the pains, Dr. Shearman was sent for, to whose care the patient was then confided. The opponents of Mr. Smith endeavoured to make out that the rupture of the womb was caused by the administration of the Ergot of Rye before the os uteri was properly dilated. In this however they entirely failed, and Mr. Darwin, who was the first to make this assertion, afterwards retracted, inasmuch as he acknowledged that the rupture might have occurred though no Ergot had been given. Dr. Shearman, who stuck to the opinion that the Ergot had been improperly given, was confuted by the eminent accoucheur Dr. Clay, of Manchester, whose opinion we must take to be decisive on this point, even without taking into consideration the corroborative testimony of Mr. Chesman. Dr. Shearman seems to have been very unwilling to admit that any obstruction at the outlet of the pelvis was to blame for the accident, and accordingly a few days after the inquest he wrote to the local paper, asserting that he had "*no difficulty at all* in delivering this time, or in any of her *nine* previous labours." In answer to this Mr. Warris stated that his own recollection of his wife's confinements was, that several of them were not only difficult but attended with danger, and that she was only attended in *six* of them by Dr. Shearman. The Doctor retorts by calling Mr. Warris very ungrateful, and stating that he attended Mrs. Warris in "three of the *most dangerous and difficult* confinements which any woman could go through," which certainly seems a statement slightly at variance with what he had previously written.

This inquest, which terminated so unsuccessfully for its allopathic promoters, affords to the *Lancet* and *Medical Times* a fine opportunity for exposing what they are pleased to term the "dishonesty" of homœopaths. With respect to the propriety of the administration of Ergot in the case, these two

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journals are at variance; for while the *Lancet* asserts that the Ergot was improperly given, the *Medical Times* allows that the case was not unsuitable for its administration. Both, however, agree that the giving of Ergot by a homœopath in order to produce contraction of the uterus, is a proof of the dishonesty of the practitioner. As these two learned pundits cannot agree as to the necessity for Ergot in the case, we shall not touch upon this point, but leave them to fight out the question by themselves. As regards the other question, however, on which they for once show such extraordinary unanimity, namely, the alleged dishonesty of a homœopath administering Ergot at all, we have a few words to say. We shall not stop to enquire if there is any better method of inducing contraction of the torpid uterus than by means of the physiological action of Ergot of Rye. We shall only shew that the homœopathic principle, in its application to the cure of disease, is not at all affected by the means resorted to by Mr. Smith in the case under consideration. Homœopathists do not profess to apply their system except for the cure of diseases. No medical authority alleges that the act of parturition is a disease, consequently the various means adopted for hastening that act through its different stages bear no resemblance to the therapeutic methods for the cure of disease. When from the narrowness of the pelvic outlet, or the weakness of the expulsive efforts of the womb, unaided nature is unable to effect the expulsion of the fœtus, it is necessary to employ mechanical means to assist the delivery, or to stimulate the womb to more forcible contraction. No accoucheur pretends that he has cured a disease when he has succeeded, by means of stimuli directed to the womb, in exciting its more energetic action. It matters not whether these stimuli consist of cold applied to the abdomen, of general stimulants given to the patient, such as brandy or opium, or of substances that have a more special power of acting directly on the uterine muscles. The judgment of the accoucheur must determine which is the best method to adopt in any case that comes before him. His judgment may be at fault in the selection of his stimulant, but neither homœopathy nor allopathy has anything to do with the matter. It is per-

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fectly fair and legitimate to canvass the propriety of the accoucheur's selection of the stimulant for a particular case, but to assert that an accoucheur who is in the habit of treating diseases homœopathically is dishonest because he employs a stimulant of this sort, is as palpably absurd as it would be to accuse a homœopathic surgeon of departing from his principles if he employed an anæsthetic to deaden the pain of a surgical operation. For the removal of a temporary or mechanical difficulty the homœopath betrays no inconsistency (not to speak of dishonesty) if he employs any means calculated to effect his purpose. Had Mr. Smith been aware of the softened condition of the uterus, which was only ascertainable and only ascertained after death, he would undoubtedly have resorted to other means than stimulating that organ, in order to effect delivery, such as the early employment of the forceps; but in that case also there would have been just as much, or just as little question of allopathy or homœopathy as in the giving of Ergot to cause contraction of the uterus. The attempt to prove that the Ergot had anything to do with the catastrophe of the rupture, failed most signally, and was scouted by all the allopathic witnesses, with the exception of Dr. Shearman, who seems to have been actuated solely by a desire to convict Mr. Smith of bad practice. Had the case occurred in the practice of an allopath we may be sure we should not have heard a word about improper treatment from those high-minded and public-spirited allopaths who conspired to hunt down Mr. Smith; and those virtuous organs of orthodoxy, the *Lancet* and *Medical Times*, would have been loud in their protestations as to the propriety of the treatment pursued.

The next episode we shall notice in the history of the late anti-homœopathic crusade is the attempt of the *Medical Times and Gazette* to put down homœopathy by exposing its baselessness and illogical character, as it is pleased to express itself. This hebdomadal journal has announced its intention to publish a series of articles on the "Difficulties of Homœopathy." While we write only one of these promised articles has appeared. If we regard this as a sample of what is to follow, we shall be prepared to estimate beforehand the amount of fairness and im-

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partiality with which the writer intends to examine our doctrines. He alleges that he is "intimately acquainted with the writings of Hahnemann." This statement we can hardly believe, for he gives a completely false view of Hahnemann's early career and writings. He asserts that from the first Hahnemann was unduly attached to the theory and literature of medicine, an assertion he could not have hazarded had he merely seen a table of the contents of his collected *Lesser Writings*. He would there have seen that Hahnemann's earlier writings were almost all of a purely practical character; and had he glanced at the "modest essay," as he terms it, in which Hahnemann gave the first hints respecting a new therapeutic law, he would have found that whatever is theoretical there, is the logical and irresistible deduction from the overwhelming array of *facts* he adduces.

That the writer's "intimate acquaintance" with Hahnemann's writings may perhaps consist in having skimmed over the first English edition of the *Organon*, we may perhaps admit, though even this is doubtful, as he does not quote its title correctly. Further than this, however, his homœopathic knowledge does not go; and many of his readers, whom he proposes to indoctrinate in the difficulties of homœopathy, know a vast deal more about the matter than he does. That he is utterly ignorant of the writings of Hahnemann's disciples even in this country, not to mention those of Germany, is apparent from this, that the parts of the *Organon* he selects for his attack are principally those theoretical opinions of Hahnemann which are of no consequence whatever to the truth of the therapeutic law expressed by the formula *similia similibus*, and which have been abandoned by almost every thinking homœopathist. The chief, we may say the sole, point alluded to in this first paper on the "Difficulties" is Hahnemann's assertion of the unconditional and absolute power of medicinal substances. On this the writer has wasted an immense quantity of vehement argument; apparently unaware that Hahnemann's disciples have long since exposed the fallacy of this opinion. The truth of homœopathy is in no degree affected by the refutation of this theory.

If the writer of the articles in the *Medical Times and Gazette* is desirous of learning what are the essentials and the non-

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essentials of Hahnemann's doctrines, we cannot do better than refer him to a review that appeared in our Journal for January last, wherein he will find all the objections he is likely to bring forward fully discussed and answered. We have neither inclination nor space to reiterate the arguments in favour of the truth of the essential doctrines of Homœopathy, which may be found in a hundred independent treatises, and in many of our earlier numbers. We have fortunately advanced a long way beyond that infantile period of our existence, when it was necessary to discuss and defend the first principles of our therapeutic system, and it is certainly not a very edifying spectacle to behold a writer on the "difficulties of homœopathy," coolly ignoring all that has been written on the subject in England during the last dozen years. Even Dr. Simpson, unscrupulous as he is as to his statements and arguments in his recent work against homœopathy, had not the effrontery to write against our system without regard to what had been put forth by its defenders in this country. The writer in the *Medical Times and Gazette* presumes largely on the ignorance of his readers in venturing to serve up a *réchauffé* of the old and oft-refuted platitudes with which the allopathic writers of a quarter of a century ago used to attempt to annihilate the earliest partisans of homœopathy in this country. The tide of homœopathic progress has advanced too far and wrested too large a territory from the feeble grasp of allopathy to be stayed for one instant by this antiquated critic's Partington-mop, which might have answered a temporary purpose, and achieved an apparent but short-lived triumph, while yet homœopathy was but as a feeble stream in this country, without a literature, and unsupported by any names of eminence and authority.

The next circumstance that offered an opportunity to our allopathic contemporaries for venting their sarcasms and abuse against homœopathy, was the effort recently made by a number of the adherents of our system to induce the Minister of War to allow one of the civil hospitals about to be established near the seat of war, to be under the superintendence of homœopathic practitioners. In our last number we briefly noticed the commencement of this important movement. We are now enabled

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to place before our readers the subsequent steps taken by its promoters.

The following is a copy of the memorial drawn up by the committee appointed for that purpose:—

"*To the Right Honourable Lord Panmure, Her Majesty's Secretary of State for the War Department, &c.*

"My Lord,—We, the undersigned peers, members of the House of Commons, clergymen, officers of the army and navy, lawyers, merchants, and others unconnected with the practice of medicine, beg to state to your Lordship,—

"That the proposed organization on the part of Her Majesty's Government, of civil hospitals at Smyrna and elsewhere, for the treatment of the soldiers and seamen now serving in the Crimea and in the Black Sea, and the circular emanating from your Lordship's department inviting the co-operation of the medical institutions of the metropolis in this beneficent work, have suggested to many who have derived personal benefit from homœopathy, that it would be desirable to secure for those of the sick in our army and fleet in the East who prefer this mode of treatment, the advantages which it affords in the treatment of those diseases of an acute form so unhappily prevalent in the Camp before Sevastopol.

"That the homœopathic system of medicine promulgated in 1796 by Samuel Habnemann, a German physician, distinguished by his contributions to science, has obtained the recognition and support of several of the leading States in Europe and America.

"That the Legislatures of two of the most important States of the American Union (Pennsylvania and Ohio) have granted charters of incorporation to homœopathic universities to which hospitals are attached; that the chambers of the kingdom of Bavaria, of the Grand Duchy of Baden, and other German states, have authorized professorships of homœopathy in the public universities; that the imperial government of Austria has instituted a professorship of homœopathy and sanctioned the establish-

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ment of homœopathic hospitals in Vienna, Hungary, and other parts of its dominions; that similar hospitals exist in St. Petersburgh and Moscow, and that one hundred beds in the hospital Beaujon in Paris, have been for several years devoted to patients who are openly treated on the homœopathic system by Dr. Tessier and his hospital assistants.

"That when the Bavarian parliament and the Hungarian diet in 1843, unanimously agreed to recommend homœopathy to the favourable consideration of their respective governments, it was shown:—

"1st. That in Germany, the mortality in homœopathic hospitals was not quite 6 per cent., whereas in other hospitals it amounted to more than 12 per cent.

"2nd. That in severe inflammatory diseases, the mortality in homœopathic hospitals was not quite 5 per cent., and in the other hospitals nearly 15 per cent.

"3rd. That in cholera the mortality which in other hospitals was 56 per cent. was in homœopathic hospitals under 33 per cent.

"4th. That the average number of days which the patients remained in the hospital, was 28 to 29 in the ordinary hospitals, and from 20 to 24 in homœopathic hospitals: and

"5th. That in homœopathic hospitals the charge for each patient is not one-half that in other hospitals.

"That the results obtained in homœopathic hospitals on the Continent have been fully corroborated by those obtained in the homœopathic hospitals and other charitable institutions in Great Britain.

"That moreover one of the medical inspectors of the Board of Health has borne testimony to the successful results obtained in the London Homœopathic Hospital in the treatment of the cholera epidemic which broke out with such violence in the Golden Square District during the month of September last.

"That those results have been embodied in a return made to the Medical Council of the Board of Health, and

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Dr. McLoughlin the medical inspector alluded to, who carefully watched the cases received into the wards of the London Homœopathic Hospital, has recorded in a letter addressed to one of the medical officers of that institution, his opinion of the superior results obtained in cases of the most malignant form of cholera there treated, over those of any other mode of treatment he had witnessed; and he has expressed his readiness, when called upon, to corroborate the return in question.

"That the undersigned and others who met together for the purpose of considering this matter, have appointed a deputation to present this memorial to your Lordship with the view of obtaining your Lordship's authorization for the appropriation of some portion of the premises Her Majesty's Government propose to devote to the purposes of a civil hospital at Smyrna or elsewhere in the East, and for such assistance as your Lordship may see fit to grant, so as to enable a staff of properly qualified physicians and surgeons practising homœopathy to be selected and sent from this country, to receive and treat those officers, soldiers, and seamen who may desire to place themselves under the homœopathic system of treatment, during the period of their sickness.

"That many of the undersigned have sons, brothers, relations or friends serving Her Majesty in the army and navy in the East, who have the fullest confidence in the efficacy of homœopathy in the treatment of diseases to which many of their comrades have fallen victims, and to which they themselves are hourly exposed, and who feel greatly the want of that mode of medical treatment in which they have faith.

"That should your Lordship require detailed statistics demonstrating the successful treatment of diseases by the homœopathic system, we are able to furnish them most abundantly from authentic documents already before the public, but we forbear to trespass further upon your Lordship's time in a memorial of this nature.

"We have the honour to be, my Lord,

"Your Lordship's obedient Servants."

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In a very short time this memorial received the signatures of 1 archbishop (the philosophic Whately of Dublin) 2 dukes, 1 marquis, 10 earls, 2 viscounts, 6 lords (peers), 17 peers' sons, 14 members of parliament, 18 baronets, 17 generals, 27 colonels and lieut.-colonels, 49 majors, captains, and subaltern officers of the army, 2 admirals, 7 captains of the royal navy, 8 commanders, &c., R.N., 65 clergymen, 45 justices of the peace, barristers and solicitors, and 314 bankers, merchants, and others. This list might have been almost infinitely increased, had more time been given for the collection of signatures, but it was thought advisable not to delay the presentation of the memorial.

Accordingly, a deputation, consisting of the Earl of Essex, Lord Lovaine, M.P., General Sir John Doveton, K.C.B., Admiral Gambier, Colonel Wyndham, Colonel Taylor, R.A., Captain Fishbourne, R.N., and Lord R. Grosvenor, M.P., waited by appointment on Lord Panmure, the Secretary of State for War, on the 29th of March. Lord Panmure listened very attentively to what the various members of the deputation had to say in support of the memorial, and promised to take the matter into consideration, and give his reply in writing. It is now a matter of history that immediately after the date of the presentation of the memorial, Lord Panmure had a fit of the gout, which, not having been treated homœopathically, laid him up for nearly five weeks. At the end of that time he was sufficiently recovered to give the following reply to the memorialists :—

" War Department, 4th May, 1855.

My Lord,

I am extremely sorry that I have been prevented by illness from sending you a reply to the memorial which you did me the honour to place in my hands some time since. I have given my most careful attention to the allegations and arguments therein set forth, an attention which is called for on my part not only by the importance of the subject of which it treats, but by the distinguished names by which the prayer of the memorial is supported.

I regret, however, that after the best consideration which

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I can give to the subject, I do not feel that I am justified in lending the authority of government to promote this particular mode of medical treatment in the army.

I am far from presuming to decide on a question of medicine, and not even from the gentlemen who composed the deputation which accompanied your Lordship to present the memorial, can I accept direction on so grave a subject.

The great principles of the science of medicine on which we rely, have been slowly built up by the labour, and are founded on the recorded experience of able and learned men; and until these principles are proved to be erroneous, and consequently abandoned, the government ought to continue to be directed by their professors and teachers.

With this opinion, I regret to say that it is not in my power to comply with the request contained in the memorial.

I have the honor to be, my Lord,
Your Lordship's most obedient servant,
PANMURE.

The Lord Robert Grosvenor, M.P."

There is no need to criticise the terms of this reply, but we can scarcely refrain from a smile when we peruse that wonderful paragraph about "the great principles of medicine," which must assuredly have been dictated to the War Minister by some medical friend; probably the same who brought his lordship so triumphantly through his fit of the gout, after four or five weeks of vigorous treatment on those great principles "that have been slowly built up by the labour," &c.

Such, then, was the termination of the great and influential movement set on foot for the purpose of securing to our army in the field the advantages of homœopathic treatment in those diseases which were, at the time the movement was commenced, decimating our brave troops under the superintendence of the practitioners of that science of medicine "founded on the recorded experience of able and learned men," &c.

We admit that Lord Panmure was placed in a very difficult position, and that he could hardly have granted the prayer of the memorialists without giving mortal offence to the appointed

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practitioners of the old system. Still, the number and influential character of the memorialists, the striking facts adduced by them in proof of the superiority of the system they advocated, and the urgent desire of many of the most influential officers in the army and navy engaged in the Crimea, might have induced a minister devoid of prejudice, and determined to do what was best for the public welfare, to despise the feeble clamour that would have been raised by interested parties, and grant the reasonable request of the memorialists.

The delay that occurred between the presentation of the memorial, and Lord Panmure's answer (five weeks), occasioned by his lordship's sharp fit of gout, sufficed to exhibit a marked improvement in the health of the army, and to render the necessity for further medical aid less apparent; but when the genial warmth that has served to dispel the maladies occasioned by the winter's cold shall have ripened into the fervid heat of the Crimean summer, we may have to witness an increase of the sickness of our troops by the prevalence of cholera, dysentery, and fever, in which the "science of medicine," as practised on Lord Panmure's favourite plan, may prove, as heretofore, powerless; and a demand again arise for the employment of another system, which has often asserted its superior success in such maladies. In the meantime, it is so far satisfactory to know that many of the most intelligent officers engaged in the war have a tolerable amateur knowledge of homœopathy, and have already ministered effectually to the relief of their own and their companions' maladies; and we know that at least one homœopathic practitioner has proceeded to the East in order to supply homœopathic advice to those who prefer that method.

This disinterested and patriotic endeavour on the part of a number of gentlemen, distinguished, many of them, for their rank, learning and services rendered to the country, to induce the government to supply the sick of the army engaged in the war, with an opportunity of availing themselves, if they so wished, of the system of medicine which these gentlemen had found so beneficial in their own cases, did not fail to rouse the ire, and perhaps excite the fears of the partisans of allopathy. The *Lancet*, as the mouthpiece of our opponents, gave utterance

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to the concentrated animosity of its subscribers, in an article entitled "*Lordly doctors. Homœopathy and Lord Panmure.*" The capacity of judging of the merits of any system of medicine is here sought to be denied to any, except the constituted medical authorities. The editor ridicules the notion of a man like the Archbishop of Dublin, who has hitherto only distinguished himself by his philosophical and theological writings, but who belongs to no Faculty of Physicians, no College of Surgeons, being able to decide which system of medicine cures his diseases best. Of course the *Lancet* would deny the right of any patient to question the perfect propriety of the practice pursued by any "regular" practitioner. Supposing Mr. Wakley were to have an opportunity of legislating on the subject, we presume he would, carrying out the principles laid down in this article, pass an act making it a misdemeanour or a felony for any patient to presume to turn off his doctor, and put himself under another, whose practice differed from that of the first. In our present social state, it would perhaps be difficult to pass such a law; but from what we heard a few days ago, it seems there is a spot in this globe where such a state of things exists, if not *de jure*, at all events, *de facto*. A friend informed us that he met with an American gentleman at some watering-place in England, who was labouring under some severe disease. Our friend observing that the poor patient after some weeks was just as ill as at first, said to him one day, "You don't seem to be getting better?" "No," replies the patient; "rather worse, I reckon." "Then why don't you try some other system? why don't you change your doctor?" "Change my doctor!" cried the patient earnestly, "change my doctor! Do you then in England change your doctors?" "Of course we do, when we find they are doing us no good," was the reply. "Ah, my good sir, I am delighted to hear it," said the poor patient, "and I shall certainly follow your advice; but I dare not for my life do such a thing at home. If I were to dismiss my medical attendant in Kentucky, he would instantly call me out and shoot me." A charming condition of things to be sure! If you object to allow the doctor to kill you slowly, you must be prepared to submit to be despatched quickly by him. Something

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similar to this Mr. Wakley is evidently desirous of establishing in England. He worries and badgers, vilifies and threatens those gentlemen who decline any longer to submit to be physicked to death by the "legitimate practitioner," and who have adopted another system of treatment, and are desirous of putting it in the power of their relatives and friends in the Crimea to avail themselves of what they believe to be the better method of cure. The manners and customs of this country unfortunately stand in the way of doctors shooting patients who dare put themselves under another practitioner, but Mr. Wakley tries to gain the same end by sticking those who presume to doubt the excellence of the system he advocates in the pillory of the *Lancet*, and firing at them his whole armoury of abuse and ridicule.

For the thousand and first time Mr. Wakley mumbles an impotent threat about turning Lord Robert Grosvenor out of the representation of Middlesex, in consequence of his "continuous advocacy of an odious system of quackery." It is certainly the height of absurdity in Mr. Wakley to threaten to turn others out of Parliament, who could not retain his own seat for Finsbury.

The next event that we have to notice in our history of recent anti-homœopathic proceedings, is an act of a much more serious character, which has already created no small amount of indignation, and which will not be lost sight of until an effort is made to obtain justice on behalf of the aggrieved parties.

During the prevalence of the cholera in London last year, the president of the Board of Health, anxious to collect statistics shewing the result of the various methods of treatment pursued, with a view to be able to point out the best in the event of the occurrence of another epidemic, caused a medical council to be constituted which might assist him in his labours. Schedules were prepared and forwarded to every qualified practitioner in town, with a request, that in the event of their having had any cases of cholera to treat, they would fill up the schedule, which would shew at a glance all the important features of the disease and its treatment. The object of the president, as he himself

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expresses it, was "to determine the number of cases of choleraic disease, the proportion of deaths and recoveries, and the treatment pursued in each case."*

These schedules having been forwarded to all the qualified medical men whose names were to be found in the Medical Directory, were of course sent to homœopathic as well as to allopathic practitioners. Those of the homœopathic body who had had cases of cholera under their care filled up their schedules and returned them to the Board of Health as desired. They were all referred to a select Treatment Committee of the Medical Council, who in course of time published their "Report," which was duly presented to both Houses of Parliament.

In this Report the homœopathic practitioners were surprised to observe that no notice whatever was taken of their returns—not the slightest allusion was made to them. And yet in their introductory observations, the Treatment Committee distinctly state that they do not offer opinions, but only present "materials on which philosophical deductions are hereafter to be based."† Nevertheless the returns of the homœopathic practitioners have been carefully excluded, as if they could not have assisted in the slightest degree to form a basis for philosophical deductions. The report itself is an attempt to arrange the thousand and one different allopathic methods of treatment under four heads, and the precise value of the labours of the Council may be judged of by the following remark of the *Times* newspaper of June 2nd upon it. "There are, unhappily," says the journalist, "in this report, defects of so serious a nature as to deprive it of all value as a practical guide in the treatment of any future epidemic." In this estimate of the worth of the report we entirely agree, but we are glad the *Times* has said it first, for the writers in that journal cannot certainly be accused of any leaning towards homœopathy. But to continue our narrative. The Committee of Management of the London Homœopathic Hospital which had furnished the returns of a large number of cases of cholera to the Board of Health, applied to

* Letter of the President of the General Board of Health, &c. Parliamentary paper, page 12.

† Report of the results of the different methods of treatment pursued in epidemic cholera. Parliamentary paper, page 3.

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Sir Benjamin Hall, the President of the Board, to know why their returns had been omitted from the Report. To this Sir B. Hall returned a courteous answer, which we shall notice presently.

It was deemed expedient to bring the matter before Parliament, and accordingly on Monday, the 14th May, Lord Robert Grosvenor, who, with his usual zeal for homœopathy, willingly undertook the mission, is reported to have said: "I beg to ask the President of the Board of Health, whether forms were issued to the legally qualified medical practitioners of the metropolis last year, inviting them to fill them up, in order to exhibit the results of the various methods adopted by them for the treatment of cholera. Whether, when those forms were returned, the Medical Council of the Board of Health refused to take cognizance of any of them, or of any returns of a like nature made by the legally qualified medical officers of any hospital; and if so, for what reason? And if any correspondence has taken place between the General Board of Health and any persons complaining of omissions in the report issued by the Board as to the results of cholera treatment; and if so, whether he has any objection to lay it upon the table of the House?"

Sir Benjamin Hall stated in reply, that forms of returns had been sent out from the Medical Council of the Board of Health to all qualified medical practitioners in the metropolis whose names appeared in the Medical Directory. The forms were filled up and returned in due course, and a report based upon them was afterwards presented to Parliament. It appeared, however, that the returns sent in by the homœopathic practitioners were not noticed by the Medical Council; and the reason given by Dr. Paris, the chairman of the Council, was contained in a resolution of that body, stating that to use the returns of the homœopathic practitioners would be to give an unjustifiable sanction to an empirical practice, alike opposed to the maintenance of truth, and the progress of medical science.

The immediate effect of Lord R. Grosvenor's question to Sir Benjamin Hall has been the publication of another parliamentary paper of which the following is the title:—

"*Cholera.*—Return to an address of the Honourable the House of Commons, dated 17 May, 1855;—*for* copies of any

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letters which have been addressed to the General Board of Health, complaining of the omission of any notice of certain returns in relation to the treatment of cholera, which returns were sent to the General Board of Health in pursuance of a circular dated September last, and issued by the Board; and of any correspondence which has passed between the President of the Board and the Medical Council; together with copies of the returns which have been rejected by the Medical Council."

This is altogether a very valuable document, and deserves a more extended notice than we are enabled to afford it in this number. It contains the precise terms of the letter addressed by the Commttee of Management of the London Homœopathic Hospital to Sir Benjamin Hall, together with the reply of the President of the Board of Health. There is also a copy of the letter of the President of the Medical Council in answer to Sir Benjamin Hall's enquiry why no notice of the homœopathic returns was taken by the Treatment Committee of the Medical Council. Here it is:—

"Dover Street, 21 April, 1855.

"Sir,—For the information of Sir Benjamin Hall, I beg to enclose a resolution unanimously passed by the Treatment Committee of the Medical Council of the General Board of Health, which I trust will be a satisfactory answer to the inquiry addressed to me regarding the reasons which induced the Committee to pass over without notice the homœopathic returns of their treatment of cholera.

"'*Resolved*,—That by introducting the returns of homœopathic practitioners, they would not only compromise the value and utility of their averages of cure, as deduced from the operation of known remedies, but they would give an unjustifiable sanction to an empirical practice alike opposed to the maintenance of truth, and to the progress of science.'

"I have, &c.,

"T. Taylor, Esq. "JOHN AYRTON PARIS, President.

"Secretary to the Board of Health."

Such is the precious document that Sir Benjamin Hall read in the House of Commons as the only excuse that the Treatment Committee had to offer for the omission of all notice of the cholera returns of a number of duly qualified medical men.

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It is well worthy the careful perusal of our readers, not indeed as a specimen of good grammar and composition, for it is barely English, but as an example of all that can be said by a body of learned pundits for a plain and manifest dereliction of duty and malversation of the functions they were appointed to discharge.*

It is to be observed that these gentlemen were not appointed by the Board of Health in order to express their particular opinions, but only to collect and arrange the results of the treatment pursued by all qualified practitioners. They could not of course assert that the homœopathic returns were furnished to them by unqualified practitioners, for most of the homœopathists possess medical titles, diplomas and degrees of the very highest class. The homœopathic returns would, forsooth, "compromise the value and utility of the averages of cure deduced from the operation of *known remedies*." Such is the statement of the Treatment Committee. In the homœopathic returns the name of every medicine given was distinctly indicated, and yet it is here insinuated that they are unknown, therefore secret remedies or nostrums. The simple medicines of homœopathy are certainly not known to those who are in the habit of administering those intricate and surprising compounds which we find from the report were given by the allopaths, nor are they susceptible of being arranged under any of the categories into which the reporters have classed, in a very arbitrary fashion as it appears to us, the perplexing composite medicines used for the treatment of the cholera, viz. alteratives, astringents, stimulants and eliminants. The homœopathic medicines were only unknown to the Treatment Committee because they did not trouble themselves to look at the returns laid before them. We readily grant that the homœopathic returns would compromise the value and utility of the allopathic averages of cure, for, as it appears from the parliamentary papers before us, while that allopathic method recommended as the most successful by the Committee shewed a mortality of 36·2

* As ten days elapsed between Sir B. Hall's application to Dr. Paris for an explanation of the extraordinary conduct of the Committee and Dr. Paris's answer (*vide* Parliamentary paper), it is only reasonable to suppose that the dateless resolution contained in the letter was passed by the Committee after, and in consequence of Sir B. Hall's remonstrance.

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per cent., the homœopathic treatment pursued in the homœopathic hospital lost only 16·4 per cent. That this success was obtained in cases of the severest description of developed cholera is proved not only by the testimony of the medical officers of the hospital staff, but also by the voluntary statement of Dr. Macloughlin, one of the medical inspectors of the Board of Health, who writes as follows:—"That there may therefore be no misapprehension about the cases I saw in your hospital, I will add, that all I saw were true cases of cholera, in the various stages of the disease; and that I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any other." * The homœopathic returns would have compromised the value and utility of the allopathic averages, by shewing their utter valuelessness and inutility. As, however, the committee was not appointed in order to demonstrate the value and utility of allopathic treatment, but in order to ascertain what treatment pursued by qualified medical men was the most successful, we have no hesitation in affirming that by omitting from their report the results of the most successful method of treatment they have altogether vitiated the value and utility of that report, and have not only been guilty of a "practice alike opposed to the maintenance of truth and the progress of science," but they have committed a deliberate fraud on the public by setting forth the least successful as the most successful mode of practice, thereby endangering the lives and health of those who might hereafter put confidence in the deductions they arrive at. We will not say much about the insult offered in this resolution of the Treatment Committee to the whole body of their homœopathic colleagues, their equals in rank, in education, in scientific acquirements, and in the estimation of the public; that is a sort of treatment from long custom we have by this time got used to, and which from its outrageous injustice we are able to despise. But

* See Letter of Dr. Macloughlin to Hugh Cameron, Esq.—Cholera, parliamentary paper, page 5. And yet in the face of this testimony, freely given by one of their own Medical Inspectors, we know that one of the members of the Treatment Committee when questioned on the subject of the rejection of the homœopathic returns, said that the reason for their exclusion was that the cases pretended to have been cured by the homœopathists were not cases of cholera at all!

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we very much mistake the temper of those who preside at the Board of Health, of the House of Commons, and of the British people, if, when they come to know the facts of the case, they will stand quietly by and see with indifference this gross "cooking of their accounts" even by such a great authority on Diet as Dr. Paris.

The matter will not be suffered to rest as it is. Steps will, we believe, be shortly taken to obtain a just recognition of the success of the homœopathic system during the late epidemic of cholera, and to repair the wrong that has been done by this conclave of allopathic conspirators, who in order "to make things pleasant" to the followers of their own sect, did not hesitate to defraud the public of the knowledge they were paid to furnish.

Of course the *Lancet* is indignant at the notion of "homœopathic humbugs" presuming to protest against the omission of their returns by the Treatment Committee, and enraptured at the "excellent letter" of the dietetic Paris. It has a charming article on the subject full of opprobrious language applied to the homœopaths and "their *touter*" Lord Robert Grosvenor, in which the words "impostors," "quacks," "humbugs," and other recherché and refined epithets are plentifully bestowed on us. The *Lancet*, by general acknowledgment, is worn out and rusty, it continues to mumble out its vulgar sarcasms and vituperations, but all the point and brightness of its early days are sought for now in vain. It has long ceased to be a terror to those it chooses to attack in the allopathic school; and as for us, the more it has rated, calumniated, and abused us, the more we have been amused at its imbecile rage. In the very number in which the abusive article we have referred to occurs, there is a report of a meeting of the London Medical Society, at which Dr. Routh, noted for his work entitled the "*Fallacies of Homœopathy*," read a paper on Pneumonia, and recommended as the best medicine for that disease the *tincture of aconite*, the use of which drug in that affection he could only have learned from the practice of the homœopaths. On a former occasion * he spoke of the value of the same medicine

* Med. Times and Gazette, No. 252.

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in bringing down the pulse in scarlet fever, which notable discovery is also among the "fallacies" of homœopathy. We can afford to be abused by our enemies, when we have the satisfaction of detecting them pilfering from the treasury of our materia medica, and unwillingly acknowledging that what they steal from us is more serviceable to them than anything they previously possessed.

We have already exceeded the space we had intended to devote to the subject of this article, but we cannot conclude without an allusion to an article in the June number of the *Monthly Journal of Medicine*, where we find a review of our review in our last number of Dr. Begbie's paper on Belladonna in scarlet fever, in the January number of the *British and Foreign Medico-Chirurgical Review*. It is highly flattering to our vanity to find our article has created such a sensation among the Edinburgh dons that they have deemed it necessary to adopt the unusual course of reviewing, at great length, our critique. If we may be permitted to judge from the style of the article in the *Monthly*, we should guess it to proceed from the author of the paper which was so thoroughly cut up in our last. Surely none but Dr. J. Warburton Begbie would take the trouble to write such an elaborate defence of Dr. J. Warburton Begbie! The paper in question is merely a rechauffé of the article in the *Medico-Chirurgical*, a reiteration of the statements and opinions there expressed, intermixed with some atrocious puns on the names of Dr. Black and Dr. Teuffel, and a very silly parody on the "House that Jack built," for writing which any boy at the High School of Edinburgh would have been punished with a score or two of "palmies."

REVIEWS.

Lettre sur le Choléra, addressée au Docteur Nuñez, par le Docteur J. PERRY. Paris—Baillière. 1855.

THE author of the above letter is one of the most talented and successful of the homœopathic practitioners of Paris. He has already distinguished himself by several articles in the pages of our *Gallican* contemporary, remarkable for the research and

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originality they display. Hitherto he has been chiefly known as a stout partisan of the dynamization theory of Hahnemann, in following up which theory to its logical consequences, he has advocated the employment of the highest potencies of Jenichen, and recommended the employment of medicines by olfaction. Dr. Nuñez also, to whom the letter is addressed, has gained considerable notoriety by recommending, for both acute and chronic diseases, the dilutions from 2000 upwards. A pamphlet on cholera, thus endorsed with the names of two of the most uncompromising partisans of dynamization and of Jenichen, could not fail to excite our curiosity. The author we know to be a man of scientific attainments, and trustworthy integrity: one who, we believe, would scorn to promote his own particular views on homœopathic practice at the expense of a rigid adherence to truth. We, therefore, opened the *brochure*, and eagerly sought to learn how a physician with extreme notions on the subject of dynamization would treat a disease of the intensity and malignity of cholera, in which we confess we had no experience of the power of high dilutions.

It is a self-evident proposition in medicine, that the *potency* of the dose should be increased in proportion to the intensity and severity of the disease. We must all act on this principle if we would seek to preserve the appearance of consistency in our therapeutic method. Those of us who do not profess to hold by the dynamization theory, maintain that (cæteris paribus) the lower dilutions are the more powerful, and consequently best adapted to the cure of diseases of the greatest intensity, and most rapid course. Those who hold to the doctrine that with each step in dilution, or *dynamization*, as they fondly term it, the medicine is increased in *potency*, who consequently speak of the stages of dilution as stages of development of medicinal power, and who term the dilutions, or attenuations, *potencies*; the 1st, 3rd, 12th, &c., being *lower* potencies; the 30th, 300th, 3000th, 30,000th *higher* and *highest* potencies, ought consistently to give their highest potencies in diseases of greatest intensity; their lowest in maladies of the mildest character. This, however, they never do. Dr. Rau is the only author we remember who advocates the use of the higher attenuations in

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acute, the lower in chronic diseases; but his advocacy of this plan is founded on reasons totally independent of the dynamization theory. Hahnemann at one time proposed a uniform dilution (the 30th) for both acute and chronic diseases; and Bönninghausen, in imitation of the master, advocates a uniform high potency (the 200th) for all diseases; but none, even of the high potency men, propose to give the highest of their high potencies in acute diseases, and the lowest in chronic. Even the ultra-dynamist, Dr. Nuñez, gives his lowest high potency (the 2000th) in acute, while he reserves the higher numbers for chronic diseases.

In consideration of these facts, we were certainly prepared to find Dr. Perry advocating the employment of somewhat lower dilutions for the treatment of cholera than even the lowest number sanctioned by his Castilian friend. We confess, however, that we were not prepared to find our author rivalling in his prescriptions the material doses of our respected friend, Georg Schmid, of Vienna. Such is, however, actually the case. We should like to have seen the countenance of "mon cher Nuñez" as he perused this dreadful defection of his Parisian friend from the faith in the omnipotence of the Jenichen high potencies. But without further prelude, we shall now proceed to give our readers a sketch of the practice advocated in this "letter."

In a preface the author makes a sort of apology for the employment of the massive doses he recommends. He states, that after having advanced to the extreme limits of attenuation, and seeing that there was apparently nothing more to be done in that direction, he thought it was right to return once more to the starting point, and to examine without prejudice what could be done with non-dynamized medicines. "If," he continues, "we calmly consider how often it happens that we fail to cure with highly diluted medicines, we shall acknowledge that we should be worse than blind to shut ourselves up systematically in the narrow circle of our dynamizations, and to reject as unworthy of the title of homœopaths those who do not always employ them." This passage seems to imply that in France, as in Germany, and to an insignificant extent in England also,

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there exists a party arrogating to themselves the title of pure homœopathists, who affect to regard as little better than crypto-allopathists those who do not always prescribe doses sufficiently attenuated to please the fancy of the would-be purists. It is, however, a significant confession from one who has hitherto been recognised as a great champion of the dynamists, that he found the dilutions so often fail to cure the disease. This acknowledgment conveys a practical warning to those who one-sidedly confine themselves to the use of medicines highly attenuated, and thus lose the benefits that are often derivable from the lowest dilutions, or even the crude medicine. We have always endeavoured to defend homœopathy from those who have sought to elevate the dynamization theory into a law of equal importance and universality with that of *similia similibus*. We have now in Dr. Perry, formerly a rather exclusive dynamist, a convert to the doctrines we have hitherto advocated, in conjunction with the most scientific of our homœopathic brethren.

Dr. Perry first considers the question of prophylactics, or preservatives from cholera. These preservatives are hygienic and medicinal. The former include the usual precautions relative to diet and regimen, but as these offer nothing peculiarly worthy of remark, we shall pass on to a more original proposition of Dr. Perry's, which he includes under the head of hygienic preservatives;—to wit, a plan for modifying the qualities of the drinking water, according to the character of the constitution. Thus, for those of soft, lymphatic constitutions, he would add a small quantity of *iron* to their water, or even a little *saltpetre*; or he would let them take at meal times, with or without a little wine, an infusion of *wild chicory*, *sage*, or *bramble*. For dry, nervous, active constitutions, it would be best to give an infusion of *chamomile*, *scabiosa*, or *sage*, especially if there is a tendency to hypochondriasis. Those disposed to enteritis, or to diarrhœa proceeding from a herpetic cause, ought to take an infusion of *mint*, or of the flowers and leaves of the *cistus*, or of *berberis vulgaris*. For sanguine constitutions, we should prefer *borage*, *bugloss*, or *hops*. Dr. Perry gives reasons "plenty as blackberries," for administering these potions; but we confess we are not convinced of their utility, and fear the most of them

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would turn an Englishman's stomach, and rather tend to bring on the disease they are designed to prevent. Strangely enough Dr. Perry proposes that one or other of these diet-drinks should be used, maugre their undoubted medicinal character, even whilst the patient is taking a purely medicinal prophylactic. He asserts that the medicine in this massive form acts quite differently from, and does not therefore interfere with the attenuated homœopathic medicine. He mentions incidentally that *camphor* is not nearly that universal antidote of homœopathic medicines it is commonly represented to be;—an observation in which we are quite disposed to agree with him.

As to medicinal prophylactics, the first he mentions is a plate of *copper* or *brass*, worn next the skin, after the method recommended by Dr. Burq, which we have already alluded to in a former number of this Journal. *Camphor* should be placed about the room, and a bottle containing some should be carried in the pocket, and smelt occasionally, especially when we go into any large assemblage of people, or into an ill ventilated place. If we are obliged to go among cholera patients, we should wear a little bag of it about us. The other medicines he recommends as prophylactic, are *veratrum* and *arsenicum*. Both these should, he says, be given in the first trituration or dilution. The *veratrum* may be given only a dose every two or three days, but if any derangement of the alimentary canal occurs, it should be alternated with *arsenicum* every day. The author does not pretend that these means will always succeed in preventing the cholera from attacking an individual who makes use of them, but he believes that in case of an attack, they tend to render the disease much milder and less dangerous.

Dr. Perry thinks it is a mistake to suppose that the invasion of cholera is not in all cases preceded by some characteristic symptoms, caused either by some error in diet, or by some moral affection. Even those cases where the patient seems to be struck down by cholera at a blow, are, he says, almost invariably preceded by some symptoms like the following:—Peculiar lassitude, felt especially in the hams; the knees often give way; loss of appetite; hypochondriacal sadness, giving rise to presentiments; discomfort in the stomach; difficult digestion, often

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causing a sort of oppression and eructations; rumbling in the stomach; diarrhœa of greater or less intensity. At this stage he believes it is easy to arrest the further progress of the disease by means of *verat.*, *arsen.*, *cupr.*, *indigo*, *jatropha*, and *nux vom.* The indications for these remedies he states to be—for *cuprum*, rush of blood to the head; and vertigo when the digestive process is going on; inclination to vomit, especially after eating. *Malaise*, discomfort in the stomach, followed by colic and diarrhœa. (In such cases it should be given alternately with *arsen.*) *Indigo* corresponds to the following states: General undefinable discomfort; disagreeable feeling in the stomach, which the patient cannot describe; discomfort in the bowels, with borborygmi, followed by frequent stools of a liquid watery character, mingled with greenish slime, and accompanied by weight and painful pressure in the anus. *Jatropha* corresponds to—slow digestion; discomfort; weight in the stomach; eructations, with bad taste; cramps in the stomach, with bad taste in the mouth; general uneasiness and coldness; intolerable burning in the stomach; cramps in the stomach; vomiting of water, with diarrhœa of the same character. (In this latter case it should be alternated with *verat.*)

As regards the treatment of regular attacks of cholera, Dr. Perry says that as soon as possible the practitioner or attendants should cover as many parts of the skin as possible with pieces of copper or brass, especially the epigastrium, abdomen, chest, loins, thighs, soles of the feet and palms of the hands. The metal should previously be warmed. The shape of the pieces of metal is indifferent, the ordinary copper or brazen culinary utensils may be used in default of more convenient things. As this metal has the property of arresting cramp, it should be applied whenever and wherever cramps occur. The patient must be kept very warm. If no other medicine is at hand, one or two drops of spirits of *camphor* should be given every ten or twenty minutes. But the specific remedies, it should be remembered, are *veratrum*, *arsenic*, and *cuprum*, which should be used as soon as they can be got.

Dr. Perry has no faith in the dilutions of these medicines in fully developed cholera, unless in cases of extremely exalted

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susceptibility, or in mild forms of the disease. *Veratrum* he says should be given in doses of from one to four, or even six drops of the mother tincture repeated every hour or every half hour at first; sometimes *verat.* suffices alone, but it is generally better to alternate it from the first with *arsenic* in the dose of one or several drops of the first dilution. If after some hours these remedies do not seem to be doing any good, we should have recourse to *cuprum*. The best preparation, he says, is the *ammoniuret* of copper, but the *sulphate* and *acetate* may also be used. Burq, who advises the *ammoniuret*, recommends forty, fifty, and even sixty centigrammes to be given in the twenty-four hours. Dr. Perry does not think such large doses are requisite. One centigramme he considers enough for a dose. One drop of a solution of 1/5th of the salt and 4/5ths of distilled water, will represent the prescribed quantity. In extreme cases Dr. P. does not hesitate to double this dose, and give it alternately with *veratrum*.

Another medicine recommended by our author is one of which Hahnemann has spoken favourably, but which has not as yet been recommended by homœopathists, viz. the *Cajeput oil*. Our author tried it, and found it of great service in many cases of cholera, some of which had failed to be benefited by any other means. He gave it in doses of one drop in a teaspoonful of water, a dose every half hour. Sometimes he found it best to alternate it with *veratrum* or *cuprum*.

For slighter cases of the disease the remedies indicated need not be given in such strong doses. They may be employed in the first dilution.

Besides the above remedies, Dr. Perry recommends the administration of some drinks. Thus during the commencement of the algid period he advises a warm infusion of *chamomile flowers*, of *mint* or of *tea*. When the thirst is intense iced water is the most appropriate drink. Injections also of decoction of rice, or of starch, may be given every two, three, or four hours, in proportion to the frequency of the stools. He does not hesitate to mix with the injection occasionally five or six drops of *laudanum*, or a few spoonfuls of poppy water. He also sometimes gives *opium* by the mouth in doses of 1/5th to

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1/4th of a grain, two or three in six or eight hours. He has found this diminish the evacuations, restore the vital reaction, and render the patient more sensible to the homœopathic medicines.

For the stage of febrile reaction, *aconite* in tincture, or low dilutions he found to be the best, and this was Dr. Tessier's experience also. If cerebral congestion supervenes, we should employ in addition the application of plates of *copper* and *zinc* to the nape, kidneys, epigastrium, and frictions with *camphor* on the inferior extremities.

For the stage of collapse, when the increasing weakness seems to presage a fatal termination, we may sometimes succeed by means of *lachesis, sage, aconite,* or *jatropha.*

The convalescence will demand great care. The giving of food should be regulated by the most extreme prudence. But dietetic measures will not alone suffice. The remaining disorders of the digestive functions will require the use of *indigo, jatropha, tart. em., zinc., sulph.* and *acon.*

The patient, Dr. Perry says, should be watched for at least a year after an attack of cholera, and subjected occasionally to treatment for the restoration of his digestive powers, and to assist the constitutional change to which he is liable. The functions of the spleen, liver, &c., will best be invigorated by means of *sage. Ferrum* in the form of chalybeate water, or steel filings, will be of use in the case of those whose system has been much exhausted.

Dr. Perry describes an affection which he terms *hypochondrie cholerique,* which he says is caused by the choleraic poison, and which is very difficult to subdue. The organism loses its power of reaction, the nervous system is profoundly affected and performs its functions irregularly, the circulation is disturbed, and there is scarcely an organ that remains undisturbed by the malign influence. During the prevalence of the epidemy such cases must be treated by the prophylatics above mentioned; but should the symptoms notwithstanding still persist, we must give *sage.* The best form to commence the use of this drug is the infusion. Two leaves of *sage* infused for a quarter of an hour in three or four tumblers of boiling water, will supply a

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drink of sufficient strength. Of this one, two, or three small glasses may be taken in the course of the day, either during meals or at other times. After using this preparation for six or eight days, recourse may be had to the dilutions of the same medicine. Of course it will be needful to attend to all the appropropriate hygienic measures, and in some cases it will be necessary to have recourse to electric shocks and to animal magnetism.

Such are the directions Dr. Perry gives us for the treatment of the cholera. We have judged it expedient to give such a full account of them, as they offer many points of interest from their novelty and originality. We are not prepared to say that we approve of all our author's recommendations. We cannot imagine that any person in health would derive benefit from, or be rendered more capable of resisting the influence of the epidemy by drinking the messes Dr. Perry advises. Of the action of *sage* pathogenetic or therapeutic we have no knowledge, nor is our information respecting *mint*, *bugloss*, *borage* and *scabiosa* much greater.* We can however speak confidently of the power of a small plate of brass or copper worn next the skin, in removing the nervous and depressing feelings experienced by some persons during the prevalence of the cholera. We cannot pretend to decide whether this beneficial result be a medicinal prophylactic effect of the metal, or a mere moral effect resulting from the sense of security from infection it imparts to the wearer; suffice it to say, we know several remarkable instances in which it did produce this desirable result, and in consequence are inclined to recommend it to the attention of our colleagues. But the most interesting point connected with Dr. Perry's pamphlet is what we adverted to in the outset, that it is the work of a champion of the dynamization theory, and an admirer of the highest potencies. We here see how readily this theory is virtually renounced in the presence of such a disease as cholera, and how the good sense of Dr. Perry triumphs over his theoretical predilections, and leads him to select the *materially*

* Has Dr. Perry derived his knowledge of the virtues of these unproved substances from the revelations of a *clairvoyante*, as we might infer from a paper in the *Jour. de la Soc. Gall.* for June 1st?

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stronger doses of the lower dilutions and tinctures in place of what he might be presumed to suppose the *spiritually* stronger doses of the high dilutions, in order to combat the terrible potency of a destructive pestilence. Dr. Perry's doses are actually stronger than any we have seen recommended by an avowed opponent of the dynamization theory and a declared practitioner of the low dilution school. Our readers know that we are far from being exclusive advocates for any particular class of dilutions. We have always upheld the doctrine that the dose should be varied to meet the various intensity of diseases and the various susceptibilities of patients, and we are now happy to find Dr. Perry advocating the same views, the more so as we have hitherto thought that he had rather an exclusive leaning towards the high and even the highest dilutions.

A Treatise on Diseases of the Eyes, &c. based on Dr. Rückert's clinical experience in Homœopathy, by JOHN C. PETERS, M.D. New York, 1854.

THIS is a useful compendium of the recorded cases of the homœopathic treatment of some diseases of the eyes. It is something more than a mere translation of Dr. Rückert's clinical experience, for Dr. Peters has enriched his volume with observations and cases not contained in the sources consulted by Rückert, and he has not confined himself to homœopathic works only, but has added many valuable observations of allopathic writers on ophthalmic diseases. It has no pretensions to be a complete treatise on diseases of the eye. In addition to the specific ophthalmiæ the only diseases treated of are some affections of the appendages of the eye, hypopion, iritis, and a few other diseases. No account is given of the affections of the nerve of vision, or of the maladies of the deeper seated structures of the eye.

Dr. Peters deserves the thanks of homœopathic practitioners for the number of useful manuals he has already published, founded upon Rückert's work and enriched by his own observations and researches. He has already published quite a little library of these manuals, and we trust he may receive sufficient encouragement to go on with his meritorious labours.

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OBITUARY.

Dr. Croserio, of Paris.

The immediate disciples and friends of Hahnemann are dropping off one by one. Not a year elapses that we have not the painful duty to perform of recording the decease of some veteran homœopathist whose name is intimately associated with the rise, extension, and triumph of the new system of medicine. The subject of the present memoir, however, does not exactly belong to the class of Hahnemann's disciples, for his conversion to homœopathy only dates from some twenty years ago. But his advanced years, his previous high reputation, his eventful life, his more than youthful zeal and industry in the propagation of Hahnemann's doctrines, and his friendship with their venerable author, served to render him conspicuous among the adherents of the new school, and we feel in recording his death that homœopathy has lost one of its most eminent partisans.

Simon Felix Camille Croserio was born at Condova, in Savoy, on the 16th of November, 1786. He died at Paris the 13th of April, 1855. He was consequently in the 69th year of his age.

The following particulars of his life we borrow from the pages of our Gallican contemporary, to which, when alive, he was a contributor.

He early evinced a great aptitude for work and a zealous desire to do his duty. At school he gained the love and respect of his masters and fellow pupils, and obtained high honours of scholarship. Having early devoted himself to medical studies, he pursued them with such success that at the age of twenty he obtained, by competition, the post of demonstrator of anatomy at the University of Turin. However he had soon afterwards the mortification to find his career in that way brought to an untimely close, as he was forced by the conscription to enter the army. It was not long before he got the appointment of sub-assistant surgeon, his commission bearing the date of 1806. On the 12th June, 1808, he obtained the title of Doctor of Surgery from the University of Turin. As assistant-surgeon in

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the Imperial Guard he made the campaign of Germany in 1809, those of Spain in 1810 and 1811, that of Russia in 1812, those of Saxony in 1813 and 1814, and the campaign of France the same year. In the disastrous campaign of 1814 he was wounded, and had his left leg broken. He was made surgeon-major of the Old Guard in 1815.

After the fall of Napoleon I. he abandoned the army, and soon established himself at Paris. Although a native of Piedmont, he did not require any permission in order to practice medicine in France, because when he took his degree at Turin that city was under the government of France. Immediately after the revolution of 1830 he got himself naturalized as a Frenchman.

Having witnessed a cure effected by Hahnemann in 1833, he was so struck by it that he determined to study the *Organon*, the only work of Hahnemann at that time translated into French. The perusal of this aphoristic work made him anxious to become acquainted with the instruments by which homœopathy effected its marvellous cures. In order the better to be able to comprehend the ideas of Hahnemann, and to understand the exact signification of the symptoms produced on the healthy human being, he resolved to devote himself to the study of the German language, and it was in the pages of the *Materia Medica* that, without a master, he acquired a knowledge of this language. By day occupied with the care of his patients, he spent his nights in translating and learning the *Materia Medica*. His excessive application to his new studies and sitting up late at night affected his sight.

The success he obtained in his application of homœopathy caused him to embrace its doctrines with enthusiasm. In order to propagate it among students of medicine he requested, in 1835, the authorization to deliver in Paris a course of lectures on homœopathy. He was, however, unable to obtain the permission.

Croserio was a studious man; he worked hard and wrote a great deal. In conjunction with Drs. Jahr and Leon Simon he edited the *Annales de la Médecine Homœopathique*. He

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wrote many articles for the *Archives de la Médecine Homœopathique.* His fertile pen supplied a great number of papers to the *Journal de la Société Hahnemannienne de Paris,* to which he also contributed translations from the German, Italian, and Spanish journals. He published an excellent article there on the treatment of gonorrhœa. Among his other works we may mention the following:—1. A volume entitled *On Homœopathic Medicine, &c.; and on the diet to be followed during the treatment,* 1835; 2. *On the advantages Homœopathy offers to society,* 1835; 3. *Statistics of Homœopathic Medicine,* 1848; 4. *A Manual of Homœopathic Medicine,* 1850.

In the last-named work, the author, who had been long actively engaged in midwifery practice, has consigned the results of his great experience of the homœopathic system, as applied to this branch of medicine. This work is well known to most of our readers through the American translation.

Dr. Croserio suffered in his health from his intense application to the study and practice of homœopathy. For a long time he had been subject to a chronic pulmonary catarrh, with much oppression of the breathing, and sometimes fits of suffocation. In 1853 he had diabetes mellitus, of which he cured himself; but in consequence of the fatigue he underwent in the treatment of the cholera patients of 1854, he had an attack of cholerine. The most serious symptoms were subdued; but he would take no care of himself, nor give himself the necessary time to recover. He continued to be a valitudinarian, was very much debilitated, and looked much older than he actually was.

Madame Croserio tried to persuade him to go into the country to recruit his health, but this he steadily refused to do, saying, that if he quitted Paris he would be deserting before the enemy, and betraying his patients: that a soldier should die at his post in the breach. And there indeed he died; for in spite of his sufferings and his weakness, he continued to give advice to patients until the last moment. Death was only the termination of his labours, and of his devotion to science and to humanity.

Towards the end of his life he became so debilitated, that his voice could scarcely be heard. Some days before his death, he

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was informed that it was the intention of the Gallican Society to offer him the title of Honorary President, but he did not survive long enough to receive the proposed honour.

He was accompanied to the grave by a large number of his friends and patients. The Rev. M. Coquerel, who performed the religious ceremonies, made an oration at the grave, in which he gave a sketch of the labours and good qualities of the deceased.

Although he had been married thirty-five years, he had no family; but having been appointed guardian to a young orphan girl, a distant relative, he adopted her, and brought her up as his own child until she married.

Croserio's ardent and philanthropic disposition rejoiced to record the progress of homœopathy. He desired to spread the knowledge of its truths, and loved to put it within the reach of the poorer classes. He was physician to some benevolent societies, and to the Maternal Society of Paris. He was physician to the Protestant Provident Association, and likewise to the Establishment of Charity of St. Vincent de Paul. For a long time he was physician to the Sardinian Embassy.

Being master of several languages, he had a large correspondence with foreign homœopathists. He was member of many learned societies at home and abroad. He belonged to the old Gallican Homœopathic Society; had been President of the old Homœopathic Society; and afterwards President of the Hahnemannian Society of Paris. He was also corresponding or honorary member of various foreign homœopathic societies. At his death he was an active member of the present Gallican Society.

The Rev. Thomas R. Everest.

We regret to have to record the death of the Reverend Thomas R. Everest, Rector of Wickwar, one of the oldest homœopathic authors of this country. Mr. Everest did much to popularise a knowledge of homœopathy, and is well known as the author of some extremely well written and useful publications on the new system of medicine. In 1834 he published

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"*A Letter addressed to the Medical Practitioners of Great Britain on the subject of Homœopathy.*" The following year he gave to the world "*A Popular View of Homœopathy,*" which has passed through several editions here and in America, and has been translated into German. In 1851 he published a sermon which he had preached for the benefit of the Hahnemann Hospital, which contains a good many allusions to the practice of homœopathy, and also a very witty and sarcastic reply to Dr. Rose Cormack, called forth by some attempt of that worthy to ridicule Mr. Everest's sermon. The "*Horæ Homœopathicæ*" published in 1853, we believe, likewise proceeded from his pen. Mr. Everest was a warm admirer of Hahnemann, whose friendship and intimacy he enjoyed during the last few years of the veteran's life. He was a great stickler for pure Hahnemannism, and many a sound rating has he given to those homœopathic practitioners who ventured to dispute any of the maxims of the founder of homœopathy.

Mr. Everest died on the 15th of June. We believe the disease that proved fatal was apoplexy. His loss will be sincerely deplored by all who take an interest in the propagation of homœopathy in this country.

CLINICAL RECORD.

REPORTS OF CASES, BY ALFRED C. POPE, M.D.

Headache.—Lachesis.

CASE I.

Elizabeth S., æt. 31, unmarried. Attended the Derbyshire homœopathic dispensary, September 1, 1854. For many years past has suffered, every three or four days, from intense headache. The pain is throbbing and oppressive in character; it occupies chiefly, but not exclusively, the right half of the head, and extends down on the same side of the neck, which generally feels stiff and sore. The pain is always aggravated at the catamenial period, which is attended with considerable aching across

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the loins. The discharge lasts generally eight or nine days, recurs regularly, is dark coloured and profuse.

Prescription: ℞ P. Laches. 6. ter in die sumat.

Sept. 8th.—Has had no return of headache since here; a longer period of freedom from pain than she has known for several years. Prescription: Repeat med.

Sept. 15th.—Has had headache slightly for two days this week. Prescription: Repeat med.

Sept. 22nd.—No return of pain; catamenia are present; the discharge is dark coloured, but not so profuse as usual.

Prescription: Repeat med.

Sept. 29th.—Shortly after the last visit the headache returned, but did not continue beyond a day or two.

Prescription: Repeat med.

Oct. 13th.—Looks much healthier. Has no headache. Feels better than she has done for years. Prescription: Repeat med.

Nov. 28th.—Has only had headache once or twice during the last six weeks, and then but very slightly.

On this occasion she was discharged, promising to come back should the headache return at all. Not having made her appearance again, I think it may be fairly concluded that she was perfectly cured.

Case II.

Irritation of the Meninges of the Brain, and Spinal Cord.—Lachesis.

Lydia L. æt. 43, married. Came to the dispensary on the 2nd of January, 1855. Six weeks since she felt a soreness at the vertex, which gradually spread over the right side of the head and face; the same sensation, together with pricking pains like pins and needles, involves also the upper and lower extremities of the same side. The mouth is very sore; so much so, that she cannot masticate her food without great pain. After the least desire to micturate has been evinced, she cannot retain urine for more than a few minutes; coughing also produces an immediate flow of urine. She is always worse in the afternoon, when the soreness frequently changes to a sudden darting pain

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in the arm, and all power of grasping is lost, so that anything she may have in her hand when this pain comes on is instantly dropped; at the same time there is slight vertigo.

Besides these more recent symptoms, she has, for the last fourteen or fifteen years, suffered from scraping pain between the shoulders, with darting pain across the epigastrium and loins. Appetite has generally been deficient, and the stomach felt distended for some time after a meal. Bowels moved regularly.

The catamenia have always been, and still are, quite regular.

Prescription ℞ P. Laches. 6 gt. 4ta qq. h.

Jan. 9th.—Every symptom alleviated. She expresses herself much better. Prescription: Repeat med. ter in die.

Jan. 19th.—She feels no pain, or discomfort of any kind in the face and head; the improvement in the arm and leg is not quite so marked. Prescription: Repeat med.

Feb. 2nd.—Has taken cold, and is not quite so well.

Prescription: ℞ P. Sulph. 3 ter. in die st., mitte tales ix—postea ℞ P. Lach. 6 ter. in die st.

Feb. 16th.—Feels perfectly well; has not felt so well for many years past; every symptom of disease, both in the nervous and digestive systems, has disappeared.

The above case struck me as being the incipient form of what Dr. Todd has termed "peripheral hemiplegia;" and had disease been allowed to advance unchecked, would probably have placed the patient, to a great extent, beyond the control of medicine of any kind.

Case III.

Catarrhus Vesicæ—Belladonna. Nervous Headache—Ignatia.

Anne N., æt. 53. Applied at the dispensary on the 13th of June, 1854, stating that for some time past she had felt a heavy, dull, aching pain at the hypogastrium; urine small in quantity; frequent dysuria; great aching across the loins. Bearing down pain in the region of the uterus; no leucorrhœa; catamenia ceased several years ago. Headache chiefly across

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the forehead; is easily excited. Appetite very poor; tongue dry, and brown furred; bowels costive. She is exceedingly weak, and very nervous.

Prescription: ℞ P. Belladonnae 3 x. gt. 4tâ h. st.

June 20th.—Very much better; urine increased in quantity, and its passage is attended with less pain. Bearing down pain much less. Prescription: Repeat med. ter. in die.

July 4th.—The only symptom now remaining, and that not at all relieved, is headache; the pain is principally across the forehead, and always aggravated by any excitement; she cannot bear the least noise.

Prescription: ℞ P. Ignat. 3 x. gt. 4tâ h. st.

July 11th.—Has called to state that she feels perfectly well. There is now no indication of any disease, either of the nervous system, the bladder, or uterus.

The above case appears to me to afford an illustration of one of those forms of disease in which the alternation of medicines is not only advisable, but necessary, to a speedy cure. The morbid process, as indicated by the totality of symptoms, would seem to be at work in two essentially distinct spheres; disease in the one being to a certain extent, though not altogether, independent of that in the other. And in such cases when medicines homœopathic to the two phases of disease are exhibited in alternation, the result would in all likelihood be more rapidly favourable than when, as in the one now reported, they were prescribed in succession; all that could have been expected from the first being accomplished before the second was ordered. This view seems strengthened by the generally acknowledged fact that a homœopathic medicine, in the vast majority of cases, acts only upon that part of the system which is morbidly susceptible of its influence.

Case IV.

Acute Ophthalmia.—Mercurius corrosivus.

Mary R., æt. 52. Came to the dispensary on the 9th of May, 1854. Six weeks since, during an attack of influenza, the right eye became extremely inflamed; it has gradually become worse. On examination, the sclerotic and conjunctiva are observed to

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be intensely injected; the cornea is very dim and suffused; the eye feels sore, as though sand were between the ball and the lids; the least light excites great pain; there is considerable lachrymation, particularly during the night. The head feels sore. She is very weak.

Prescription: ℞ P. Merc. cor. 3 x. ter. in die sumat.

May 23rd.—Very much better; the inflammatory appearances have nearly subsided; there is much less burning heat in the eye, but it aches a good deal on exposure to light.

Prescription: Repeat med.

May 30th.—The condition of the eye is now apparently quite healthy; it still aches a little, and feels weak.

℞ P. Chinæ 1. ter. in die.

June 19th.—Quite well.

Case V.

Orchitis.—Pulsatilla.

Richard C., æt. 23, unmarried, called at my house on the evening of the 24th of May, and stated that two days ago, when carrying a very heavy weight, he felt a severe strain over the lower part of the bowels, particularly on the right side; the pain has since very much increased, and has extended to the right testicle; there is a tender and large swelling in the right groin; the testicle of this side is much enlarged, and very painful; the loins and sacrum feel very much bruised; it is with great difficulty that he can walk.

Prescription: ℞ P. Arnicæ 1. gt. 4tâ h. st. ℞ L. Arnicæ ♎ ʒj. Aq. Puræ. ʒx. Fiat Lot. Sig. App. ad tumorem quater in die.

May 30th.—Pain and swelling in the groin much better; pain across the sacrum still very severe; the testicle is swollen, livid looking, and soft. There is a good deal of discharge from the urethra. Prescription: ℞ P. Puls. 3 x gt. 4tâ. h. st.

June 13th.—Very much better. Prescription: Repeat med.

A few days after this he sent to say that he was quite well, and had returned to his work—that of a fitter at the railway works.

Arnica is generally mentioned by homœopathic repertory makers, and others, as a valuable medicine in orchitis. Certainly

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if it is specific to any form of the disease, it ought to be so when this is traumatic. During the last two years and-a-half, I have only met with two cases of traumatic orchitis—the above and another.* In both I prescribed Arnica, and in both it failed in any way to influence the disease, which in each case yielded to Pulsatilla. It is perhaps not unworthy of remark, that in Hahnemann's *Materia Medica Pura*, as translated by Hempel, there is no indication in the proving of arnica that would lead one to prescribe it in orchitis; while in that of pulsatilla, this condition of the testicle, particularly that of the right side, is a prominent feature.

Case VI.

Gastralgia.—Pulsatilla.

Anne C—, aged 24, a housemaid, was admitted to the Dispensary on the 21st of November, 1854. At intervals she has, for the last nine years, suffered from attacks of gastralgia; of short duration generally, but of frequent recurrence. The last attack has continued for three months, and has greatly weakened her. She complains of a drawing pain at the epigastrium, often extending round to the back: it is worse after a meal, and is then increased by a feeling of oppression in the same part. This usually continues for two hours, when vomiting commences, and relief is obtained after the contents of the stomach have been fully expelled. Occasionally, a little blood is observed in the vomit. When the pain is severe, the mouth rapidly fills with water. The salivary secretion is also in considerable quantity in the morning. Tongue white; appetite pretty good; bowels regular. Is generally better at the catamenial period than at any other time. This recurs quite regularly. She looks pale; has dark areolæ around the eyes; feels extremely weak, and unable to work.

Prescription: ℞ P. Puls. 3 ter. in die st.

November 28th.—Pain much less; has had no sickness since here. Tongue cleaner; feels stronger; complexion much healthier.

Prescription: Repeat med. gt. mane et vesp.

* British Journal of Homœopathy, Vol. xii. p. 487.

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December 12th.—Takes her food quite well. The pain is not nearly so severe. Prescription: Repeat med.

January 2nd, 1855.—Feels quite strong and well; appetite good; bowels regular; has no pain.

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*Hematuria and Chronic Cystitis.**

Louis Driencourt, of Péronne, joiner, æt. 27, of lymphatic temperament, from his youth shewing traces of chronic nephritis. Previous to 1849 he had never been seriously ill. Has always lived a regular life. At the beginning of 1849, without known cause, he complained of drawing pains in the limbs, along with pains in the hypogastrium, which got worse every evening. Urination became at the same time painful, and in spite of rest and a so-called cooling regimen the first symptoms became aggravated, and the urethra became the seat of shooting pains before and after making water; the urine was thick. Until May 1850 he was under allopathic treatment, consisting of tisanes, diuretic powders, and turpentine pills. In place of becoming better he grew worse, the pains became fixed, constant, and radiated towards the lumbar region and right renal region. He had a call to make water from twelve to fifteen times an hour day and night. Suddenly the urinary secretion was suppressed, with horrible increase of pain. The pain was relieved after a copious emission of blood, which coagulated immediately after passing out of the urethra. Cold food, cold baths, tisanes, turpentine pills, a blister over the right kidney, leeches to the anus were prescribed. No benefit accrued from this treatment. The patient continued to pass considerable quantities of blood by the urethra. The pains extended to the penis, perineum, and rectum. The motions became rare, and much mixed with blood.

By the advice of his physician he went to seek medical advice to Paris. He first came into the hospital of la Pitié, under the care of Dr. M., who diagnosed catarrh of the bladder, and prescribed general baths, sulphuric lemonade, tisane of dandelion and nitre, with five grammes of bicarbonate of soda, and six pills of turpentine daily. After some time Dr. M., seeing the efforts made by the patient when making water, imagined he had paralysis of the bladder, and accordingly subjected the patient to electrisation of this organ by means of metallic sounds introduced into the bladder and rectum,

* From Jour. de la Soc. Gallic. v.

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connected with the poles of a battery. Cupping was also practised over the kidneys, poultices to the abdomen, and the bladder was twice injected with a solution of nitrate of silver. Notwithstanding this the hæmorrhage continued.

Dr. M. then handed over the patient to Dr. L. d'E., who after introducing a number of sounds into the bladder, discovered three fleshy columns there, but no stone. These operations increased the hæmorrhage, which was treated with nitrate of silver but without effect. After three weeks Driencourt was sent to the hospital Beaujon to be under Dr. R., where he remained a month, and was daily examined by several medical men. The treatment here was twenty leeches to the anus, sixteen cups over the kidneys, two cauteries over the right kidney, and a diuretic tisane. No amendment, whereupon Dr. M. proposed the extirpation of the right kidney (!), but Dr. R. fearing there might be calculi in the ureter, opposed this small operation. Tired of the inutility of the *regular* treatment Driencourt consulted a quack, who treated him for six weeks but without success. The violence of the pains he experienced at last drove him into the Hotel Dieu, where he came under the care of Dr. D., who imagining that the bladder was retroverted, treated the case by injections in a double stream. Dr. L. d'E. consulted again, thought it was a case of gravel in the ureters; Dr. R. believed it to be some obscure disease of the kidneys. Dr. B., into whose hands the patient next fell, applied twenty leeches to the anus, and ordered a bath daily. In the course of three months five hundred leeches were thus applied, and yet the hæmorrhage continued as before, and the pains were not relieved. Some drops of bloody urine escaping occasionally, containing some small white grains, led Dr. B. to diagnose a cystitis depending on calculus. After seven months and seven days of treatment the patient was sent to Dr. A., who after sounding him, found the urine highly alkaline, and ordered two baths daily, four pills of turpentine night and morning, and a bottle of Vichy water every day. No amendment. Dr. S., on being consulted, said nothing could be done. Dr. R. advised cooling medicines, rest, twelve to fifteen leeches occasionally to the anus, and a blister over each kidney.

After having in vain sought health at the hands of the first allopathic medical men in Paris, Driencourt returned to Péronne in the beginning of February, 1854. His first doctor, not knowing how to get rid of him, jokingly advised him to consult a homœopathist. This advice the patient took, and applied to Dr. A. Dours.

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The following was his state at that time:—His expression betrays great suffering. His nights are distressing. He is forced to get up every quarter of an hour to pass a few drops of bloody urine, frequently of pure blood. If the desire to make water is sometimes less frequent, he is tormented with painful erections the moment he shuts his eyes. These erections can only be subdued by the prolonged application of cold water. The least fatigue causes violent pains in the hypogastrium, the left leg, the course of the ureters, and the right kidney, which percussion shews to be swelled. Two or three times daily there is a gush of pure blood from the urethra; or sometimes, instead of that, black clots are passed with agonizing pain. After the blood the urine passes, holding in suspension thick mucus, which quickly settles at the bottom of the vessel. No gravel can be detected among this mucus. Constipation alternating with stools composed almost entirely of blood. Shooting pains in the anus. Violent headache. Pulse from 96 to 100, pretty strong. Little appetite, moderate thirst. The patient sits on one side, the right tuberosity of the ischium scarcely touching the seat. He dreaded greatly the advent of warm weather, as then his sufferings were greatly aggravated.

The treatment was commenced with *canth.* 6, one drop in 120 grammes of water, a spoonful to be taken every three hours. The effect was immediate. The patient was able to sleep a few hours. The inclination to make water did not come above four times in a long February night. *Canth.* continued for a week, in various dilutions, 12th, 18th, 24th, 30th checked the hæmorrhage, and diminished the erections. But the urine still continued to hold much mucus in suspension. *Sulph.* 30, a drop in 120 grammes of water, one spoonful per diem, was then given. During the next week the patient did not lose a drop of blood. No erections. One natural stool every day. The 25th February he complained of a violent pain over the left kidney, the sure forerunner of hæmorrhage, which occurred in great quantity during the night, with relief to his pain. *Canth.* 6. The hæmorrhage ceased, but the mucus did not diminish. *Lycop.* 30, a drop for eight days did not prevent the return of the blood. Driencourt had thus four attacks of hæmorrhage in two months. *Canth.* was always successful in checking them. The mucous state of his urine gave the patient great distress. He then got *uva ursi* 30, four globules in 120 grammes of water, a spoonful every day. This medicine, sometimes in the form of infusion,

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4 grains of the tops of the plant in 500 grammes of water, sometimes in the 6th, 12th, and 30th dilutions, continued during the months of April, May and June, rendered the urine quite clear. All the other symptoms of cystitis and hematuria entirely disappeared. The summer was passed without suffering. The patient has resumed his work. A slight relapse of mucus in the urine, with some pain in the left renal region, yielded readily to *uva ursi* 30, and his state is now perfectly satisfactory.

Pneumonia.

A boy, aged 8, was attacked in the evening with an acute pain beneath the right breast. In the night he had alternate chills and heats, and cough. Seen the following morning this is his state: Great restlessness; skin hot and dry; pulse quick, not very strong, 120; respiration short and quick; pain beneath the right breast increased considerably by inspiration, percussion, and the touch; cough short, not frequent; no expectoration; crepitating râle from the lower angle of the right scapula to the bottom of the chest; vesicular murmur everywhere else; percussion gives a normal sound. *Acon.* $^3/_{24}$ in water, a dose every two hours. The child slept ill, but was more tranquil; the body not so hot; copious perspiration; pulse 105; respiration freer, but the pain of the side as acute as before; the crepitating râle continues; rust-coloured, viscid expectoration. *Bry.* $^3/_{12}$ in water, a dose every two hours. The same evening the pulse fell to 90; the expectoration lost its viscidity and rust-colour. The next morning it was ascertained that the night had been passed chiefly in sleep; the pain of the side almost gone; respiratory sounds natural; very little fever. The next night the boy slept well, and in the morning was quite lively. Having exposed himself too much he had a shivering fit at noon; the fever, pain in side, cough, rust-coloured sputa and crepitating râle returned. *Phos.* $^3/_{24}$ in water, a dose every two hours. The next day all these symptoms had disappeared, and his recovery was rapid.—Chargé, *Rev. Hom.* vol. I., p. 427.)

A girl, aged 10, of strong constitution, experienced in the morning a violent rigor, followed by heat, fever, cough day and night. She was seen next morning. She lies on her back; is anxious, constantly complaining; burning fever; skin dry; pulse full, 120; pain below the right breast, extending all over the right side of the chest, aggravated by

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coughing, inspiration, and the touch; frequent cough, with expectoration of transparent, viscid rust-coloured sputa; slight dyspnœa; dull sound on percussion posteriorly all over the inferior lobe of the right lung; no sound on auscultation at that part. *Acon.* $^3/_{12}$ in water, a dose every three hours. In the evening slight perspiration manifested itself; the night was bad; no sleep; the patient noisy; very restless; respiration more impeded; incessant cough; sputa difficult of expulson, and of a deep rust-colour, adhering to the vessel; much acute pain in the side; dull sound under the right nipple, and posteriorly up to the spine of the scapula; crepitating râle in the same place; pulse frequent and full; skin covered with sweat. *Bry.* $^3/_{24}$ in water, a dose every two hours. The day was passed in the same state. At night delirium; dulness on percussion increased; respiration accelerated; frequent cough, with expectoration of very viscid and rusty sputa; pain of the side slightly amended; great anxiety and restlessness. *Phos.* $^3/_{24}$ in water, a dose every two hours. In the afternoon there was perspiration and rest. The following day great improvement; the child had slept well; no pain in the side; the sputa no longer tinged with blood; respiration not so quick; mucous râle; pulse scarcely febrile. To have beef-tea. The next day (6th of the disease) percussion elicits a normal sound; the sputa are rare, white and mucous; pulse normal; natural heat of skin; mucous râle; discharge behind the ears. *Suph.* $^2/_{30}$. On the 8th day the child was perfectly well.—(*Ibid.* p. 433.)

A coachman, aged 35, of feeble constitution, but usually enjoying good health, was attacked a week before with the influenza then prevalent. The day previous to being seen he felt a violent rigor, soon followed by burning heat, forcing him to keep in bed. Seen the next day he was found lying on his back; face red; headache; lustrous eyes, frequent cough, rapid respiration; acute pain on both sides of the chest, worst about the level of the ninth, tenth, and eleventh ribs of the left side; pulse quick; skin hot and dry; tongue yellowish; belly soft; no stool for two days; no expectoration. *Acon.* 6, one drop in water, a dose every two hours. The next day intense fever, with less dryness of skin; respiration quick; frequent cough; sputa of a deep rust-colour, adhering to the vessel; dull sound on the left side anteriorly from the clavicle to the level of the heart, and posteriorly in the supra and infra-spinous fossæ; crepitating râle below the clavicle and under the axilla; acute pain in the side much increased by inspiration. *Bry.* 12, a drop in water, a

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dose every two hours. The third day the state was the same. The cough occasioned pain in the head as if it would burst, and was very frequent; difficult expectoration of viscid, rusty sputa. *Nux v.* $^{3}/_{30}$ at once, the rest of the day *Acon.* $^{4}/_{12}$ as before.—4th day. Delirium during the night; desponding expression; greater difficulty of breathing; sputa orange-coloured, very copious; pulse incompressible; complete dulness in the superior half of the left side of the chest; bronchial respiration posteriorly and under the axilla; pain greater than ever; no stool. *Bry.* $^{4}/_{12}$ in water, a spoonful every two hours.—5th day. Stupor and unconsciousness to such a degree that he did not know the doctor; the head drawn backwards; pulse weak and quick; great dryness of mouth; slight epistaxis; frequent cough, which he tries in vain to suppress, with orange and saffron-coloured sputa; mucous râle all over the chest; difficult deglutition; little urine; no stool. *Bell.* $^{3}/_{12}$ In the afternoon, amelioration of the head symptoms; he has recovered consciousness; he complains of a violent pain all over the chest; the dyspnœa is great; pulse feeble, and very frequent; no heat of skin; great despondency; he thinks he is dying. *Phos.* $^{4}/_{12}$.—6th day. Same state. *Phos.* $^{3}/_{24}$—7th day. Sputa dirty grey-coloured; great alteration of the features; coldness of the face and limbs; insensible pulse; threatened suffocation; cold and viscid sweats. *Sulph.* $^{3}/_{30}$, beef-tea.—8th day. General condition improved, but face still livid, body cold; the sputa which had ceased have now returned of a deep rust colour; great dyspnœa. *Phos.* $^{3}/_{12}$, beef-tea.—9th day. Sputa viscid but white; less oppression; pulse stronger and slower. *Sulph.* $^{3}/_{30}$, beef-tea.—10th day. Slept well last night; pulse 80; mucous râle throughout the chest; the lung dilates posteriorly and anteriorly; cough seldom, with insignificant expectoration, smiling countenance. Beef-tea.—On the 16th day he was able to resume his occupation.—(*Ibid.* p. 437.)

MISCELLANEOUS.

The Physiological action of the Essential Oil of Bitter Oranges.

An essay with the above title, by Dr. Imbart Gourbeyr, has recently appeared in France. We propose, with the assistance of our contemporary the *Journal de la Société Gallicane*, in whose

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pages a very full analysis of it appears, to give an abstract of it. We may premise that from the internal evidence of the work it is evidently written by a believer in homœopathy. It is, probably, for we have no precise information on the subject, the inaugural essay of some aspirant to the degree of M.D., who, convinced of the necessity of advancing therapeutics by means of the Hahnemannic method of physiological experimentation, has yet abstained from making a confession of his belief in the heretical doctrines of homœopathy, and has disguised his heterodox opinions for fear of offending the prejudices of his allopathic examiners.

But without further prelude we shall proceed to the examination of the essay itself, which possesses intrinsic merits to recommend it to our notice, whichever school the author may belong to.

Dr. Gourbeyr remarks that the essential oil of the orange tribe is very much used. It enters into the composition of many pharmaceutic preparations, among the rest the infusion of orange-leaves, the distilled water of orange-flowers, &c.

The particular species of orange to which his observations refer is a bitter orange, called in France *chinois*, the *citrus vulgaris chinensis*, of which there is a considerable trade in France. Our author's observations of the action of the essential oil were made on the persons employed at Clermont in peeling the oranges. They are forty-one in number. Of these the following four are the most interesting.

"Obs. 1.—Lebœuf, a woman aged 47, was employed at the work for eight years. In 1850 she was more particularly affected by her occupation; she had two serious attacks, which forced her to give up the work; but before that she had always experienced more or less the action of the oranges upon her health; she had never been able to work among them without suffering to a certain extent. At the period mentioned she experienced the following symptoms:—confusion in the head; weakness of sight; pyrosis; nausea accompanied by headache; sleep disturbed; cramps and general itching of the skin; occasional eruptions of pimples all over the body; pimples red, of the size of small pin's heads, not suppurating, but bleeding when scratched. Besides these pimples, she frequently had red patches of the size of a shilling; great weakness in all the extremities, especially the arms. On one occasion the left hand swelled. This swelling, accompanied by itching, lasted a fortnight, and only subsided on leaving off work. She experienced such a degree of

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activity in her limbs, that once engaged in work, she laboured, so to speak, in an irresistible manner; she frequently felt drawing pains and horripilations. On re-engaging in the work in 1849, in spite of her natural repugnance to it, she was always the first at the workshop. After a few days she became sleepless, and felt a great wish to abandon her occupation. She continued to get worse and worse. As soon as she entered the factory, she was affected with suffocative feeling and perspiration. She was forced to open the windows, and at the same time she felt nausea and itching. For a fortnight before her attacks she had convulsive spasms of the left side of the face, similar to those often noticed in children. These convulsions lasted for about two minutes, and occurred fifty times a day. At last, feeling herself always growing worse, she left off working, and remained at home. Two days afterwards she experienced an extreme degree of activity. Being engaged in the morning in washing clothes, she found that the more she washed the more she wished to wash; she could not stop. She was then taken with a general trembling, and fell down. All her body was convulsed, but chiefly the left side of the face, and her shoulders were very much affected. She scraped the ground with her feet, and knocked over everything. She never, however, lost consciousness. This attack lasted a quarter of an hour, and she remained doubled up all day long. The following day she had a similar attack, excited by putting her hands in water. This was at the commencement of December, 1849. She continued poorly all the winter, and was unable to go out for four months. She felt great fatigue and constant sleeplessness. The least exertion made her worse; she wept incessantly, and imagined herself lame. Frequent drawings in the limbs, she was obliged to stretch herself much. She had often headache, and heat in the abdomen. Since that time she did not work at the orange-peeling trade, and all the symptoms declined. Even now the mere odour of the bitter oranges makes her feel ill.

"Obs. 2.—Descotes, a woman aged 32, has worked for more than two years at the bitter-orange-peeling business. About two years ago she was forced to leave off work for a fortnight, her head was so severely affected, and she sent for me. Ever since she has been engaged in the work she has suffered in her head, and when she resumes her work she always gets worse. She also suffers much from her teeth; seven or eight of them have decayed and broken down. The pains extend into her tongue with shootings and noise in

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her ears. Sometimes she felt, for an instant, drawing pains in the face; her nose was drawn to one side, and she had spasmodic movements under the eyes, which were perceived by her fellow-workers. She groaned frequently without having the power to stop herself. She was constantly feeling as if something suffocated her. Palpitation of the heart; rising in the throat, which seemed to choke her. When she went back to work the first day she vomited or felt extreme nausea; besides which, she had loss of appetite and great thirst. Every evening on coming home, she complained of her head and stomach; had rigors on going to bed, and when she got hot, she was very restless and threw off the clothes. She slept little, and often started up out of her sleep. Drawings in the limbs, especially at night, or whenever she was annoyed; cramps in the legs; horripilations. The first year she had nothing in her hands; the second, the left hand became swollen, red, without pimples or itching. This caused her no pain, but it hindered her in her movements. She has not worked at the orange-peeling for five months, but she still has headache and toothache, though in a less degree. She sleeps well now. She was confined on the 26th February; she had quitted her work six weeks previously. Tedious confinement; the child died after four days in convulsions; its face was distorted. She has already lost five children, but none of them died of convulsions. Were it not that she can get no other employment she would leave off her present occupation.

"Obs. 3.—Mége, aged 27, has worked for four years at the bitter-orange business. The first three years she felt no ill effects, except a little headache, as if she had been intoxicated. In October, 1851, she re-commenced her work, and carried it on for two or three months. She had never before worked at it so long at a time. Brought to bed in March, the infant had more than thirty attacks of epileptiform convulsions, which occurred as often as ten times a day. It died of them. Her eldest child, a boy of eight years, had never had convulsions. Headache, with intoxicated feeling; pain in the temples, especially on the right side; often obliged to go out to get the fresh air; noise like bells in the ears. All the teeth are painful; toothache on the right side. The last time she worked she was forced to put in two plugs of opium, which relieved her. She has twice had slight convulsions in the face; her lips tremble; drawings in the face, which only last for a minute. Sensation of choking; frequent, irresistible yawning; fatigue of the limbs; drawings in

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the arms; horripilations; she often puts her hands behind her back, and twists her hands about. The day before yesterday she wished to resume her work, which she had left off for a month. She was only able to work in the morning: she was forced to give it up. She felt as if she should be suffocated; severe headache; drawings in the limbs; pain in the jaws. She will not again work among the oranges.

"Obs. 5.—Andan, a woman aged 52, was only engaged at the work for a single winter, five years ago. For three months her hands and fore-arms swelled, became red, and exuding. She could not flex her fingers, and they itched so much at night that she could not sleep. Her children had to get up in the middle of the night and rub grease upon the affected parts, which gave her some relief. Scabs formed betwixt the fingers, and on the internal aspect of the fore-arm, in patches. She constantly twisted about her hands and arms to relieve the itching. The lobe of both ears became swollen and red for eight days. The eruption lasted all the winter, and her sufferings were constant. Last year she wished to resume her occupation, but she had not done so more than a week, when the eruption reappeared; she then consulted a medical man, and by his advice gave up the work.

"To the preceding observations, I may add another, not less interesting. It is a letter from M. Garnier Sibillat, a confectioner in Marseilles. 'I beg you to communicate to M. Imbart the information I am able to afford him on the subject of the bitter oranges. The women who peel them have often headaches and nervous symptoms. The strong smell is very bad. To escape as much as possible being affected by it, they have to peel the oranges in the open air; and as soon as they are peeled they remove them. I observe that those women who are nursing cannot peel the oranges: if they do, the infant gets convulsions, or dysentery; in fact, they cannot do so until they have weaned the baby. In order to avoid the swelling of the hands, they take the precaution to wrap pieces of cloth round the ends of their fingers; but notwithstanding that, some of them get swelling of the hands, especially when they peel the first oranges, which are always the hardest, and have the most powerful odour. Some of the women become so nervous, that they are obliged, on that account, to abandon their work.'

"In analyzing all the observations I have collected, I can now give

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a general table of the symptoms produced in our workpeople by the toxical agent of the oranges.

"They are liable to headache: sometimes all over the head, sometimes confined to a part of it; sometimes it is pressive and frontal; and sometimes it is a kind of intoxication, accompanied by vertigo; at other times, it is an extremely characteristic hemicrania, most frequently on the right side. This headache is often accompanied by nausea, and even vomiting.

"There occur also real facial neuralgias; sometimes general, sometimes confined to the temples, with lancinating or gnawing pains. They, also, are most frequently on the right side. Sometimes these pains are real persisting odontalgias, accompanied by caries, and destruction of the teeth. The sight is sometimes simply weakened. There are frequently noises in the ears, like the sound of bells, or of a mill, but unaccompanied by deafness. Once I observed swelling and redness of the lobes of the ears.

"In some cases there are drawings on one side of the face; a sort of epileptiform convulsion frequently occurring. Sometimes there is suffocation; oppression of the chest; painful sense of choking at the upper part of the sternum; sometimes strangling sensation in the throat, and pleurodynia. Almost always there are frequent and uncontrollable yawnings; and in the stomach uneasiness, pyrosis, weight; frequent eructations and thirst.

"The sleep is generally much disturbed. Sleep with dreams; starting up awake; inability to find a comfortable position; and burning heat. Complaints are made of starting up in bed, and inability to sleep.

"The extremities are the seat of drawings; of horripilations, with desire to stretch the legs, and to twist about the hands. The whole muscular system is affected. Sometimes there is general contraction and weight on the shoulders; general, more frequently partial cramps; cramp-like pain in the wrists; general excitement; rapid motion. They work with desperate rapidity, which they cannot control. I have also observed a general trembling, with semi-lateral epileptiform convulsions. The jerkings and muscular agitation occur by day as well as by night.

"There are, besides, itching, either general, or partial. In the latter case confined to the superior extremities, with swelling and redness of the hands; also eruptions of red patches on various parts of the body, or vesicular eruptions all over the arm, chiefly on the

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hands and betwixt the fingers, and occasionally an erysipelatous swelling of the face.

"Of all the symptoms, the most frequent are the headache and neuralgic pains in the face; the noise in the ears; the yawnings; the gastralgia; the oppression of the chest; the drawings in the limbs; the nocturnal agitation; the swelling and eruptions on the skin.

"This general table of symptoms is the faithful *resumé* of twenty-nine observations. Among forty-one individuals, twelve experienced no symptoms; and yet in these twelve, the average of years during which they were engaged in the work is greater than in the rest. Thus, three women had worked for 15 years; two for 12 years; and two others for 9 and 4 consecutive years. Like the others, they had worked in close rooms. Thus there were about one quarter of the workwomen who shewed themselves to be insensible to the action of the essential oil.

"Although no accidents occurred from this species of poisoning so serious as to endanger life, we may judge of their gravity by the large number who refused to continue the work, for of the 29 who experienced the action of the essential oil, 13 left off completely in consequence of the symptoms they felt, that is to say, nearly one-half. Others stated that necessity alone obliged them to continue at the occupation.

"In four work-women we observed epileptiform convulsions on one side of the face. Two of them having been employed during pregnancy, lost their children by convulsions shortly after they were born. I am induced to attribute this to the action of the essential oil; and I am confirmed in this opinion by M. Garnier-Sibillat of Marseilles, who assured me that women engaged in nursing could not peel the oranges without observing that their infants were subject to convulsions and to dysentery.

"The accidents experienced by the work-women are of two kinds; the first, the various forms of nervous symptoms; secondly, the cutaneous symptoms or eruptions. The nervous symptoms were the most common; they were very often accompanied by eruptions on the skin, but almost always they were the predominating accidents. In some cases, on the contrary, the eruptions, swellings, and itching were the sole phenomena, unaccompanied by notable nervous affections.

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on the attention of the profession the use of refrigerating mixtures as a safe and exceedingly efficacious means for depriving parts of their sensibility. It appears that it does not destroy the sensibility much deeper than the skin, but as the incision of the skin causes much more pain than that of the flesh, great suffering is saved. The following is a simple illustrative case :-

"I was consulted a few days back by a gentleman between 30 and 40 years of age, of a highly nervous temperament, concerning a tumour situated over the right clavicle, and which required removal. It was just one of those cases in which on the one hand, a surgeon would not have sanctioned the use of chloroform ; and on the other, the patient would have protested against anything being done unless it could be accomplished without pain. The tumour was of a sebaceous character, as large as a walnut ; had been gradually increasing for two or three years, and gave him inconvenience during every movement of the arm. On informing my patient that chloroform (to which he was much averse), would be attended with risk, but that the removal of the tumour could be effected with safety and without pain by the previous application of cold, his nervous anxiety subsided, and he consented to the operation. I mixed together two parts of pounded Wenham Lake ice, and one part of salt, and put them in a common white pocket handkerchief, and kept the mixture pressed on and around the tumour during the space of one minute, by the watch. The integument that was submitted directly to the action of the cold, became remarkably corrugated. It was then cut into, and the tumour removed without the slightest sensation of pain, and much to the astonishment and delight of the patient, who said that the only thing that annoyed him, and that not much, was the burning sensation of the application. No vessel required ligature ; the bleeding, in fact, being very trivial ; and the wound had healed at the end of the week." (Reported by Mr. Ward, *Medical Times and Gazette*, September 2nd, 1854.)

Various freezing mixtures may be used, and these may be enclosed in a fine oiled silk bag, or metal case. It is said to be quite successful in preventing the pain of tooth drawing. In addition to its anæsthetic power, Dr. Arnott considers that it has another advantage —that of diminishing the risk of local inflammation after an operation. What, *a priori*, would be supposed as a probable result, of the application of cold, proves to have no existence. Instead of setting up violent inflammation, it averts it. In paronychia, boils and carbuncles, such an anæsthetic agent may be of great value.

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The following is a summary of the benefits derivable from local anæsthesia produced by congelation, given by Mr. Blundell, a surgeon-dentist, in a pamphlet just published :—

1st.—We can, by it, now accomplish the painless extraction of teeth, without the loss of consciousness, and without danger to life.

2nd.—It not only obviates the nervous shock of the operation itself, but it also dispenses with the injurious effects of the circulation of a poison through the system, as in etherization.

3rd.—Under its influence some of the most unmanageable, difficult and painful dental operations are rendered the most painless.

4th.—The patient retaining consciousness, though insensible to pain, is able to preserve a far greater degree of composure and quietness than when under the influence of any other anæsthetic agent.

5th.—The rigidity of the muscles of the jaw, and the consequent difficulty of keeping the mouth open, so universally experienced under anæthesia by chloroform, are entirely superseded. We have, in short, the additional advantage of the will of the patient.

6th.—The amount of time occupied in the induction of insensibility by chloroform, and in the recovery to consciousness afterwards, with all the inconveniences attending the passiveness of the state, are saved both to dentist and patient.

7th.—The expense incurred in the use of cold for anæsthetic purposes, is less than that of chloroform.

8th.—It checks undue hæmorrhage after extraction. It is rarely that hæmorrhage after tooth extraction proves fatal. The occurrence may be said to be almost an impossibility under this new anæsthetic.

9th.—Fewer complications arise as the sequelæ of tooth extraction than either under chloroform, or without any anæsthetic; the antiphlogistic properties of cold being repressive of inflammation and irritation. Recoveries are more speedy and certain.

10th.—It is of great efficacy in scurvy of the gums, and similar hæmorrhagic affections of the mouth.

11th.—It may be the means of preventing a vast amount of constitutional disease resulting from delay, through dread of pain.

12.—The application of cold is highly serviceable in many cases of acute toothache.

The apparatus used by Mr. Blundell appears to possess decided advantages over the ordinary means of applying cold. It can be had at Messrs. Horne & Thornthwaite's, 123, Newgate Street, London.

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Influence of Vaccination.

Attempts are being made at the present moment in various quarters to discredit vaccination as a preventive of small-pox. We have in a former number alluded to the manifesto of Bönninghausen,* and his select clique, and now we have before us a pamphlet by Dr. Lutze, of Cœthen,† published with the same object, viz.: to induce the governments of Europe rather to discourage, and even to forbid vaccination, than to encourage it. We will readily grant what these authors insist so strongly upon;—that vaccination does not invariably protect from small-pox; that its protective influence in many cases only extends over a few years; and we may grant that in some cases, when vaccine lymph has been taken from the arm of a diseased child, certain maladies may have been communicated to the inoculated infant. But all these accidents, which have been enormously exaggerated by Dr. Lutze, would not induce us to reject vaccination, if it can be shewn that by its means the ravages of small-pox have been considerably checked. That such is the case we think has been over and over again sufficiently proved. As, however, the statistics on this subject may not be remembered by many of our readers, we do not hesitate to re-produce here the results of the investigations of a parliamentary committee appointed to make enquiries upon this subject in 1853.

1.—*To prove the influence of vaccination in England.*

Out of every 1000 deaths in the half-century from 1750 to 1800, there were from small pox 96

Out of every 1000 deaths in the half-century from 1800 to 1850, there were from small-pox 35

Either small-pox has become naturally milder, or is treated more successfully; or the mortality from it has been diminished by vaccination. That the last is the true cause can be proved from independent evidence.

2.—*To prove the influence of vaccination on the Continent.*

In various German states, sufficient evidence can be obtained to show, that before vaccination was used, out of every 1000 deaths there occurred from small pox .. .. 66·5

After vaccination there occurred .. .. .. 7·26

* See p. 171.

† La vaccination est non seulement inutile mais dangereuse, par Arthur Lutze, M.D.; traduit par Ch. F. Zimpel, M.D.

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3.—*To prove that in countries where vaccination is most perfectly carried out, small-pox is least mortal.*

(*a*) In this country, where vaccination is voluntary, and frequently neglected:

	Deaths from small-pox.	Deaths from all causes.
London	16 ..	1000
Birmingham	16·6 ..	„
Leeds	17·5 ..	„
England and Wales ..	21·9 ..	„
Paisley	18 ..	„
Edinburgh	19·4 ..	„
Perth	25 ..	„
Glasgow	36 ..	„
Dublin	25·66 ..	„
Galway	35 ..	„
Limerick	41 .	„
Connaught	60 ..	„
All Ireland	49 ..	„

(*b*) In other countries, where vaccination is more or less compulsory:

	Deaths from small-pox.	Deaths from all causes.
Westphalia	6 ..	1000
Saxony	8·33 ..	„
Rhenish Provinces ..	3·75 ..	„
Pomerania	5·25 ..	„
Lower Austria ..	6 ..	„
Bohemia	2 ..	„
Lombardy	2 ..	„
Venice	2·2 ..	„
Sweden	2·7 ..	„
Bavaria	4 ..	„

There can be little doubt that the immense difference apparent in these two tables is justly attributed to vaccination.—*Report on Small-pox and Vaccination. Parliamentary Paper, 3rd May*, 1853.

This paper satisfactorily proves that since the introduction of vaccination, the mortality from small-pox has decreased in a most remarkable degree; and further, that the mortality is smallest in those countries where vaccination has been most generally employed.

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The vast proportional diminution of cases and deaths from small-pox exhibited in those countries where vaccination is compulsory, compared with our own country, where it is voluntary, induced the legislature of England last year to pass an act making vaccination compulsory in England also. The failure of this act to produce that universal vaccination so much to be desired, is, we think, by no means a matter for congratulation, as the opponents of vaccination seem to regard it.

It is undoubtedly the general impression among medical men, that vaccination is not nearly so effectual a preventative now as it was when first introduced. This we believe to be the fact. In place, however, of viewing it as a ground for the total rejection of vaccination, we are more disposed to regard it as a reason for investigating into the causes of this comparative failure of modern vaccination. It is quite possible that the lymph may degenerate by passing through a number of individuals, and the disease it excites be no longer capable of protecting absolutely from the influence of variola. If this be the case, perhaps it would be well to discourage vaccination with lymph obtained at many removes from the original source, and to insist upon the use of pure natural vaccine lymph obtained from the cow, either in the natural disease, or in that excited artificially by inoculation of the cow with the matter of human variola. Or it might be worth inquiring into the accuracy of those remarkable allegations of Dr. Bossu, of which we gave an account in a recent number,* relative to the transmutation of variolous into vaccine lymph by its admixture with cow's milk.

As regards Dr. Lutze's proposal to substitute for vaccination the administration of a globule of the 30th dilution of *varioline*, we put small faith in the efficacy of that measure; and even were it as successful as we believe it to be futile, we do not see how matters could thereby be improved; for if vaccine lymph is to be rejected on account of its supposed impurity, occasioned by transmission through human beings, we do not see how variolous matter can be a bit more pure, as it is obtained also from human beings, who may have all sorts of latent psoric taints lurking in their system, which might be as readily communicated to the variolous as to the vaccine matter.

If the dose of *varioline*, 30, can have any influence on the constitution so as to render it fit to resist small-pox infection, it is hardly

* Vol. xii. p. 687.

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to be supposed but that the psoric taints contained in it may have their evil influence on the patient's system.

To our mind, all this outcry about the inefficacy and danger of vaccination is absurd; and we believe that if the medical man take moderate care in ascertaining the purity of the source whence his vaccine lymph is derived, and above all, if he can procure it at not many removes from the natural cow-pox, he will be able to protect his patients by vaccination as well as they have ever been protected since Jenner's time.

What has Chemistry done for Dietetics?

The weakness of the human intellect is more strikingly shewn in this branch of learning than any other, because from the earliest times it has attracted the attention of all investigators of nature and appliers of science; and the further we go back the more positive is the profession of knowledge on points in which ignorance is now confessed. So convinced were the chymiatric schools of Paracelsus of the value of their "fermentation theory," that they carried it from the physiological process of digestion into the explanation of the whole circuit of life, normal and morbid. We have been witnesses of a somewhat more modest attempt in our own day. Though romance has ceased, and zeal cooled, we still see many lives of animals, and many lifetimes of men, given almost wholly to this subject—and with what result? That which to-day seems established by the most irrefragable experiment is to-morrow rendered doubtful by equally clear observations.

Penelope's fingers are completely outdone. Well, indeed, may Dr. Lehmann remark, that such experience should more than any other admonish us to be reserved in our judgment upon those results of researches which appear even absolutely certain. Might not the existence of lactic acid in the gastric juice have been so characterized? Yet has Professor Schmidt "shewn" (as chemists say) its absence under many circumstances, and the presence of free muriatic, while we see M. Blondlot coming back again to his former belief in the acid phosphate of lime, though the incorrectness of this has been asserted by the best chemists of the day. Who could have expected, after M. Bernard's recent experiments on the influence of the vagus over digestion, that this influence was to be denied, or at least rendered doubtful? Frenchmen see fat resolved into fatty

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acids and glycerine by the contract of the pancreatic juice, while Germans can scarcely make out that an emulsion of the two substances take place. Candidly, now, is there among the chaos of different opinions offered by observers any final cause by which to explain the action and intention of the pouring of bile into the intestines? Who could have foreseen, from the state of our present knowledge, that an isolated coil of intestines with a little alkali inside it, would be in a condition to digest muscle? In short, the intestinal canal exhibits itself to us as the theatre of a host of most mysterious performances, yet still

"Before the gate
Our spirits stand disconsolate."

These considerations may fairly prevent us from wondering at the very little advance which the science of dietetics proper has made, and the little advantage which has accrued to it from the growth of other sciences. A few of the results of old experience have been confirmed, a few rendered doubtful; empirical observation has been sometimes put in the right path; but, in truth, a conscientious writer on this subject is reduced to make a most meagre affair of the real practical part of it. And even then a greater portion of his pages is taken up with pointing out what modern science *might* ascertain, than with what it has actually discovered. Stout books, it is true, are written upon the subject, but the smallest part of them is that which is named in the title-page.—(*Brit. and For. Med. Chir. Rev.*, October, 1853, p. 403.)

The Edinburgh Homœopathic Dispensary.

In the general decline into pecuniary embarrassments of the wholly gratuitous homœopathic dispensaries, it is highly gratifying to exhibit one example of an opposite description; and when we consider that the enormous number of patients are attended to by only two physicians, we cannot too strongly express our admiration at their exertions.

Report.—In presenting their Eighth Annual Report, the Committee have to congratulate the subscribers on the increasing usefulness of the Edinburgh Homœopathic Dispensary. It has been open during the year every Monday, Tuesday, Thursday, and Friday, from two to three o'clock. The number of patients applying for relief in the course of this year has been 2,522—shewing an increase

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of 201 above the last year; and thus nearly 25,000 patients have been attended to at this dispensary since its opening in 1841.

While the patients themselves, appreciating the benefit received from this institution, have begun to add more considerably to the funds of it, the Committee have at the same time to acknowledge with gratitude the liberal contributions from the subscribers during the past year; they have thus not only been enabled to discharge arrears of debt to the amount of £30, but have now a balance on hand. Their hope is, that the same liberality being continued in future may encourage them to regard the broadening of the basis of this Institution, so long desired, as not now far distant.

The Committee have to record their warmest thanks to the physicians for their unwearied, arduous, and willing services, for which it is gratifying to find that the prosperous state of the institution is regarded as an abundant compensation; and it may hardly be necessary to mention, that while patients attending the dispensary are invited to contribute something, however little, to the funds on which it depends, the physicians will also gladly continue giving advice, &c. &c., to their numerous applicants as heretofore.

Acute Rheumatic Inflammation as affected by Rest.

It seems a subject not unworthy of clinical inquiry, but which I do not think has received investigation, whether the tendency to acute inflammations, as a consequence of rheumatic fever, is not developed principally in those persons who have disobeyed the warning to keep quiet, which the pain caused by motion so feelingly preaches to them. Our young patients, who will not be controlled, and our poor patients, who are unwilling or unable to give up work, are certainly those in whom we most commonly find the various degrees of these inflammatory lesions. My own experience, limited as it is, of rheumatic fever among the upper ranks, certainly makes me fear pericarditis less in them than in the frequenters of hospitals, which has led me to think that the "*comfortable classes*" are little liable; while life insurers, who may be taken as a type of the "*prudent classes*" when they confess to having had rheumatic fever, scarcely ever have any sure symptom to relate of chest affection, or any marks to exhibit of having been treated for it. The power then and the will to keep quiet at the commencement of acute

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rheumatism, seem to me the great preventives of secondary inflammations.

Though it does not come strictly under the present head, I cannot forbear drawing attention to the frequency with which this same tendency (to become locally inflamed in consequence of motion) is exhibited throughout the whole persons of those affected with rheumatic fever. The localization of the rheumatic action in one or more points, and the putting on of sthenic, and then of disorganizing inflammation, occurs by far the most often in those who, through wilfulness, ignorance or necessity, have made the greatest efforts to war against pain, and keep about in spite of it. I believe most practical observers agree with me in this, yet strange to say, it is scarcely noticed by writers on the subject. We find great varieties of treatment recommended, by which we flatter ourselves we somewhat reduce the duration of the distemper; but we never feel quite happy while employing any, for each has, at some time, received the reproach of doing harm while it relieves the immediate pain. The pupils of Sydenham used to feel great comfort in seeing their sick easier after bloodletting, till Dr. Todd told them that they increased thereby the liability to pericarditis; colchicum made both patient and practitioner joyful, till a suspicion was started that the anæmia which so often occurs in gouty and rheumatic constitutions, was due to the soothing drug. And so on, throughout the list. We use them all, but we use them as two-edged tools. Not such is rest; it cannot injure, and I believe does more to prevent ill consequences of rheumatic fever than any other treatment. He who would spend time in making this humble anodyne and prophylactic generally known would deserve the gratitude of society. Recommendations of it *ad clerum* are, it may be hoped, superfluous; but unless we enquire, we should hardly guess how wide spread among the laity is the idea, "that all pain, especially gouty and rheumatic pain, should be fought against to the utmost, and that rest is a temptation to be resisted." *

Friction in obstinate Chlorosis.

In ordinary practice iron and its various preparations are considered indispensable for the cure of chlorosis. But in certain cases it

* Dr. Chambers, Decennium Pathologicum. Brit. and For. Med. Chir. Rev. xxiv. p. 494.

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entirely fails, produces no benefit, and if persevered with induces congestion of the viscera, especially of the lungs, leading sometimes to hæmoptysis. In a larger number of cases ferruginous preparations are well borne at first, and produce marked amelioration; but after a while such improvement becomes stationary, and however much the dose may be increased, the patient is not prevented from falling back into her former state. Such patients are sometimes seen although saturated with iron, for months and years, still exhibiting all the characters of chlorosis.

In homœopathy the possession of such remedies as Con. Graph. Sep. Puls. Lyc. give, in addition to Fer., greater advantages in the cure of chloresis. Still with these additional remedies very intractable cases occasionally are met with. In such circumstances it were well to bear in mind the practice of frictions as strongly recommended by Dr. Aran (Bull. de Thérapeutique, tom. xliii. p. 415). He has found that by the employment of *dry and stimulant frictions*, aided by good regimen, and in some cases by wine *lavements*, these obstinate cases may be very satisfactorily treated, when iron has failed. Either flannel or a brush may be used, and occasionally a stimulating fluid, such as spirit of camphor [why not alcohol?], or some ammoniacal preparation, may be added, so as to induce rubefaction. The frictions should be continued for five or ten minutes, every night and morning, being chiefly directed along the back and limbs. In a few days a marked modification of all the functions is produced. The patient becomes more lively and alert, her countenance acquires colour, and appetite, flesh and strength begin to return, and that although no internal medicines whatever have been employed. In some cases in which progress is not so rapid, vinous enamata are of great service.

The Puff indirect.

HOMŒOPATHY AND DIAGNOSIS.

[To the Editor of the Medical Times and Gazette.]

Sir,—As a large portion of the public incessantly clamours for facts, allow me to state in your pages, a fact illustrative of the dense ignorance of the more highly scientific departments of our profession displayed by those fashionable quacks—homœopaths. As your

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space is valuable, I will be brief. On the 28th of May last, I was called to attend a boy, of eleven years of age, whose appearance presented great emaciation, contracted features, and a hectic flush on the cheek. The poor lad had been ailing six months, complaining of cough, expectoration, severe and protracted dyspepsia, pain between the shoulders, and in the left lateral region, nocturnal perspiration, loss of flesh, and debility. On proceeding to make a physical examination of the chest, I found it narrow, flat, and sunken. Its lateral expansion, on inspiration, was greatly impaired. The left infra-clavicular region was absolutely dull on percussion, in the same region the ear recognized a humid râle, and bronchophony, as startlingly intense as if the stethoscope had been placed over the thyroid cartilage itself. Similar phenomena were audible in the supra-spinata fossa of the same side. Under the right clavicle, mere resonance was slightly impaired, puerile respiration and slightly increased voice were audible. Your readers need not be told that the above was a model case of phthisis. The boy's mother stated, that at the commencement of his illness she took the patient for some time to the Homœopathic Dispensary, where she was repeatedly told that the lad's case was not consumption.

It is painful to think that a prolonged administration of inert rubbish should, in many cases like the above, prevent the adoption, at a proper period, of those remedial measures which alone promise success.

I am, &c.

[Full name and address.]

This is one of the most amusing examples of puffing we have seen. Can it really be a fact worth recording that a boy was taken to a homœopathic dispensary, that said boy months afterwards was seen by an allopathic surgeon, and that his mother stated to this surgeon that she had been told by an anonymous homœopathic physician that her son was not consumptive, and notwithstanding this reported announcement by the anonymous physician the boy was found on examination to be labouring under unequivocal symptoms of phthisis? We repeat does any one suppose for one moment that this shadowy statement would have been sent to our cotemporary but for the sake of embodying the "nominis umbra" of the surgeon who signs it and gives his full address. In short it is the clap-trap of Moses and Sons, who beguile us of our attention by heading their paragraphs with "*Storming of Sebastopol*," and end us in precise admonition

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to be sure we go either to their West End or City establishment if we want the best and cheapest trousers.

It is gratifying to find that homœopathy is recognized as the subject of such paramount interest in the medical world at present as to be the safest stalking horse for a professional puff.

Caladium Seguinum in Itching of the Vulva.

Hitherto little use has been made by homœopathists of this plant. The negroes have long been familiar with its powerful action on the genital organs, which they avail themselves of in order to cause impotence from motives of revenge or jealousy. The following article from an allopathic journal, the *Archives Générales de Médecine* for January last, suggests another use for it in connexion with the sexual organs.

"Itching of the vulva is generally owing to some eruption of a herpetic or other character. Sometimes the insignificant character of the eruption does not satisfactorily account for the violence of the itching, which seems to be owing more to a nervous hyperæthesia. In that case the itching becomes excessively violent, sometimes accompanied by a voluptuous sensation that occasionally amounts to a hysterical attack, and almost inevitably leads the patient to the practice of masturbation; the labia majora and minora are swollen and hot, the mucous membrane is of a bright red colour, and there is sometimes the appearance of an eruption, but this is only the effect of the rubbing by which the patients have sought to soothe the itching.

"Many modes of treatment for this affection have been suggested. It sometimes goes off in a few weeks, but as often it continues obstinately for months. A new remedy has just been proposed by Dr. Scholz in the Zeitsch. für Klin. Med. It is the *caladium seguinum*, a plant belonging to the natural family of the aroideæ, akin to our *arum maculatum*.

"The plant grows in India, where its acrid and irritating juice has the reputation of being a good cure for gout and rheumatism, and also of having a depressing action on the functions of the genital organs. The negroes have such great confidence in the latter power, that they feel perfectly sure of the chastity of their wives, after rubbing their coral necklaces with the juice of this plant. The

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author is inclined to believe from his experiments that the *caladium* is the anaphrodisiac of women, as the *lupulus* is that of men.

"Dr. Scholz has obtained the best results from the use of the alcoholic tincture of *caladium seguinum* in two cases of pruritus vulvæ, which had resisted a great many other remedies. The first was a little girl, four years of age, who had suffered two months from itching, which had led her to the habit of masturbation, in consequence of which she was affected with various serious nervous symptoms. Six drops of the tincture of caladium were mixed with 100 grammes of water, and a dessert spoonful given every three hours. After the first dose, the child was relieved, and it was only found necessary to give two more doses of the remedy. The second case was a girl of twenty years of age, whose pruritus seemed to be owing to a herpetic eruption. She was cured almost as rapidly as the first."

Nitrate of Silver in Paralysis.

The following case from an allopathic journal would seem to indicate a power in nitrate of silver to cure paralysis which we might have guessed it to possess from Dr. J. O. Müller's proving, but which homœopathic practice has not yet shewn it to possess.

"A tradesman, who had fallen into a state nearly approaching to idiocy, with paralysis of the lower limbs, had a sloughing sore on the sacrum of the size of the palm of the hand. I prescribed a lotion to be used several times a day, composed of a scruple of nitrate of silver in two ounces of water. Subsequently I increased the strength of the lotion, half-a-drachm of the nitrate to two ounces of water. This latter solution had been employed for two days; about a quarter of it had been used. One day the nurse, on coming to dress the patient's back, perceived that the latter, taking the opportunity when no one was watching him, had drained the little bottle to the very last drop. He must have swallowed about 20 grains of the nitrate of silver. His mouth and throat were covered with a white eschar. He was seized with a violent rigor, but singular to relate, not only did the sore on the sacrum heal up in a fortnight, but the palsy of the lower extremities also disappeared, so that now the patient can walk very well, and he has grown much stouter. His mental state has also very much improved, so that he is able to carry on a conversation. Formerly he used to pass his urine and fæces below him;

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he wallowed in filth; now he observes all the rules of cleanliness. I was not summoned by the nurse until a considerable time after the nitrate of silver had been swallowed; very luckily, as it happened, for I should certainly have administered some antidote, and thus destroyed the effects of the medicine. The amendment in this case could not be ascribed to anything else than the ingestion of the nitrate of silver."—(*Dr. Bocker, Medic. Zeit.*, No. 43.)

Homœopathy in America.

We learn from a correspondent in America that the Legislative State of Michigan has passed an act requiring the Board of Regents of the University of Michigan to appoint a professor of homœopathy in the medical department of the University. This act was passed by the large majority of two-thirds of the Legislative Assembly. At the present moment the Regents have not yet concluded to carry out the views of the Legislative Assembly, as the act has excited the greatest opposition on the part of the allopathic professors, who allege that such a proposition is quite unheard of, that no professor of homœopathy is attached to any European university, and that the appointment of a professor of homœopathy must inevitably lead to much confusion.

The immense majority by which the act was passed in the Legislative Assembly shews the liberal and enlightened views of the legislators. We can scarcely suppose that this majority is entirely composed of believers in homœopathy, but it at all events consists of liberal-minded men who justly think that the students should have the advantage of receiving instruction in homœopathy as well as allopathy in order to enable them to judge which is the best method of curing disease. After all there is no more practical inconsistency in appointing a homœopathic and an allopathic professor of medicine than in appointing almost any two therapeutic professors, so much do the latter differ among themselves. There is actually as great a difference between a practitioner of the new or physiological school and one of the old dosing sort, as between a homœopathist and either of the former, for in point of fact they all differ from one another *toto cœlo*—that's all.

As regards the allegation that there is no professor of homœopathy in any European university, that is not correct, for our friend Dr. Joseph Buchner is professor of homœopathy at the University of Munich, and has been so for many years.

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RETURN OF CASES TREATED AT THE LONDON HOMŒOPATHIC HOSPITAL,

From the 10th April, 1850, to 31st March, 1855, inclusive.

	Total of Cases treated.	IN-PATIENTS.							OUT-PATIENTS.							
		Total of In-Patients.	Cured.	Relieved.	Dismissed unaltered.	Died.	Dismiss'd for irregularity	Under Treatment.	Total of Out-Patients.	Cured.	Relieved.	Result unknown.	Admitted In-Patients.	Died.	Dismissed unaltered.	Under Treatment.
Class 1.—Zymotic or Contagious Diseases	1972	276	247	6	1	14	6	2	1696	1212	157	233	26	11	6	51
Class 2.—Sporadic Diseases ..																
—A. of variable or uncertain seat	2228	169	110	36	8	9	3	3	2059	896	633	386	22	10	9	103
—B. of the Nervous System...	2249	80	32	36	4	4	4	..	2169	791	728	498	15	2	19	116
—C. of the Circulatory do...	281	21	5	9	1	2	4	..	260	35	127	74	4	3	3	14
—D. of the Respiratory do...	2442	148	80	45	4	9	7	3	2294	967	594	581	27	8	6	111
—E. of the Digestive do...	2704	82	70	6	1	5	..	..	2262	1451	501	502	16	5	6	141
—F. of the Urinary do...	144	14	8	5	..	1	..	..	130	60	30	31	2	..	..	7
—G. of the Reproductive do...	1031	34	9	20	3	..	2	..	997	328	449	167	5	..	5	43
—H. of the Locomotive do...	847	70	46	19	3	..	1	1	777	273	229	216	14	1	7	37
—I. of the Integumentary do...	876	22	18	3	..	..	..	1	854	417	231	161	1	..	3	41
Class 3.—Diseases from External causes.....	261	26	22	4	..	..	..	..	235	172	27	22	5	..	1	8
Diseases unspecified.....	402	..	..	..	..	..	..	..	402	43	19	307	..	..	3	30
Totals	15437	942	647	189	25	44	27	10	14495	6645	3725	3178	137	40	68	702

	Total of Cases treated.	IN-PATIENTS.						OUT-PATIENTS.						
		Total of In-Patients.	Cured	Relieved.	Dismissed unaltered.	Died.	Dismiss'd for irregularity	Under treatment.	Total of Out-Patients.	Cured.	Relieved.	Result unknown.	Admitted In-Patients.	Died.	Dismissed unaltered.	Under treatment.
Class I.—Zymotic or Contagious Diseares.																
Variola	6	5	4	..	1	..	..	..	1	1	..	..	..	..	..	..
Varicella	4	1	1	..	..	..	..	..	3	3	..	..	..	..	..	..
Vaccinia.....	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Miliaria	4	..	..	..	..	..	..	..	4	3	..	1	..	..	..	..
Rubeola	28	..	..	..	..	..	..	..	28	25	1	2	..	..	..	..
Scarlatina	27	..	..	..	..	..	..	..	27	23	2	1	..	..	..	1
Cynanche Parotidea.....	32	2	1	..	..	..	1	..	30	25	2	3	..	..	..	..
Pertussis	193	1	1	..	..	..	..	..	192	135	14	26	2	3	..	12
Aphthæ	14	..	..	..	..	..	..	..	14	8	2	2	..	..	..	2
Diarrhœa	620	13	10	2	..	..	..	1	607	483	34	73	3	1	2	11
,, Choleraic	121	5	5	..	..	..	..	..	116	107	..	4	..	1	4	..
,, Dysenteric	20	..	..	..	..	..	..	..	20	14	5	..	..	..	..	1
Dysentery	50	10	8	..	..	2	..	..	40	31	1	6	1	..	..	1
Cholera	63	34	26	..	..	7	1	..	29	24	..	2	..	3	..	..
Influenza	29	1	1	..	..	..	..	..	28	21	2	4	..	..	..	1

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Class I.—A *continued.*	Total of Cases treated.	IN-PATIENTS. Total of In-Patients.	Cured.	Relieved.	Dismissed unaltered.	Died.	Dismiss'd for irregularity	Under treatment.	OUT-PATIENTS. Total of Out-Patients.	Cured.	Relieved.	Result unknown.	Admitted In-Patients.	Died.	Dismissed unaltered.	Under treatment.
Purpura	7	3	3	..	..	..	..	..	4	1	..	..	2	1	..	..
Roseola	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Fever	95	30	27	..	..	2	1	..	65	41	1	18	3	..	..	2
„ Intermittent	14	2	2	..	..	..	..	..	12	6	2	3	1	..	..	..
„ Remittent	4	..	..	..	..	..	..	..	4	3	..	1	..	..	..	..
„ Gastric and Bilious	55	40	38	..	..	..	2	..	15	7	..	6	2	..	..	..
„ Typhus and Typhoid	47	31	28	..	..	3	..	..	16	7	..	3	4	2	..	..
Acute Rheumatism	67	54	49	3	..	..	1	1	13	10	1	..	2	..	..	..
Syphilis, Primary	37	9	9	..	..	..	..	..	28	13	3	7	2	..	..	3
„ Secondary	61	4	3	1	..	..	..	..	57	20	22	11	1	..	..	3
Gonorrhœa	103	1	1	..	..	..	..	..	102	69	12	20	..	..	..	1
Gleet	24	..	..	..	..	..	..	..	24	9	6	8	1	..	..	..
Erysipelas	83	30	30	..	..	..	..	..	53	32	7	9	3	..	..	2
Necusia	4	..	..	..	..	..	..	..	4	1	..	2	..	..	..	1
Porrigo	125	..	..	..	..	..	..	..	125	69	33	15	..	..	..	8
Scabies	33	..	..	..	..	..	..	..	33	19	7	6	..	..	..	1
Class II.—Sporadic Diseases.																
A—*Sporadic Diseases of uncertain or variable seat.*																
Epistaxis	6	..	..	..	..	..	..	..	6	3	3	..	..	..	..	..
Hæmatemesis	14	..	..	..	..	..	..	..	14	8	5	1	..	..	..	..
Hæmoptysis	79	9	5	3	..	1	..	..	70	28	24	15	3	..	..	..
Melæna	4	..	..	..	..	..	..	..	4	3	..	..	..	..	..	1
Hæmaturia	14	3	2	..	..	..	1	..	11	6	4	1	..	..	..	..
Menorrhagia	88	5	4	1	..	..	..	..	83	52	11	19	..	..	..	1
Anæmia	24	1	..	1	..	..	..	..	23	11	9	1	..	..	..	2
Chlorosis	90	3	1	2	..	..	..	..	87	29	50	5	1	..	..	2
Dropsy	15	6	4	1	..	1	..	..	9	1	4	1	1	..	..	2
Anasarca and Œdema	38	6	5	1	..	..	..	..	32	7	17	7	..	..	..	1
Ascites	14	2	1	..	..	1	..	..	12	3	3	5	1	..	..	..
Hydrocele	7	2	1	1	..	..	..	..	5	1	3	1	..	..	..	..
Ovarian Dropsy	13	..	..	..	..	..	..	..	13	..	12	1	..	..	..	..
Hydrocephalus (Chronic)	2	..	..	..	..	..	..	..	2	1	1	..	..	..	..	..
Abscess	198	30	27	1	..	1	..	1	168	125	11	15	8	..	1	8
Bubo	10	3	2	1	..	..	..	..	7	4	..	1	1	..	..	1
Furunculus	127	3	3	..	..	..	..	..	124	93	18	7	3	..	..	6
Carbuncle	15	6	5	1	..	..	..	..	9	8	1	..	..	..	..	..
Ulcer	201	42	32	10	..	..	..	..	159	60	45	42	2	..	..	10
Sinus	35	2	2	..	..	..	..	..	33	7	8	15	..	..	..	3
Caries	66	7	3	4	..	..	..	..	59	9	27	17	1	..	1	4
Fistulæ	11	2	..	2	..	..	..	..	9	1	3	4	1	..	..	..
Fistula in Ano	19	2	2	..	..	..	..	..	17	5	6	3	1	..	..	2
Glandular disease	62	1	1	..	..	..	..	..	61	31	8	19	..	..	..	3
Scrofula	200	4	1	2	1	..	..	..	196	55	94	41	..	2	1	3
Scrofulous Abscess	25	4	2	1	..	1	..	..	21	5	11	4	..	..	..	1
„ Ulcer	10	..	..	..	..	..	..	..	10	5	2	2	..	..	..	1
Tabes Mesenterica	72	..	..	..	..	..	..	..	72	27	17	14	..	8	..	6

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Class II.—A *continued.*	Total of Cases treated.	IN-PATIENTS. Total of In-Patients.	Cured.	Relieved.	Dismissed unaltered.	Died.	Dismiss'd for irregularity	Under treatment.	OUT-PATIENTS. Total of Out-Patients.	Cured.	Relieved.	Result unknown.	Admitted In-Patients.	Died.	Dismissed unaltered.	Under treatment.
Rachitis	32	..	..	..	..	..	..	..	32	6	16	8	..	..	..	2
Bronchocele	11	..	..	..	..	..	..	..	11	3	4	2	..	..	..	2
Podagra	7	1	1	..	..	..	..	..	6	2	2	2	..	..	..	..
Cancer	64	7	..	1	4	1	..	1	57	..	44	10	..	1	2	
Tumour	82	5	2	1	1	..	..	1	77	16	28	20	..	3	10	
Polypus	29	2	1	..	1	..	..	..	27	5	18	4	..	..	..	
Atrophy	26	1	1	..	..	..	..	..	25	10	9	1	..	..	..	5
Cachexia	17	..	..	..	..	..	..	..	17	8	6	3	..	..	..	..
Debility	119	2	..	1	..	..	1	..	117	56	32	25	..	..	..	4
Gangrene	6	4	1	..	..	3	..	..	2	..	..	..	2	..	..	..
Sycosis	6	1	..	1	..	..	..	..	5	2	..	1	..	..	..	2
Condylomata	5	..	..	..	..	..	..	..	5	2	1	1	..	..	..	1
Helminthiasis	320	1	1	..	..	..	..	..	319	188	54	60	..	..	..	17
Tænia	40	..	..	..	..	..	..	..	40	10	22	8	..	..	..	..
Induration of Areolar tissue	2	2	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Fungoid growths	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Hare lip	2	..	..	..	..	..	..	..	2	..	..	..	..	2	..	
Class II. B—*Sporadic Diseases of the Nervous System and Organs of Sense.*																
Hydrocephalus, (Acute)	15	..	..	..	..	..	..	..	15	7	3	5	..	..	..	..
Arachnitis	10	..	..	..	..	..	..	..	10	1	7	2	..	..	..	..
Tuberculous Phrenitis	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Myelitis	2	..	..	..	..	..	..	..	2	..	..	2	..	..	..	..
Ramollissement of Nerv. centres	6	4	..	1	1	2	..	..	2	..	2	..	..	..	..	..
Paralysis	111	5	1	4	..	..	..	..	106	7	69	22	2	..	1	5
,, Agitans	3	1	..	1	..	..	..	..	2	..	2	..	..	..	..	..
,, Hemiplegia	21	3	1	2	..	..	..	..	18	2	6	8	1	..	..	1
,, Paraplegia	4	..	..	..	..	..	..	..	4	..	1	3	..	..	..	..
Partial Anæsthesia	2	..	..	..	..	..	..	..	2	..	2	..	..	..	..	..
Mania	1	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..
Melancholia	10	1	1	..	..	..	..	..	9	1	2	6	..	..	..	..
Dementia	15	1	..	1	..	..	..	..	14	3	3	7	..	..	1	..
Amentia	6	..	..	..	..	..	..	..	6	1	5	..	..	..	..	..
Delirium c. Tremore	7	2	2	..	..	..	..	..	5	1	4	..	..	..	..	..
Epilepsy	163	11	7	1	2	1	..	..	152	20	67	44	4	..	2	15
Apoplexy	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral Congestion	42	4	4	..	..	..	..	..	38	18	10	8	..	..	..	2
,, Affection	27	..	..	..	..	..	..	..	27	4	21	1	..	..	..	1
Cephalalgia	482	1	1	..	..	..	..	..	481	240	103	120	..	..	..	18
Vertigo	67	..	..	..	..	..	..	..	67	29	17	15	..	..	1	5
Chorea	28	3	..	2	..	..	1	..	25	8	4	7	..	..	2	4
Hysteria	132	6	..	6	..	..	..	..	126	45	46	22	1	..	2	10
Spinal irritation	32	3	2	1	..	..	..	..	29	8	15	6	..	..	..	..
Spasms	18	3	2	..	..	..	1	..	15	9	3	3	..	..	..	..
Convulsions	22	..	..	..	..	..	..	..	22	10	5	5	..	1	..	1
Laryngismus stridulus	4	..	..	..	..	..	..	..	4	2	1	..	..	..	..	1
Neuralgia	114	4	2	1	..	..	1	..	110	51	23	28	1	..	2	5
Neuroma	1	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..

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Class II.—B *continued.*	Total of Cases treated.	IN-PATIENTS. Total of In-Patients.	Cured.	Relieved.	Dismissed unaltered.	Died.	Dismiss'd for irregularity	Under treatment.	OUT-PATIENTS. Total of Out-Patients.	Cured.	Relieved.	Result unknown.	Admitted In-Patients.	Died.	Dismissed unaltered.	Under treatment.
Ophthalmia	389	13	8	4	..	..	1	..	376	193	85	74	3	..	1	20
Retinitis	10	..	..	..	..	..	..	..	10	3	4	3	..	..	..	..
Amaurosis and Amblyopia	109	1	..	..	1	..	..	..	108	10	66	27	..	..	3	2
Myopia	5	..	..	..	..	..	..	..	5	..	3	2	..	..	..	..
Hemeralopia	1	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..
Nyctalopia	4	..	..	..	..	..	..	..	4	..	4	..	..	..	..	..
Cataract	46	6	..	6	..	..	..	..	40	1	25	8	2	..	2	2
Iritis	13	4	1	3	..	..	..	..	9	5	1	2	..	..	1	..
Corneitis	24	..	..	..	..	..	..	..	24	12	10	2	..	..	..	..
Opacity of Cornea	24	1	..	1	..	..	..	..	23	9	6	8	..	..	..	..
Sclerotitis	4	..	..	..	..	..	..	..	4	..	3	..	..	..	..	1
Lippitudo and Ectropium	10	1	..	1	..	..	..	..	9	2	4	1	1	..	..	1
Hordeolum	6	..	..	..	..	..	..	..	6	5	..	1	..	..	..	..
Ozæna	23	..	..	..	..	..	..	..	23	9	8	4	..	..	..	2
Otitis	7	..	..	..	..	..	..	..	7	6	..	..	..	..	..	1
Tinnitus Aurium	4	..	..	..	..	..	..	..	4	1	1	..	..	..	..	2
Dysecœia	105	..	..	..	..	..	..	..	105	20	49	29	..	..	1	6
Otorrhœa	69	..	..	..	..	..	..	..	69	30	23	14	..	..	..	2
Nervous Affection	44	..	..	..	..	..	..	..	44	17	14	8	..	..	..	5
Catalepsy	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Otalgia	2	..	..	..	..	..	..	..	2	1	..	..	..	..	..	1
Strabismus	2	..	..	..	..	..	..	..	2	..	..	..	..	..	..	2
Class II. C—*Sporadic Diseases of the Circulatory System.*																
Heart disease	166	12	2	4	1	1	4	..	154	10	91	42	2	2	3	4
Pericarditis	14	3	1	2	..	..	..	..	11	1	5	1	2	..	..	2
Endocarditis	2	1	..	..	..	1	..	..	1	..	..	..	..	1	..	..
Hydropericardium	2	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..
Aneurism	6	..	..	..	..	..	..	..	6	..	4	1	..	..	..	1
Phlebitis	9	3	2	1	..	..	..	..	6	2	1	3	..	..	..	..
Varicose Veins	50	..	..	..	..	..	..	..	50	14	21	11	..	..	..	4
Angina Pectoris	6	..	..	..	..	..	..	..	6	..	4	2	..	..	..	..
Syncope	6	..	..	..	..	..	..	..	6	4	..	2	..	..	..	..
Palpitation of the Heart	16	..	..	..	..	..	..	..	16	3	1	10	..	..	..	2
Irritable Heart	3	..	..	..	..	..	..	..	3	1	..	2	..	..	..	..
Cyanosis	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Class II. D—*Sporadic Diseases of the Respiratory System.*																
Laryngitis, Acute	4	1	..	..	..	..	1	..	3	2	..	1	..	..	..	..
„ Chronic	43	8	2	3	..	2	1	..	35	6	8	17	2	..	..	2
Bronchitis, Acute	763	49	45	2	..	..	1	1	714	418	83	162	11	1	..	39
„ Chronic	355	16	1	15	..	..	..	..	339	83	162	84	..	..	..	10
Catarrh	333	..	..	..	..	..	..	..	333	213	31	72	1	..	..	16
„ Bronchial	8	..	..	..	..	..	..	..	8	5	..	1	..	..	..	2
Pneumonia	58	21	18	..	..	..	2	1	37	21	3	7	3	2	..	1
Hepatization of Lungs	7	1	1	..	..	..	..	..	6	2	2	2	..	..	..	..

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Class II.—D *continued.*	Total of Cases treated.	IN-PATIENTS. Total of In-Patients.	Cured.	Relieved.	Dismissed unaltered.	Died.	Dismiss'd for irregularity	Under treatment.	OUT-PATIENTS. Total of Out-Patients.	Cured.	Relieved.	Result unknown.	Admitted In-Patients.	Died.	Dismissed unaltered.	Under treatment.
Congestion of Lungs	3	2	2	..	..	..	..	..	1	..	1	..	..	..	..	..
Paralysis of Lungs	1	1	..	..	..	1	..	..	....	..	..	..	..	..	..	..
Pleuritis	31	5	3	..	..	..	2	..	26	18	1	6	..	..	..	1
Pleurodynia	57	2	2	..	..	..	..	..	55	30	10	12	1	..	..	2
Emphysema	7	1	..	1	..	..	..	..	6	1	2	2	1	..	..	..
Asthma	112	..	..	..	..	..	..	..	112	14	55	31	..	..	..	12
Dyspnœa	16	..	..	..	..	..	..	..	16	6	4	6	..	..	..	..
Phthisis	375	40	6	23	4	6	..	1	335	13	196	94	7	5	6	14
Pulmonary disease	6	1	..	1	..	..	..	..	5	..	5	..	..	..	..	..
Cough	256	..	..	..	..	..	..	..	256	131	29	83	1	..	..	12
Aphonia	7	..	..	..	..	..	..	..	7	4	2	1	..	..	..	..
Class II. E—*Sporadic Diseases of the Digestive System.*																
Dentition	112	..	..	..	..	..	..	..	112	72	16	3	..	..	..	8
Cancrum oris	3	1	..	..	..	1	..	..	2	..	..	1	..	..	..	1
Glossitis	1	1	1	..	..	..	..	..	....	..	..	..	..	..	..	..
Stomacace	31	1	1	..	..	..	..	..	30	25	1	4	..	..	..	..
Ptyalism	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Odontalgia	55	1	1	..	..	..	..	..	54	38	9	5	..	..	..	2
Prosopalgia	57	3	3	..	..	..	..	..	54	41	1	5	2	..	..	5
Tonsillitis	73	6	6	..	..	..	..	..	67	44	10	8	..	..	..	5
Angina	133	14	14	..	..	..	..	..	119	88	9	18	..	1	..	3
Pharyngitis	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Dysphagia	4	..	..	..	..	..	..	..	4	..	..	4	..	..	..	..
Gastritis	120	13	13	..	..	..	..	..	107	65	20	19	..	1	..	2
„ Chronic	77	4	4	..	..	..	..	..	73	35	19	18	..	..	..	1
Gastralgia	54	2	2	..	..	..	..	..	52	31	8	13	..	..	..	..
Dyspepsia	1321	1	..	1	..	..	..	..	1320	738	246	258	4	..	2	72
„ Acute	36	..	..	..	..	..	..	..	36	22	2	7	..	..	1	4
Cardialgia	24	..	..	..	..	..	..	..	24	12	6	6	..	..	..	..
Anorexia	6	..	..	..	..	..	..	..	6	5	..	..	..	..	..	1
Bulimia	1	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..
Pyrosis	27	..	..	..	..	..	..	..	27	16	5	6	..	..	..	..
Pyloric disease	6	1	..	..	1	..	..	..	5	1	1	2	..	..	1	..
Chronic Vomiting	24	1	1	..	..	..	..	..	23	10	10	2	..	..	..	1
Enteritis	5	..	..	..	..	..	..	..	5	3	..	..	..	..	..	2
Peritonitis	13	8	7	..	..	1	..	..	5	2	1	..	1	1	..	..
Enterodynia	20	..	..	..	..	..	..	..	20	11	3	6	..	..	..	..
Colic	21	1	1	..	..	..	..	..	20	11	4	3	..	..	..	2
Chronic Dysentery	6	2	..	..	..	2	..	..	4	2	1	1	..	..	..	..
Ulceration of Intestines	2	2	1	..	..	1	..	..	....	..	..	..	..	..	..	..
Constipation	63	..	..	..	..	..	..	..	63	24	8	28	..	..	..	3
Hernia	22	..	..	..	..	..	..	..	22	5	4	9	..	1	1	2
Stricture and disease of Rectum	16	..	..	..	..	..	..	..	16	6	1	8	..	1	..	..
Prolapsus Ani	41	1	..	1	..	..	..	..	40	21	12	4	..	..	..	3
Hæmorrhoids	136	2	1	1	..	..	..	..	134	67	31	23	3	..	..	10
Hepatitis	27	3	3	..	..	..	..	..	24	13	5	5	..	..	..	1
„ Chronic	61	3	3	..	..	..	..	..	58	19	25	11	1	..	..	2
Hepatic Abscess	2	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..

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Class II.—E *continued.*	Total of Cases treated.	IN-PATIENTS. Total of In-Patients.	Cured.	Relieved.	Dismissed unaltered.	Died.	Dismis'd for irregularity	Under treatment.	OUT-PATIENTS. Total of Out-Patients.	Cured.	Relieved.	Result unknown.	Admitted In-Patients.	Died.	Dismissed unaltered.	Under treatment.
Chron. Induration of Liver....	3	1	..	1	..	..	..	..	2	..	..	1	1	..	..	..
Icterus	42	6	6	..	..	..	..	..	36	11	17	4	3	..	1	..
Hepatic Congestion	16	..	..	..	..	..	..	..	16	5	6	3	..	..	..	2
Hypochondriasis	29	2	..	2	..	..	..	..	27	4	14	2	..	..	..	7
Splenic disease	8	..	..	..	..	..	..	..	8	1	4	1	1	..	..	1
Abdominal Congestion	4	..	..	..	..	..	..	..	4	2	1	1	..	..	..	..
Class II. F—*Sporadic Diseases of the Urinary System.*																
Nephritis	3	1	1	..	..	..	..	..	2	2	..	..	..	..	..	..
Renal Abscess	2	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Nephria	3	1	..	..	..	1	..	..	2	..	..	..	1	..	..	1
Diabetes.....	12	4	1	3	..	..	..	..	8	1	6	1	..	..	..	..
Enuresis.....	31	1	1	..	..	..	..	..	30	17	9	3	..	..	..	1
Dysuria	24	..	..	..	..	..	..	..	24	11	2	10	..	..	..	1
Retention of Urine	12	1	1	..	..	..	..	..	11	8	..	2	1	..	..	..
Cystitis	7	..	..	..	..	..	..	..	7	5	..	2	..	..	..	..
Calculus Vesicæ	6	..	..	..	..	..	..	..	6	3	1	2	..	..	..	..
Lithiasis.....	5	..	..	..	..	..	..	..	5	..	..	1	..	..	..	4
Prostatitis	4	2	1	1	..	..	..	..	2	1	1	..	..	..	..	..
Stricture of Urethra.....	13	..	..	..	..	..	..	..	13	2	8	3	..	..	..	..
Nephralgia	3	..	..	..	..	..	..	..	3	3	..	..	..	..	..	..
Paralysis Vesicæ	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Urinary disease.....	14	1	1	..	..	..	..	..	13	5	3	5	..	..	..	..
Urethritis	1	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..
Vesical Catarrh.....	3	..	..	..	..	..	..	..	3	2	..	1	..	..	..	..
Class II. G—*Sporadic Diseases of the Reproductive System.*																
Orchitis	20	3	3	..	..	..	..	..	17	8	3	5	1	..	..	..
Hæmatocele	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Non-descen- of Testes.....	2	..	..	..	..	..	..	..	2	..	..	2	..	..	..	..
Spermatorrh œa.....	31	1	1	..	..	..	..	..	30	9	13	4	..	..	..	4
Impotence	3	..	..	..	..	..	..	..	3	2	..	1	..	..	..	..
Balanitis	2	..	..	..	..	..	..	..	2	1	1	..	..	..	..	..
Paraphymosis	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Oöphoritis	41	5	..	4	1	..	..	..	36	10	20	1	2	..	..	3
Ovarian disease.....	44	1	..	1	..	..	..	..	43	3	30	9	..	..	..	1
Sterility	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Uterine disease.....	337	15	1	13	..	..	1	..	322	58	212	32	..	..	..	20
Metritis	19	5	4	1	..	..	..	..	14	7	4	3	..	..	..	..
„ Chronic	14	2	1	1	..	..	..	..	12	4	5	3	..	..	..	..
Paramenia.....	231	..	..	..	..	..	..	..	231	103	58	62	1	..	..	7
Prolapsus Uteri	60	1	..	..	..	..	1	..	59	15	29	10	..	..	2	3
Leucorrhœa	74	..	..	..	..	..	..	..	74	41	18	12	1	..	..	2
Vaginitis	9	..	..	..	..	..	..	..	9	6	1	2	..	..	..	..
Disordered Gestation	17	..	..	..	..	..	..	..	17	11	3	2	..	..	1	..
Threatened Abortion	14	..	..	..	..	..	..	..	14	5	5	2	..	..	2	..

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interesting event. Agreeably to the new light thrown by Dr. Hirschel's researches on the actual day of Hahnemann's birth, the fête was advertised to come off on the 11th of April.

On the 10th day of that month a small circle of homœopathic practitioners assembled at the Hotel de Russie, in Dresden. The greater number, however, met the following day at Meissen. At the hotel "*zum Hirsch*," in Meissen, at half-past ten, a.m., Dr. Hirschel opened the meeting with a few introductory words.

After some little preliminary business, Dr. Müller, of Leipzig, delivered an oration relative to the attacks to which Hahnemann had been exposed during his life, and the dignified mode in which he had treated those attacks, by preserving a contemptuous silence. The learned speaker warmly defended the character of our common master from some calumnious aspersions on his character, which had recently been made by a leading apostle of the physiological school in Germany.

The president, Dr. Hirschel, thanked Dr. Müller in the name of the meeting, for his defence of Hahnemann, and trusted that Dr. Müller's words might be published.

Dr. Kirsch, of Wisbaden, next read an essay upon the homœopathic treatment of typhoid diseases, illustrated by cases which had occurred in his own treatment.

The next thing that was done was the solemn inauguration of Hahnemann's bust, in the school of St. Agra, where he received the first elements of his education. Permission to do this had been previously obtained from the Minister of Public Instruction. The local authorities testified the greatest willingness to do all in their power to render the ceremony as imposing as possible. To this end the boys were recalled from their holidays a day before their time, and these, together with the masters, the municipal authorities, and a large number of gentlemen and ladies were in waiting in the hall of the school to give the medical men a festive reception. Dr. Franke, the rector, welcomed them in a suitable speech. When the medical deputation had taken the places allotted to them, Dr. Hirschel ascended the tribunal, and pronounced an eulogium upon the great man whose memory they had assembled to honour. He described Hahnemann as a thinker, as a reformer, and as a man; and gave a brief account of his public and private life. He sketched also the history of the great discovery with which his name is for ever associated, and he summed up by asserting that Hahnemann would take a place in the estimation of humanity beside those great reformers, Luther, Lessing, Bacon, and Kant. Hirschel was followed by a young native of Meissen, named Lemaistre, who delivered an eloquent speech in reference to the career of Hahnemann, and his connexion with the school of Meissen.

Thereafter the municipal authorities, and the other participators in the festival, marched in procession through the town to the house of Hahnemann's birth, which had been all freshly painted and decorated. All the

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surrounding houses were adorned with banners, flowers, garlands, inscriptions, and portraits of Hahnemann. The tribune which had been erected in the place in which the house was situated, was decked with green fir branches. An immense crowd, consisting of persons of all ranks, was assembled. Here again Dr. Hirschel delivered an appropriate popular speech, and amid strains of music the tablet, which had been let into the wall of Hahnemann's house, was uncovered. It bore the following inscription:—"Chr. Fr. Samuel Hahnemann, the Founder of Homœopathy, was born here the 11th of April, 1755."

The proceedings of the day were terminated by a public dinner in the saloon of the "*Hirsch*," where Hahnemann's bust was displayed, crowned with flowers. Many appropriate toasts were given, and a song, expressly composed for the occasion, was sung. The chief magistrate requested to be allowed to keep the bust, as a remembrance of the day; and another was presented to the owner of the house where Hahnemann was born, in order to be displayed in the house.

The number of homœopathic medical men and chemists present at Meissen on the occasion was twenty-nine. (From the *Zeitsch. für hom. Klin.* Vol. iv. No. 8.)

The above was not the only festival held in Germany in honor of the centenary of Hahnemann's birth. Dr. Arthur Lutze, who has attained a great renommée at Cöthen, celebrated the 10th of April by raising a statue to Hahnemann at his own expense. We have not yet seen any account of the proceedings on that day.

The Hospital of the Sisters of Charity at Linz.

This hospital was opened on the 1st of June, 1842. The chief agents in its establishment were the Sisters of Charity themselves. The municipality of the town allotted a house for the reception of the sisterhood, and the Arch-Duke Maximilian d'Este, influenced by philanthropic motives, built and endowed the wing destined for the hospital. The pecuniary resources of the hospital have since been increased by contributions from all sides to such an extent, that a considerable number of patients are treated there every year.

The building is situated in one of the terminal streets of the town, and is provided with a fine large garden, which is chiefly used for growing vegetables and fruit. Two large lofty wards are assigned to the patients. One is intended for women, the other for men; and each contains twenty beds, arranged so as not to give the appearance of crowding. Six windows provide an ample supply of air and light.

Besides the above, a ward for children, with twelve beds, was opened in 1852. The kitchen and laboratory are in the house, and the attendance is provided by the sisters; the labour of sick nursing being their humane

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RETURN OF CASES TREATED AT THE LONDON HOMŒOPATHIC HOSPITAL,

From the 10th April, 1850, to 31st March, 1855, inclusive.

	Total of Cases treated.	IN-PATIENTS.						OUT-PATIENTS.							
		Total of In-Patients.	Cured.	Relieved.	Dismissed unaltered.	Died.	Dismis'd for irregularity	Under Treatment.	Total of Out-Patients.	Cured.	Relieved.	Result unknown.	Admitted In-Patients.	Died.	Dismissed unaltered.	Under Treatment.
Class 1.—Zymotic or Contagious Diseases	1972	276	247	6	1	14	6	2	1696	1212	157	233	26	11	6	51
Class 2.—Sporadic Diseases ..																
—A. of variable or uncertain seat	2228	169	110	36	8	9	3	3	2059	896	633	386	22	10	9	103
—B. of the Nervous System...	2249	80	32	36	4	4	4	..	2169	791	728	498	15	2	19	116
—C. of the Circulatory do...	281	21	5	9	1	2	4	..	260	35	127	74	4	3	3	14
—D. of the Respiratory do...	2442	148	80	45	4	9	7	3	2294	967	594	581	27	8	6	111
—E. of the Digestive do...	2704	82	70	6	1	5	..	..	2262	1451	501	502	16	5	6	141
—F. of the Urinary do...	144	14	8	5	..	1	..	..	130	60	30	31	2	..	..	7
—G. of the Reproductive do...	1031	34	9	20	3	..	2	..	997	328	449	167	5	..	5	43
—H. of the Locomotive do...	847	70	46	19	3	..	1	1	777	273	229	216	14	1	7	37
—I. of the Integumentary do...	876	22	18	3	..	..	..	1	854	417	231	161	1	..	3	41
Class 3.—Diseases from External causes	261	26	22	4	..	..	..	..	235	172	27	22	5	..	1	8
Diseases unspecified	402	..	..	..	..	..	..	..	402	43	19	307	..	..	3	30
Totals	15437	942	647	189	25	44	27	10	14495	6645	3725	3178	137	40	68	702

	Total of Cases treated.	IN-PATIENTS.						OUT-PATIENTS.							
		Total of In-Patients.	Cured	Relieved.	Dismissed unaltered.	Died.	Dismis'd for irregularity	Under treatment.	Total of Out-Patients.	Cured.	Relieved.	Result unknown.	Admitted In-Patients.	Died.	Dismissed unaltered.	Under treatment.
Class I.—Zymotic or Contagious Diseases.																
Variola	6	5	4	..	1	..	..	..	1	1	..	..	..	..	..	..
Varicella	4	1	1	..	..	..	..	..	3	3	..	..	..	..	..	..
Vaccinia	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Miliaria	4	..	..	..	..	..	..	..	4	3	..	1	..	..	..	..
Rubeola	28	..	..	..	..	..	..	..	28	25	1	2	..	..	..	..
Scarlatina	27	..	..	..	..	..	..	..	27	23	2	1	..	..	..	1
Cynanche Parotidea	32	2	1	..	..	..	1	..	30	25	2	3	..	..	..	..
Pertussis	193	1	1	..	..	..	..	..	192	135	14	26	2	3	..	12
Aphthæ	14	..	..	..	..	..	..	..	14	8	2	2	..	..	..	2
Diarrhœa	620	13	10	2	..	..	..	1	607	483	34	73	3	1	2	11
,, Choleraic	121	5	5	..	..	..	..	..	116	107	..	4	..	1	4	..
,, Dysenteric	20	..	..	..	..	..	..	..	20	14	5	..	..	..	..	1
Dysentery	50	10	8	..	..	2	..	..	40	31	1	6	1	..	..	1
Cholera	63	34	26	..	..	7	1	..	29	24	..	2	..	3	..	..
Influenza	29	1	1	..	..	..	..	..	28	21	2	4	..	..	..	1

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In the children's hospital, 635 cases have been treated. The mortality was 8·9%.

The chief forms of disease that occurred among them were as follows:—

Acute exanthemata	86 cases.	Mortality,	9·3%
Inflammation of lungs ..	43 „	„	0%
Typhus	35 „	„	14·2%
Scrofula	99 „	„	0%
Hooping-cough	42 „	„	2·5%
Dropsy	18 „	„	61·1%

The average annual expense of the whole hospital is 6,186 fl. (£618 12*s.*)

We are aware that in order to give the above data greater value, it would be requisite to add some particulars; as, for instance, the exact duration of the diseases under the homœopathic treatment. Unfortunately, we are not in a position to give fuller particulars at present, as the protocols before us are only of quite a general character, and we are not in possession of the details of cases. We shall endeavour at some future day to supply this omission.

The treatment in this hospital since its beginning, has always been of the simplest description. The cures have only been effected by means of specific medicines, in small doses, aided by careful nursing, appropriate diet, and a judicious employment of heat and of cold.

The expenses of the treatment were smaller than those of any other; and, when we reflect that the mortality was also proportionably very small, we are at a loss to understand why homœopathy, with such great advantages in practice, has not yet found an entrance into other hospitals under the direction of the state. Does the conservative principle go so far, as to keep in the background what is evidently the best?

It must strike every one that it is only the hospitals of the Sisters of Charity in Austria which have adopted homœopathy. The reason of this may be that these hospitals have only been established since Hahnemann's discovery, and that they had not to set aside another mode of practice, to which they had been long used; that men of judgment, having some influence in the matter, and acquainted with the practical results everywhere obtained by homœopathy, justly estimated the advantages offered by it, and especially its economy and simplicity, in which it so far excels the other methods.

The result shews that they have no cause to regret the choice made; and henceforth, let us hope that the example may be followed, and that homœopathy may be taken into consideration at all events, in any hospitals that may be hereafter established. (*Zeitsch. f. hom. Klin.* iv. 49.)

The Mineral Waters of Contrexéville.

Our homœopathic brethren on the Continent, and especially in Germany, pay much more attention than we do to the employment of mineral waters,

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Class II.—A *continued.*	Total of Cases treated.	IN-PATIENTS. Total of In-Patients.	Cured.	Relieved.	Dismissed unaltered.	Died.	Dismiss'd for irregularity	Under treatment.	OUT-PATIENTS. Total of Out-Patients.	Cured.	Relieved.	Result unknown.	Admitted In-Patients.	Died.	Dismissed unaltered.	Under treatment.
Rachitis	32	..	..	..	..	..	..	..	32	6	16	8	..	..	..	2
Bronchocele	11	..	..	..	..	..	..	..	11	3	4	2	..	..	..	2
Podagra	7	1	1	..	..	..	..	..	6	2	2	2	..	..	..	..
Cancer	64	7	..	1	4	1	..	1	57	..	44	10	..	..	1	2
Tumour	82	5	2	1	1	..	..	1	77	16	28	20	..	..	3	10
Polypus	29	2	1	..	1	..	..	..	27	5	18	4	..	..	..	..
Atrophy	26	1	1	..	..	..	..	..	25	10	9	1	..	..	..	5
Cachexia	17	..	..	..	..	..	..	..	17	8	6	3	..	..	..	..
Debility	119	2	..	1	..	..	1	..	117	56	32	25	..	..	..	4
Gangrene	6	4	1	..	..	3	..	..	2	..	..	..	2	..	..	..
Sycosis	6	1	..	1	..	..	..	..	5	2	..	1	..	..	..	2
Condylomata	5	..	..	..	..	..	..	..	5	2	1	1	..	..	..	1
Helminthiasis	320	1	1	..	..	..	..	..	319	188	54	60	..	..	..	17
Tænia	40	..	..	..	..	..	..	..	40	10	22	8	..	..	..	..
Induration of Areolar tissue	2	2	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Fungoid growths	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Hare lip	2	..	..	..	..	..	..	..	2	..	..	..	..	2	..	
Class II. B—*Sporadic Diseases of the Nervous System and Organs of Sense.*																
Hydrocephalus, (Acute)	15	..	..	..	..	..	..	..	15	7	3	5	..	..	..	..
Arachnitis	10	..	..	..	..	..	..	..	10	1	7	2	..	..	..	..
Tuberculous Phrenitis	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Myelitis	2	..	..	..	..	..	..	..	2	..	..	2	..	..	..	..
Ramollissement of Nerv. centres	6	4	..	1	1	2	..	..	2	..	2	..	..	..	..	..
Paralysis	111	5	1	4	..	..	..	..	106	7	69	22	2	..	1	5
„ Agitans	3	1	..	1	..	..	..	..	2	..	2	..	..	..	..	..
„ Hemiplegia	21	3	1	2	..	..	..	..	18	2	6	8	1	..	..	1
„ Paraplegia	4	..	..	..	..	..	..	..	4	..	1	3	..	..	..	..
Partial Anæsthesia	2	..	..	..	..	..	..	..	2	..	2	..	..	..	..	..
Mania	1	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..
Melancholia	10	1	1	..	..	..	..	..	9	1	2	6	..	..	..	..
Dementia	15	1	..	1	..	..	..	..	14	3	3	7	..	..	1	..
Amentia	6	..	..	..	..	..	..	..	6	1	5	..	..	..	..	..
Delirium c. Tremore	7	2	2	..	..	..	..	..	5	1	4	..	..	..	..	..
Epilepsy	163	11	7	1	2	1	..	..	152	20	67	44	4	..	2	15
Apoplexy	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral Congestion	42	4	4	..	..	..	..	..	38	18	10	8	..	..	..	2
„ Affection	27	..	..	..	..	..	..	..	27	4	21	1	..	..	..	1
Cephalalgia	482	1	1	..	..	..	..	..	481	240	103	120	..	..	..	18
Vertigo	67	..	..	..	..	..	..	..	67	29	17	15	..	..	1	5
Chorea	28	3	..	2	..	..	1	..	25	8	4	7	..	..	2	4
Hysteria	132	6	..	6	..	..	..	..	126	45	46	22	1	..	2	10
Spinal irritation	32	3	2	1	..	..	..	..	29	8	15	6	..	..	..	..
Spasms	18	3	2	..	..	..	1	..	15	9	3	3	..	..	..	..
Convulsions	22	..	..	..	..	..	..	..	22	10	5	5	..	1	..	1
Laryngismus stridulus	4	..	..	..	..	..	..	..	4	2	1	..	..	..	..	1
Neuralgia	114	4	2	1	..	..	1	..	110	51	23	28	1	..	2	5
Neuroma	1	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..

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Class II.—B *continued.*	Total of Cases treated.	IN-PATIENTS.						OUT-PATIENTS.						
		Total of In-Patients.	Cured.	Relieved.	Dismissed unaltered.	Died.	Dismis'd for irregularity	Under treatment.	Total of Out-Patients.	Cured.	Relieved.	Result unknown.	Admitted In-Patients.	Died.	Dismissed unaltered.	Under treatment.
Ophthalmia	389	13	8	4	..	..	1	..	376	193	85	74	3	..	1	20
Retinitis	10	..	..	..	..	..	..	..	10	3	4	3	..	..	..	..
Amaurosis and Amblyopia	109	1	..	..	1	..	..	..	108	10	66	27	..	..	3	2
Myopia	5	..	..	..	..	..	..	..	5	..	3	2	..	..	..	..
Hemeralopia	1	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..
Nyctalopia	4	..	..	..	..	..	..	..	4	..	4	..	..	..	..	..
Cataract	46	6	..	6	..	..	..	..	40	1	25	8	2	..	2	2
Iritis	13	4	1	3	..	..	..	..	9	5	1	2	..	..	1	..
Corneitis	24	..	..	..	..	..	..	..	24	12	10	2	..	..	..	..
Opacity of Cornea	24	1	..	1	..	..	..	..	23	9	6	8	..	..	..	..
Sclerotitis	4	..	..	..	..	..	..	..	4	..	3	..	..	..	..	1
Lippitudo and Ectropium	10	1	..	1	..	..	..	..	9	2	4	1	1	..	..	1
Hordeolum	6	..	..	..	..	..	..	..	6	5	..	1	..	..	..	..
Ozæna	23	..	..	..	..	..	..	..	23	9	8	4	..	..	..	2
Otitis	7	..	..	..	..	..	..	..	7	6	..	..	..	..	..	1
Tinnitus Aurium	4	..	..	..	..	..	..	..	4	1	1	..	..	..	..	2
Dysecœia	105	..	..	..	..	..	..	..	105	20	49	29	..	..	1	6
Otorrhœa	69	..	..	..	..	..	..	..	69	30	23	14	..	..	..	2
Nervous Affection	44	..	..	..	..	..	..	..	44	17	14	8	..	..	..	5
Catalepsy	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Otalgia	2	..	..	..	..	..	..	..	2	1	..	..	..	..	..	1
Strabismus	2	..	..	..	..	..	..	..	2	..	..	..	..	..	..	2
Class II. C—*Sporadic Diseases of the Circulatory System.*																
Heart disease	166	12	2	4	1	1	4	..	154	10	91	42	2	2	3	4
Pericarditis	14	3	1	2	..	..	..	..	11	1	5	1	2	..	..	2
Endocarditis	2	1	..	..	..	1	..	..	1	..	..	..	..	1	..	..
Hydropericardium	2	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..
Aneurism	6	..	..	..	..	..	..	..	6	..	4	1	..	..	..	1
Phlebitis	9	3	2	1	..	..	..	..	6	2	1	3	..	..	..	..
Varicose Veins	50	..	..	..	..	..	..	..	50	14	21	11	..	..	..	4
Angina Pectoris	6	..	..	..	..	..	..	..	6	..	4	2	..	..	..	..
Syncope	6	..	..	..	..	..	..	..	6	4	..	2	..	..	..	..
Palpitation of the Heart	16	..	..	..	..	..	..	..	16	3	1	10	..	..	..	2
Irritable Heart	3	..	..	..	..	..	..	..	3	1	..	2	..	..	..	..
Cyanosis	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Class II. D—*Sporadic Diseases of the Respiratory System.*																
Laryngitis, Acute	4	1	..	..	..	..	1	..	3	2	..	1	..	..	..	..
„ Chronic	43	8	2	3	..	2	1	..	35	6	8	17	2	..	..	2
Bronchitis, Acute	763	49	45	2	..	..	1	1	714	418	83	162	11	1	..	39
„ Chronic	355	16	1	15	..	..	..	..	339	83	162	84	..	..	..	10
Catarrh	333	..	..	..	..	..	..	..	333	213	31	72	1	..	..	16
„ Bronchial	8	..	..	..	..	..	..	..	8	5	..	1	..	..	..	2
Pneumonia	58	21	18	..	..	..	2	1	37	21	3	7	3	2	..	1
Hepatization of Lungs	7	1	1	..	..	..	..	..	6	2	2	2	..	..	..	..

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the œdema entirely disappeared, but with the slowness not uncommonly observed in this form of dropsy. In both the albumen in the urine was quickly and greatly diminished. In one it disappeared entirely in a few days, and did not return. In the other it also disappeared but returned some days after though in diminished proportion. It has also proved equally serviceable in dropsy connected with heart-disease. It effected a a complete discharge of the dropsical effusion, enabling the patient to return to his occupation, though given in circumstances apparently desperate.

In some local dropsies, especially ascites, either simple or combined with anasarca of the lower part of the body it was tried, but not with great results.

It caused in several instances the peculiar effect of digitalis on the heart and circulation. The dose administered was $^1/_n$th of a grain 3 times a-day. A tenth of a grain will kill a dog.—*Monthly Journal of Medicine, January*, 1855.

Infusion of Common Oats as a Diuretic.

It is sometimes a desideratum in homœopathic practice to possess some dietetic agent which will act as a diuretic, and at the same time allow of the undisturbed action of the medicine; the common oat presents these advantages. Many years ago Dr. Thèmont called the attention of medical men to the remarkable diuretic properties of decoction of oats. Although the paper announcing his observations contained the narrative of a case of cardiac dropsy cured by the sole use of this remedy, yet he did not succeed in exciting much interest on the part of the profession in his discovery. We have seen the oat-tea tried pretty frequently of late in cases of dropsy, in most of them in combination with other treatment, but unassisted in a sufficient number to fairly test its virtues. That it does really possess diuretic properties there can be no doubt. Its powers are probably not at all superior to those of the decoction of broom; and as a good alternating remedy with the latter, its proper place in therapeutics should perhaps be assigned. Its simplicity and freedom from injurious qualities are great recommendations, since it may, without risk, be entrusted as a domestic remedy to patients not under regular care. In several cases of slight œdema of the extremities consequent on heart disease, the patients succeeded by its use alone in getting rid of that symptom. The mode of preparation is to take two handfuls of common oats (not in any way prepared) and boil them in three quarts of water for about a quarter-of-an-hour. Of the strained decoction a tea-cupful should be given frequently as an ordinary drink.—*Medical Times and Gazette, September*, 1854.

Progress towards Homœopathy.

I am far from being able to tell you what is the action of each of these different acids? Though the highest authority may be quoted for their conjoint use, yet if you wish to prescribe rationally and not empirically,

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you will not use nitro-muriatic acid. For to which of its ingredients will you ascribe its efficacy? or as the proportion of its ingredients is so liable to vary with the mode of preparation, how can you tell what you are prescribing? If we shall ever gain any knowledge of the actions of medicines, it will be by giving one substance and only one at a time. If our therapeutics are ever to advance, the first step will leave such combinations behind. Give nitric acid, give hydrochloric acid, give chlorine, or give hypo-chloro-nitric acid, but do not give all four together until the separate action of each is well known.

In the use of any of the mineral acids, some care must be taken regarding the action of the acid on the teeth. I have known patients who for years had been free from toothache, suffer again in consequence of the action of an acid ordered for the treatment of the oxalate of lime in the urine. The acid may be taken through a straw or tube, but the simpler way is to wash the mouth with a teaspoonful of sp. ammonia arom. in a glass of water immediately after the medicine is taken. If taken when food is present in the stomach, the mineral acids probably all assist only in dissolving the albuminous fund, and have no medicinal action whatever. For the relief of indigestion they should always be given on an empty stomach, and so diluted that they cause no pain or uneasiness. The primary action of all the mineral acids is probably to lessen the irritability of the stomach; to render it less sensitive of the irritation which may be caused by the food. Perhaps, also, the quantity of acid thrown out by the stomach itself is thereby lessened. If an over dose of the mineral acids is given, the opposite effects are produced; still, if the excessively acid taste permitted, far larger doses might be given than are usually prescribed. In my experiments (Philosophical Transac. 1831) on the effect of sulphuric acid, I constantly gave a drachm of dilute acid sp. gr. 118 in an oz. and a half of water thrice daily without the slightest uneasiness; but, on the other hand, 10 minims of the same acid in the same quantity of water have caused uneasiness to some patients.—(*From Dr. Bence Jones' Lectures on Renal Diseases.*)

Tartar emetic in Rheumatism.

Dr. W. Arnold (*Zeitsch. f. hom. Klin.* ii, 79,) recommends the employment of Tartar emetic in muscular rheumatism. He considers it almost specific in this disease. It matters little in what muscles the rheumatic affection is seated, or whether it is accompanied by fever or not. In twenty-four or at most forty-eight hours the patient is generally free from pain, and he rarely requires several days for his cure. In recent cases the cure is proportionally more rapid than in those that have already lasted some time. The profuse perspiration that accompanies these rheumatic affections is speedily checked by its use. The doses Dr. Arnold invariably prescribes are one to two grains of the second or third decimal trituration, every three, four, or six hours. Sometimes the first dose caused vomiting, but this was seldom renewed by the subsequent doses. In some rare cases,

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in robust individuals, he gave the remedy in doses equivalent to $^1/_{\infty}$th of a grain. He very rarely observed any of the toxical effects of the medicines from such a dose.

Allopathy applied to Theological Tenets and Tendencies.

It will be remembered that in his Counterblast against Homœopathy, the great Obstetrician of the North endeavours to fasten on homœopathy some theological extravagances. We beg to offer to his consideration the following delicious *morceau*, illustrative of the practice of a Hottentot allopath in the case of a patient infected with what were deemed theological heresies. Possibly it may suggest to Dr. Simpson a method of getting rid of the heretical homœopathic tenets of some of his quondam patients, and restoring them to the orthodox Mumbo-Jumboism of allopathy. The old school is already indebted to savages and barbarians for many of its favourite medicines, so it would be no discredit to her to enrich her materia medica once more from the therapeutic experience of a Hottentot. To be sure the treatment in this particular instance does not seem to have been very successful, but that should be no drawback to its adoption by our opponents, as therein it especially assimilates to their own most popular modes of treatment:—"A female, who had been for several years in the service of one of the missionaries, attracted the attention of a person of the opposite sex, who forthwith made the first instalment of cattle to her father; the latter at once appeared at the station, and demanded his daughter, with whom he was frantically exasperated, for embracing the teaching of her white master and mistress. After some explanation by the missionary, she was handed over to her father, but much against her own desire. In about a month she returned to the station, very much reduced in strength, but still strong in faith. Her parents, it appeared, had kept her in a state of constant nausea and vomiting, induced by, most likely, the ipecacuanha, under the idea that the Christianity she had imbibed would be rejected!"—(*Extract of a Letter from Port Natal.*)

BOOKS RECEIVED.

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Grundriss der Homöopathie, 2te Auflage, von Dr. HIRSCHEL.

Quarterly Homœopathic Magazine. Cleveland. Vol. iii. No. 4.

Lettre sur le Cholera, adressée au Dr. NUNEZ par le Dr. J. PERRY, Paris.

Archiv fiir Arzneiwirkungslehre. Nos. 1, 2, 3, 4, 5.

La Vaccination est non seulement inutile, mais dangereuse, par ARTHUR LUTZE, traduit par C. F. ZIMPEL.

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AN ADDRESS READ BEFORE THE CONGRESS OF BRITISH HOMŒOPATHIC PRACTITIONERS, HELD AT LONDON, JULY 4TH 1855.

By Dr. J. J. Garth Wilkinson.

Brethren,

The temple of medicine, in which we have the honor to tenant a cell-germ, was built by no man's hands, during the same days as all the other real temples. The dome of it is round, and diversely blue; and the floor of it is round too, a fixed photographic refraction of all-coloured, healing kingdoms. There is not a piece in it that is not strictly medical in its place: every brick of it has stood an infinite examination before it was fitted in: the mortar and cement of attraction and gravitation which hold it together, are medical too: and the whole architecture, or *systema mundi*, is a moving system of treatment for more maladies than an ignorant man exactly knows. It could not well be otherwise; because friction, and wear and tear, and quick loss and recovery of balance, always with some cost of the first harmony, are as unavoidable in convoys of worlds, as in an ordinary railway train. And therefore repair has been thought of in all things, as well as the first production of the machinery: and this constant assiduity of repair is a medical fact: we may truly call it the *vis medicatrix naturæ*. It is the pressure which all things

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are made to exert, in general, and in singular, towards getting right again, whenever they, or any truant one of them, go wrong. So first there is the divine wisdom in the heart and brain of the world, which as far as possible is prevention, better than cure: then there is restoration, the remedial part: and then there is adjustment of the movement of all for crippled and present incurable things: reduction of nature's first velocity: tenderness: the crutches of Kosmos: or as we may say, divine surgery. This last part in nature is the *opprobrium* of its *medicina:* and all things are always treating all things, in order to prevent it, in order to cure it, and in order to abridge it.

Where nature ends, men and women and children begin, and they also take up the medical necessity, draw its chain through their lives, and work in never-ceasing gangs in repairing the mighty highway. *Every human being is a medical man,* no matter whether he is one minute old, or whether he or she surpasses the antiquity of Nestor; no matter whether he is the last of the Bosjemans, living in scooped clay, or the court physician to the most gracious Victoria. His very soul is nothing else than recipes and prescriptions: if he, or she, is a baby physician, you see how he treats himself in a moment: he saves his own life in birth, by skilful crying, which adjusts him to a new world. If he has lain a moment too long in one position, he first cries again, and fidgets himself into another; and floats in an ocean of movements, of which Ling's are a scientific thimbleful. And as we help ourselves from the first, so also we help each other; not alone, thank God, out of druggist's bottles; but from the better vials of eyes, mouth, and influence; and of hands and hearts. And this we do, more by grace and nature, than by any forethought. So that the medicality (so to speak) of the human race, is the exact counterpart of its humanity. An age and land in which man is little remedial to man, is a time of hard hearts and mean scoundrels. The epoch in which we all help each other medically to the full measure of our powers, will be a crown of life to nature: and thenceforth will date real progress.

As separate human beings are petty states, each with its own

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government; and as mundane governments are the confluence, delegation, and united states of all the individuals: and as human beings in like manner are all medical men, so the calling and mystery of medicine is the delegation of public medical service, accruing from the combined medicality of the individuals. Now the medical government of the world may be either a despotism, or a constitution, or a democracy, or lastly, a freedom. And I have brought you to this point, because it seems to me to be a matter of first-rate importance for you to determine what your position as men of progress, and as homœopathists, will be, in the area of the universal medical life.

Dont make the mistake of thinking that with a banner uplifted among you, inscribed with a new word from the pages of truth, you can quietly settle down into your places in some of the regiments, or upon some of the staffs, of the old corporations. They wont have you. Besides which, you belong to a new fact of startling import: a fact not long born, and of course therefore small and weakly-looking; yet with a capacity of growing world-size. That fact is, that *medicine is no longer a profession, but one of the humanities;* and as such, freer than the winds: in short, free as only man can be. Liberal also, not in the old measure, of being more gentlemanlike than trades, as marked by daily fees instead of weekly bills; but in the new immeasurable measure of making the public service stand always first, and the private accruings be merely its unwanted surplus: a liberality in which every honest calling may and must emulate it.

The established medicine will perhaps last some time yet, unless unforeseen events hasten its ruin; for it is a vast property, or plant, representing a capital of many millions sterling: with the force of many ages in its trunk: with the fact that not long ago it was the best thing going, because it was the only thing; defended too by a disciplined and instinctive army of respectable gentlemen, in this country fifty or sixty thousand strong, with all their numerous connexions and dependents: and now, in its old age, when it has got through the stratum of living soil, rooting deeper and deeper in the

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tough clay of orthodoxy, apathy, respectability, general deafness, flourishing journalism, scorn, infidelity to new ideas, white chokers, hard-heartedness, and extreme propriety. A sick tree like that, may, as Sir Hamilton Seymour said of Turkey, be a long time in dying. And even when it is dead, it may make a good show of everything but leaves and fruits, and in the winter, which is seven months out of the twelve, and the profitable medical time, it may stand bare among the bare, and challenge a very good comparison. Nevertheless, there is a score upon it, a deathy chalk mark, which is a providential hieroglyph of the coming axe.

Now, in this old corporation, medicine is an art and mystery: not only a separate profession, but a fenced, paled, and invisible park of society, with advertisement of man-traps and spring-guns to all intruders. The public has no business there; for it is corporate private property. Under that regime, the people has nothing to do with prescriptions, but to swallow them. 'Tis a medical despotism, with *secrecy* and *espionage* working as right and left eyes in the head of absolute power. The secrecy is humanely couched: the apparatus of medicine is concealed, lest the ignorant public, like children playing with loaded pistols, should kill themselves, and thus enter the other world without making that seemly difficult bow to this world which is implied in dying according to art. And the secrecy also incidentally brings grist to the mill, and keeps up the proper monopoly of the medical guild; whose aim is thus accomplished, of limiting domestic medicine to the smallest, and beyond that, making it impossible. The espionage lies in the jealous overseeing of all and singular patients by the doctors, to keep them pure from "homœopathy and its kindred delusions;" in the insinuation that those persons who fall into these are of unsound mind; whereby they are tabooed in their neighbourhoods, medically excommunicated, and not only run risk of not dying according to art, but also of not associating with the best circles during their very improper and insulting sojourn upon earth. Such is this old corporation, which is protected by the state in a measure which the most favored Church dare not now hope to be, and which veils itself from

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the public sight, in order to prey the more securely *ex privilegio* upon the public vitality.

Now what I mean to say is, that were homœopathy the recognized drug medicine to-morrow, it could never step up into the old benches which its predecessor has occupied: that as soon as they are vacated, they are sheer firewood, and not the chairs for the new senators of the people's medicine. For three reasons, which might be three thousand. 1. The despotic principle is dead *then:* for in admitting homœopathy upon medicine, you must look out for endless transformations in homœopathy itself; for new principles more additional and revolutionary to homœopathy, than ever the latter was to old physic: such being the plain law of the increment of velocity in all movements: in short, you must court progress, and can no more be bound by any good gentleman's books. With this open-eyedness, and open-heartedness, come humility, respect for other men's experience and opinions, faith in the future, and its difference from, and betterness than, the present: and in short, a state in which despotism is at a minimum.

But 2. Secrecy will have skulked out also: and even now *has* skulked, without anybody at first knowing that it was gone: light and eyes being so made together, that as soon as eyes open, they see without acknowledgment, or even saying, 'all's right.' Does any one of you, brethren, think that secrecy and homœopathy, excepting for some special reasons of disease, are compatible? If there be such a man, I will be bound for it that even he has executed, or contemplated, a Manual of Domestic Medicine, possibly with the view of limiting his public to a certain safe field of administration. But he only differs in degree, as to the size of his first wedge. The clever mother love which has soon mastered his well-concocted pages, and made them into soft breasts of healing sciences, from which her little flock can draw, is surely at the end of some probationary time a claimant for a second manual, larger and fuller than the first; and as our friend is not stingy, away again he goes to work, to demolish another bit of secrecy, and to set up a larger medical candle in the nursery and the home. In a very few years, mothers, knocking at our friend's

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friendly door, request explanations and additions, and his once costive doctrine and pen has added a pathology to a therapeutics, and given so much, that the plain inference is, that all the noble fellow has, is to be had for the asking: and now he ardently and fearfully desires that his clients could take all: which gives him unwonted skill in teaching them.

In all this, brothers, I appeal to you whether I am not borne out by the brief history of homœopathy; which was no sooner born, than it at once became the first medical schoolmaster of the nations. Moreover, who can say that a less progress than this lies in knowledge, and its public minister, education? The quantity of knowledge, of the most minute and precise character, which a human head may profitably and availably hold, is, in most departments, incalculable; with proper management, a great part of what learned men now know, might be easily put into children's brains, without overlaying them. Only look at languages. The uneducated poor use few words even in their native tongue, and have no knowledge of "dictionary words." The children of other classes speak three or four languages, all with nearly equal fluency; and indeed, the number is only limited, because three or four ensure the present intercourse of the world. So it is with the human language of nature, which is science. The properties of air and electricity, given as facts and bright experiments, and repeated to familiarity, are not perhaps so difficult as some of the deeper branches of marbles and peg-top. Dont you suppose that Dr. Carpenter's children are at least as great dabsters with the microscope, as anybody else's progeny with the skipping-rope? I have no doubt of the fact. And when you add, that this affair of medical instruction is a matter of the deepest heart; that the experience will be gained with a lovingness of study such as can warm few other pursuits, and with a pleasure of high household economy, and a triumphant sense of new power to do good withal, can you doubt that there lies in every public an incalculable force and faculty recipient of medical education?

Now this, which seems to destroy all our fees, and yet which will be our main happiness and wealth, is the lever

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which will raise homœopathy to its throne; and gently ease its opponent, so far as it does oppose the public instruction, into the posterior night: as we shall presently see.

But hark! our friend cries, "Stop! This is all very well in slight cases, which would get well of themselves: but then there is that awkward thing called diagnosis, founded upon anatomy, and morbid anatomy, and deep as the wells of old colleges. What can the public do here?" I shall answer that question precisely, when you tell me the limit to which public education will extend. In the meantime, three points are observed. 1. The most of cases are slight at first, and by promptitude, many can be extinguished in the bud; which promptitude can only be achieved by domestic medication: under the old plan of darkness, and doing nothing for home, numerous diseases gain a fearful head before the doctor is sent for: one reason of medical violence, to extinguish violence of symptoms. 2. As a rule, where the medical consciousness in a household is awakened, there is little fear of postponing the call on a medical man until it is too late: on the other hand, ignorance, at first frightened, afterwards may become callous, and lose time beyond recall. 3. Diagnosis is at present chiefly unattainable in what I will call private practice, or domestic medicine, as contradistinguished from public practice, or the medical man's sphere, in cases where a medical man is sure to be in attendance. In many other cases, such as bronchitis, pneumonia, not of a desperate order, threatening inflammation of the brain or its membranes, the diagnosis is surely not so recondite but that the public, carefully taught, as they must and will be, may with tolerable certainty attain it. 4. I will add further, that as our art is at last open and progressive, new principles are to be expected; and as the fruit of each such, new gifts to the public, of science and medical facility.

Take as a parallel of what may be done, what has already been affected with a class not the most plastic, and with its application to life and death cases, and to matters of great freight and property, of a science not the most easy. Suppose you had lived 1000 years ago; and some visionary had told you, that the rough vikings and ship captains were soon to have the

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practical mechanics of terrestrial magnetism, some branches of astronomy, and a mysterious development of optics, also a strange brass slice with a subtle mathematic soul, put into their hands, to enable them to convoy the argosies of the Indies, and the moving armies of the world, from shore to shore: what would you have said of the chances of a good handling? I ween that any one of us might easily have said, that each such vessel, and such ship captain, ought to have at least a Sir David Brewster, an Augustus de Morgan, a Faraday, and an Astronomer Royal on board: and yet the fact is, that the rough captain does all this, and more; and has become no longer so rough in the doing of it. Another illustration. If you had lived at the same date as before; and been informed that a certain remote branch of numbers would one day be applied in and to associated families, with a view of preventing the chances of poverty arising from the death of the principals of houses; and that the public would have the doctrine of chances very much in their own hands; you would very probably have apostrophized the injured shade of Archimedes, to protest against so impossible a vulgarization of abstractions. And yet the public holds this very thing in its hands, and to a great extent judges of it, in the wide and increasing fact of life assurance. In fact we may now say, that all arts and sciences put forth points by which the public is meant to lay hold of them. And this will be pre-eminently the case with medicine.

The third thing in which we, homœopathists, vacate medical despotism, and could not have it if we would, is, that we are perforce destitute of espionage. Heretics to the backbone to all but the truth of nature: refugees of old physic, watched and hated by her,—we have had too bitter a lesson of what the spy system, and the informer's social insinuation is, to attempt to renew an institution which has gone. So as everything has a root in reality, we become grand spies of a new order; spies of nature and utility: our espionage is telescope and microscope, humility and aspiration: and we ask jealously what is new in our neighbour's mind and experience, and thank him for the peculiar contribution. We even put him on a high

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seat, where the old orthodox bastile once stood, whenever he has got something beyond our brains; and after the momentary shock of the impinging of his new truth upon our skins has equilibrated itself, which it will easily do with a little hard breathing, we thank him for stretching us out into a new medical capacity. The old way indeed was the bed of Procrustes, cutting men down to the stingy shortness of dogmas; but every real new way is a bed of growth, and once to "sleep on it" there, is to get up in the morning as long as the bed: aye! and to demand a longer bed the next night, to save your ever-extending frame from cropping its toes out into the cold.

Homœopathy then, thus sending its ramifications through every class of the community, and belonging to each, is no beginning of a second medical despotism like the first, but the cell-germ of a new freedom: and for various reasons it is also the first constitution of a liberal art of healing. We often hear that medicine is a liberal profession; but the former liberality is spurious. It is founded upon a supposed honorarium of payment; and a supposed love of truth for its own sake: also on a supposititious scholarly somewhat which resolves itself into Greek and Latin, and privileged education. All these are false reasons. No calling has a lasting right to be paid on any other principle than its public merits and services; or to degrade any other callings by an assumption of modes of requital superior to the divine law of business, the laborer is worthy of his hire. If it aspires to do this, it is a mean profession; founding itself upon the degradation of classes. Nor can any calling of a practical nature pretend to love truth for its own sake: it must be for the sake of its application and use to man: and must therefore involve the giving the applied truth away to men's minds as fast as they are capable of taking it: in short, it must involve not only its own practice, but thereby, public education. Otherwise again it is a mean profession. And for the same reason, scholarly attainments do not constitute any part of a liberal name, so long as they are a class badge; but those who use them as corked and wired bottles of science, must have a mean name.

Nor indeed could old physic be reckoned a liberal profession,

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but only expectantly liberal, even if it stood in the clearest fraternity with every other calling, if it gave all it had to the poor, and if it talked English in the open day. To be liberal you must have great good gifts to give: and that allopathy has not. Pills as high as Pelion upon Ossa, and black draughts "deep as the rolling Zuyder Zee," tanks of public blood "let" for nothing, and veins compensated by stacks of quinine; electuaries large and redolent as the Siwash; the public skin excoriated in acres by gratis acres of blisters; all, however generous in measure, would but constitute a liberality of loss to the recipients, from which in future time may heaven begin to defend us. To damage us for nothing might be even worse than the old way of charges. As I said before, it is only things worth having which can be given with liberality: and these homœopathy has to bestow, and old physic has them not.

Yet apropos of medical freedom, are we not constrained at present to make use of the means of education offered by the old profession; and to draw the milk of our medical nurture from the allopathic breasts? What is to be our policy here? The old corporations will undoubtedly last long yet; and for some time to come may possibly monopolize what is thought to be education. I suppose in this matter our young men must still go through the routine prescribed by the old corporations; must sit under chairs of instruction in the lecture room, where all new truths of healing are apt to be derided; and at last take degrees which have no reference to that competence, which is to be their peculiar arm and exercise in the life-calling. There is no help for this. Only do not let us laud it for anything else than what really lies in it. Let us give it its due. It is a needful sacrifice to respectability; a purchased commission to practise homœopathy entirely unearned in the field of homœopathy: like some gracious prince's field-marshalship, with no field in it. Let us regard it as a simple bow to the police system of old physic: something we do to escape being taken up. But with this tone adopted, what can we say to "the quacks," as they are called? There is no need to associate with anybody, excepting on grounds of esteem; just as it is unnecessary to enter into any closer alliance with orthodox medicine, than suffices to keep you with a whole

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skin in your neighbourhood. But for my part I know of no quacks made such by the non-possession of diplomas; because I do not see that diplomas are any guarantee of healing powers, or any security against wide hurtful powers. And therefore once more we are emancipated here; and we look at all medical men, quacks and the rest, from their medical life, and not from their college papers. In this way let us give a liberal educational tone, although at present we are unable to constitute an educational party: and let the tone have this spirit—"By your fruits ye shall know them."

Often indeed have I thought, that *old physic has in it all the marks of quackery* which it considers distinctive of that thing: only that it is quackery on the corporate scale, not on the individual. First, secrecy. The pharmacopeia is a vast repertory of patent medicines, not public medicines: the profession as one man keeps its own secret. The pharmacopeia is *ad clerum*. 2. Arbitrary or spontaneous generation: self-dubbing. For the profession never had a grandfather, nor hardly a father: it has not descended from the past, but starts up anew, with a kind of animal life born of the circumstance that there is a vacant place for making a livelihood, and somebody may fill it: in order to have a human past, you must have progressive principles, and these old physic has not: failing them, it is a vast corporate quackery. 3. Enormous drugging; and pay in proportion to enormity: the very essence of Morison's pills. 4. Pretence to Panacea; as shewn in the refusal to look further; to look at homœopathy: a prime indication of a corporate quackery. 5. Pretence to property in physic; and leaning upon the state for protection: the very opprobrium of nostrum-mongers. 6. Glaring self-advertisement, in the public lists of the colleges, and in the medical directories, which indicate for all men the real Simons Pure, with whom medical wisdom lives and dies. 7. The maintenance of journals, for the derision of all but those Simons, and for *their* puffing.—I could go on long with this: but enough has been said to draft out the features of the corporate quack complete; in all the armour of a large unrighteousness. On contemplating these things, the poor individual quacks come cooing about me

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like very doves: and my heart asks, Who has called them quacks, and wherefore? If it is the arch-quack of all, then I maintain at once that they have the presumption of the best diploma. Welcome, after that, mesmerists, kinesipathists, herbalists, galvanists, even nostrum-mongers,—there is surely some good in ye! You are at least warriors against those bad old walls!

Because I ardently desire to see the medical freedom securely founded, I fancy that I also see providential reasons why we are not permitted to constitute anything very important at present: for it might otherwise be too easy for us to build up another little doctor's fastness which might require a good deal of storming before it cleared out of the new world's way. If we were to set to work with articles, and subscriptions, and a book to swear on, we should soon be a branch of old physic, and a bundle of effeteness, in spite of infinitesimal doses, and *similia similibus curantur*. Because we should be ignoring progress in principles, and merely affirming the development of our one doctrine. That would be our crash; and our candlestick would then have been moved out of its place. Therefore let it be matter of thankfulness to us, that we have as yet that one condition of early freedom, plasticity, out of which, with a good *nisus formativus* from Hahnemann, and all other enlarging minds, the full organism of a healing art and band may come, as soon as we are catholic enough to be worthy of it.

If the views I have propounded be true, concerning the gradual medical enlightenment of the public by the rising sun of homœopathy, it is easy to see that a vast revolution awaits the medical profession. Given a state of things in which domestic medicine is perpetually on the increase, and medical counsellors edged off to a greater distance from most houses, and only summoned by urgent distress; and you have also given a great diminution in the number of medical men in all large towns. Probably London would spare three-fourths of its present doctors. With the diminishing numbers will come increased responsibility for the remainder: the first creation of medical posts of honor, accruing from the perpetual

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presence of medical difficulty: higher social position than has ever yet awaited the men of healing; and as a necessity, higher pay. And lastly, the prevalence of the gifts of nature and genius instead of the diplomas of the corporations. This final constitution is the end to which all things are slowly tending. In other departments it is called the merit service: and rising from the ranks is its great fact. The allopathic ranks are the medical profession: for God's sake, let the homœopathic ranks be the world. Whoever can be brave and successful with nature's truth and love on great occasions and emergencies, let him be one court physician in the high republic of the nations. If his hand can stream out magnetic life and rescue to some otherwise lost body, or a hospital of such, let him come up and live in head-quarters, no matter what his pedigree, or his papers. If the galvanism of his brain can fraternize with nature's galvanism, and live amid its secrets, and if the perceptions of new health pass between those twain, let him too be no common soldier any more, but your brother tried by fire in the medical honor. If water be his mean, and he purges great disease with that, then he is yours again among your high places, medically born both of water and the spirit. In short, heed respectability as a primary thing, no longer: let function, and what a man can do, be first: be diploma: and after that you will have a respectability of illustrious uniform, all blazing over with ruby stars of good works, and with diamond crosses of perceptive eyes flashing with soft nature's light.

We may be readily confirmed in the fact, that some great merit service issue, favorable, and economical, to the public, awaits the medical question, by a cursory glance at the other professions: a legitimate mode of looking; because all things hang together, and explain each other: and because in physical things the greatest light comes from the putting together of diverse parts of the world, and seeing them as the world: witness physical geography, and its round suggestions. Now in this old country, all the professions are similarly locked up, unpublicized, and as it were Brahminized. It is a set of systems of castes of corporations; not of individual, but of

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collective castes. Any man may be anything he can, but no man can be anything out of the caste. This is the state of things which is THE SICK MAN of our epoch. And over and above the fact that by virtue of it, the callings of life do not call or choose their members from mankind, but from privileged classes, it has the further disability of making administration of the grand functions of life enormously expensive to the community. Things the simplest to do, and which will do themselves, are done with ponderous machineries out of all proportion to want. Look at the Church. A high caste has got it, and the simplest and purest of truths is encrusted with a hierarchy of incalculable cost, and unknown dimensions: whereas the most of the administration of these great things might easily be put in commission of the people, and left as costless work of God to the neighbourhoods; which would come thereby straightway into active ecclesiastical life. Look at the Law. What a fortress of leather, harder than stone; what an annual bill to mankind. Is it not clear that the arbitration of retired men of business in wisdom's time of life, each in the department of the case to be adjudged, might do near all the work of the law for comparatively nothing; and begin it as a spirit giving life, instead of letting it go on as a letter that killeth: instructing all the world moreover in the principles of social justice. And so, to the same extent, with Medicine also. I make these remarks, because it is impossible in treating of professions, not to associate professions: impossible not to see that in an order of things they all subsist together: that the same old caste-system allows their life: and that the departure of that system from any one of them, is the knell of all their downfalls.

You will not fail to recollect, that this is the very matter which is coming up in all the public services. The old theory was that there was a kind of heaven-born institution, called government, with limitless powers, as of an enchanter's wand. But with the exigencies of these new times, this institution is apt to work but poorly, unless where it commits itself to the great firms and proved practical men of the country: a process which is going on more and more, and the thorough admission

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of which will be administrative reform. Now what we want, is administrative reform in medicine: the acceptance on independent, merit principles, of any and every man who can heal. This want can hardly shape itself into a party, without engendering the very evil from which it seems to fly: but before it is supplied, it can exist amongst us as a tone and a powerful influence; and this is all which for the present I desire to see. I feel no anxiety therefore that our good and true men should be organized and perhaps ossified into a chartered educative body: they can do far better as a fraternal medical firm, relying upon public support from the mere excellence of its contribution of men to the public service. Let diplomas be granted by this joint stock company of knowledge: but let them be so earned, and be so honorable, that the impression of a government stamp at the top can add nothing to the titles of the candidate, or to the roll of names that attest his competency to practise.

Let us now turn to more immediately practical things: to our events of the last six months: to our prospects: and to our present policy of movement. War is now the world's word: war in two seas, and in two out of the four continents: war also in the hearts and minds of men who are far out of the cannon smoke. Indeed, in what thing is there not war? Long has there been intestine division of all opinions, but now the difference is declared hostility, and meeting of the edges of those spiritual swords. And we at length may also say with Cicero—"*Medicinam veterem ex occultis insidiis in apertum latrocinium conjecimus.*" It is a good time for us, because it is a time of terrible action, which breaks insufficient tools with amazing rapidity. What then has been the six months medical upshot and history of homœopathy, and of old physic, in this war-time?

The history of homœopathy is a short one, and a private: it has established its superiority to other systems in the treatment of cholera; and its returns, solicited by the Board of Health, and in nowise discredited by Sir B. Hall and Dr. Macloughlin, the Government Inspector, have been omitted from the published documents of the Board of Health. This

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power of benefitting mankind has been burked in the Government office, and the hand that brought it struck with a foul weapon of unfairness. The Russian massacre at Hangö was villainous bad, but this is worse vile. Among barbarous tribes, doctors who can really cure, are respected: even cannibals would eat *them* last: but Sir Benjamin Hall's Office allows no truce to the unorthodox saviours of human lives. This is a great fact, and in the face of fair England looking on, should give us muscle for our conflict.

And the rest of our winter's history is like unto this: we have been burked throughout: burked by *The Times* and the leading journals: burked by the war minister: burked by the health Minister: burked by both Houses of Parliament: burked by old physic, with all its connexions and dependencies. But some of this is our own fault.

When our armies were festering with wounds, rotting with disease, and perishing with want, humane homœopathic gentlemen found that it was "too bad," and that homœopathy, in the hands of the government, might alleviate the evils. In what voice of thunder did their pent indignation mutter? With what efficient tools of argument did they address a power which was known to have a heart of gutta percha, and a head of brass? Upon what great arena did they plead their cause? And what doughty leader carried their challenge to the lists?—They met in a parlor. They mentioned homœopathy in a memorial. They drove towards greatness in a brougham. They appeared in the full feather of respectability in the war minister's ante-chamber. Lord Grosvenor was their guide. Unscathed in the conflict of compliments, they were bowed out again; and duly informed that the war minister was an infidel; which they knew before. And there the matter ended.

The memorial had its lesson. It was presented by earls and lords. It was signed by one archbishop, two dukes, one marquis, and eighteen other members of the House of Lords: by forty-nine peer's sons, baronets, and members of Parliament: and by many other "great people." Time was in old England when a cause of such amazing and instant interest as this, would have had a different concoction, another battle-field,

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a Runnymede instead of an exquisite's boudoir, and rather more of steel and less of gold lace about the leaders. The Houses of Lords and Commons were not remote from those spurless knightly gentlemen. There were at least twenty members of each Parliament among them. One would have thought in the humblest common sense, that the floor of those houses was the pleading-place for homœopathy in an hour of national wailing and peril. Yet all the forty sat voiceless there while a hundred opportunities for striking homœopathy into debate, ran by unheeded. Nothing would have been easier than to have caused homœopathists to be examined before the Sebastopol Committee, to hear what their suggestions were; whether *they* could have done better: or could anyway repair the medical incompetency and downfall. Nothing could have been more justly glorious. A member of Parliament requires some horse to mount, to carry him to honourable distinction: and here was a brave one which would have borne him right into the thick of his country's honor. The occasion was ready: the whole subject laid down: statistics were there: the break-down of the opposite thing was sun-plain: the country was tender-hearted with calamity: the House was the sore point of the cowering and cheeping ministers: dukes, by the momentary flashes of the truths of sorrow, were seen to be flunkeys for that hour: and there was not in fact a hindrance in the whole horizon, unless it were the apparition-bugaboo of Mr. Wakley, and the looming of medical antivotes at some remote election. But a parlor was snugger: a small party was stiller: a memorial was less fatiguing and more polite: it pledged to no movement, and could easily be forgotten: and so the winter was a winter indeed, and Lord Panmure, so far as homœopathy is concerned, has hybernated through it, after being comfortably tucked in by his friend, Lord Robert Grosvenor, who then retired himself, with London stones crying out at his windows, into Sabbatical rest.

Yet somehow or other, the memorialists did good without intending it: they accidentally caught the tail of *The Lancet* in the shut parlor door, and made the creature squeal horribly. It squealed on the 7th day of April. Its last about homœo-

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pathy,—and the last of everything is its tail,—was, that the thing was utterly evaporated and earthless; whereas, in parading all the inverted comma "great people" who were now knocking at Lord P.'s gate to introduce homœopathy to him, this mendacious tail was most undoubtedly caught: and there is reason to believe, nipped off. Henceforth, then, at our public dinners, Wakley's brush shall hang as his sole life-trophy over the head of Lord Robert Grosvenor.

Let us peruse somewhat this *Lancet* tail-joint, or article. (I believe articulus is Latin for a joint.) The editor will not "condescend upon this occasion to enter upon any facts or argument to prove the transcendental folly of what is called the homœopathic system." He is careful to explain what is *not* going to be the staple of his remarks. I almost thought after *that*, he was going to sing a song; because, barring facts and argument, the next ready thing is certainly poetry. Yet he went on in prose. He says, he "denies *in toto* that a knowledge of theology, skill in manœuvring soldiers, the art of navigation and naval warfare, or a patent faculty for legislation, carry with them the slightest competency for judging of the effects of medicinal agents upon the human frame in health and disease." He is assuredly right here. It would be a shocking look out for all common flesh if men did not know when they are well or ill, and when treatment is making them better or worse, unless they were profound divines, generals, admirals, or peers of the realm. In that case they would be obliged to take the doctor's word for it; which is what we object to. On the contrary, that which gives them competency for this decision, is their very skins, and the consciousness of ailing, or well-being, which God has put inside them. To this must be added the solicitous faces of friends about them, who by signs that they fully understand, and which vitally concern them, "judge of the effects of medicinal agents upon the human frame in health and disease." The same law by which a patient would be precluded from judging a system of medicine, and changing it for another and a better system, would also prevent him from calling in further advice in any case: the ear of each patient would be nailed to the doctor's door-

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post; and appeal to physician, or other doctor, would be impossible. The sick would find it as difficult to move from place to place, as it is difficult to get out of Russia without a permit from the Czar. We seem then to have the editor with us so far. Yet subsequently we find that a knowledge of "the science of medicine" is indispensable "for judging of the effects of medicinal agents upon the human frame in health and disease." I can't think so. If that were the case, none but the most expert physicians could ever find out whether they were ill or well. A consciously sick man would be an impossibility, except in the case of graduates, M.D.'s, M.R.C.S.E.'s, and L.A.C.'s. More impossible still would be a consciously cured man out of the sacred pale of Esculapius. No man could know whether his stomach-ache had been removed until at the end of an entire curriculum of medical studies. The old first make-talk of friends, "How do you do this morning," would be like asking your coachman for the quadrature of the circle, or examining clodpoles on the Eleusinian mysteries. "Pretty well, I thank you," would involve a degree of presumption, for which no prosecution could be too sharp, and no damages demanded by colleges, excessive. Nay, further, this would tell badly for the poor doctors. For as the consciousness of being in good or bad health would not exist at all among the laity, who would be more and more insensate to pain the worse their complaints were, so by a kind of process from the zoophyte to the angel, this consciousness would be developed, grade after grade, through successive stages in the medical profession, and only at the top be complete. An apothecary, small in "the science of medicine," and "in those sciences upon which medicine is built," might gropingly and remotely suspect that he had a cough, or an influenza, or a passing diarrhœa, and might even aspire on his twilight Pisgah, or Primrose Hill of physic, to cognize a clap afar off; but that would certainly snip his wings, and bound his narrow horizon. An M.R.C.S.E. might rise higher, and disport himself through the twinges of very slight inflammations. But the great honors of disease, the manglings and truncations, the leprous and encrusted crowns, are not yet for small deer like him.

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Revelation in this Wakley sphere is sternly gradual, like degrees themselves. The purest surgeons alone could feel the noble pangs of the stone, and wear the poisoned chemise of the syphilis. They, first of men, would know when their limbs were lopped by battle, or their bodies crushed in railway collisions. But the last revealment and supreme prize money of pain would be for the men stupendous in diagnosis, and awful in technicality: the top and bigwig of the tree would have agonies and parasites all its own: and the court physicians would sit grand in very hells. Dire reversal of *fiat experimentum in corpore vili!* Exquisitely-consciously bursting with dropsies; ruining with diabeteses; purpling and cauliflowering with motley funguses; mouthing and snorting through dusky apoplexies; currying to their veriest grains after unsearchable itches; withering with palsies; capering with choreas; fizzing in fiery fevers; and spitting with consumptions,—the Wakley magnates would eat of the tree of knowledge to ghastly purpose: and whenever nature or fortune chose, they would *be* what they *know*. How dreadful would the advances of the science of medicine, and of the other "sciences upon which it is based," become! A prudent man would not prelude with even the A B C of botany, or electricity, or chemistry, or the remotest thread-ends of walks that might conduct him, alas! too soon, into this infernal spider's web! For whose flesh would like to be the anvil on which these blood-warm sciences are smithied? Schwann and Schleiden and their malignant crew; Bowman unravelling his deep kidney; and Kiernan brooding cruel amid the mystic meshes of the liver,—would be malefactors of the deepest die! Preparitors of beds of torture to which the inquisition is a coarse joke! And the men themselves, if they had Bright's disease, or gin liver, would feel thrills of anatomic damnation such as Dante never dreamed! Imagine their nicely-dissected screams from behind the impenetrable curtain of degrees and honors that would shroud their sacred suffering persons from the apathetic populations! *1st voice*—"Oh! Kakangelist of pain! Oh! heinous Dr. Carpenter! Oh! the impish nucleoli in my abominable cell-germs!" *2nd voice*—"Oh! the cursed epi-

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thelial disks in my cursed tubuli uriniferi!" *3rd voice*—"Oh! the white-hot fiend's dagger sticking in the fifteenth fibre to the right round the corner, in my dreadful stylo-mastoid foramen!" *4th voice*—"Oh! crucified n. 11 in my glandulæ Peyeri sive solitariæ." *Chorus of voices*—"Villanous colleges! ye have brought me to this! Father Esculapius undub me! Father Esculapius undub me! confer upon me the bliss of ignorance of the horrid 'science of medicine,' and of the other horrid 'sciences upon which it is based.'" This undoubtedly would be the tune with which the wise Wakley would wind up medical education. Of course his silly commonalty would *have* all the maladies, just as at present; but like stumps of trees they would never *know* they had them. Furthermore, as science of medicine is science of disease, the doctors would be the only people that ever knew that they were ill; they would in fact have no consciousness of any other kind; for they would be essences too professional to trench on other departments; and thus they would no longer be men, but like Shakespeare's Trinculo, sheer abstract cramps and stomach-aches. The laity on the other hand would be the only people who ever knew that they were well. And this logical consequence would come, that the laity, ignorant of the science of pain, and of "the other sciences upon which it is based," could never have the blind presumption to call the doctors in at all. And this would be the wise Wakley's wind-up of medical practice.

The only consoling bit of verdure, brethren, that I see in this man's scheme, is, that the ladies, all through, would be on the right side of the hedge; their ancient sorrow quite repealed: yet even this Oasis is not unalloyed: for the fair creatures having no sympathies, (sympathies are always born of the possibility at least of similar suffering,) would never understand what the matter was with their writhing physician lords; but would go on with music and accomplishments, as usual; fiddling to Rome's burning. Except of course the lady doctors. But they are only Americans.

So far we have proceeded upon rails of deductions fairly running from the Wakleyian "principles of medical human nature," and laid upon immovable sleepers of logic; but as

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everything has its limbo of uncertainty, so here the state of the quacks as to medical sensation and intellection in the Waklennium may well be a matter of grave yet indecisive speculation. I hope and trust the spirit of Lord Bacon, through Judge Edmunds, will not be aggrieved at our thus casting about in a dim region, beyond real science; since we acknowledge to mere conceit and hypothesis. Our notion is, that the QUACKS will be the pure and useless intellect of medicine; floating above the REGULARS, and seeing them suffer; with no vibration stronger than that of a delicate amusement slightly curling their impassive nerves and facial muscles: mere airy laughters sailing provocative in the roofs of the colleges. Of course they can never taste the cup of diploma-given suffering, yet perhaps their neutral and null medicality may enable them to see it. In this case they will be, in the Waklennium, what extraneous and self-made reverends are to the true Church, and what philosophy is to creeds, and what Ariel to Caliban. But I doubt my footing here.

But suddenly a light dawns upon me: I see I am wrong in supposing that this *Lancet* article is a medical view of the case: it is evidently written with a coroner's nose as sharp as a pen, snuffing afar off the dead body of his own calling, and longing to hold an inquest on it. Every man to his trade. Wakley, the *Reineke Fuchs* of the plot, has nothing to lose by the ruin. He, guiltless of everything connected with medicine, practiceless, scienceless, reckless, only carrying the bag of old physic, can undoubtedly claim benefit of laity: the first rat that runs from the land of yells,—from the groaning Esculapian edifice, he can bend his next *Lancet* into a toothpick, and run to the ancillaries in the homœopathic kitchen, squeaking with might and main—"I know nothing of old physic! I know not the allopathic man!"

You will readily perceive in this farce, in which Wakley for the first time in his life is a conjuror, that the regnant idea is that of divine right, attached to particular individuals and corporations, and trampling upon everybody else. The exorcising of this killing fallacy has cost the world many a dire struggle, and is not yet complete. Yet the back of its harmful

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power is broken; although it still lives wherever there is a privilege extant, unearned by special personal utility; and wherever there is an exclusive pretension of any kind whatever. In common life the fallacy is seen readily enough. My shoemaker, who understands all about the making of shoes, of which I understand, and desire to understand, nothing, is yet absolutely my subject and servant, on my one point of interest, whether the shoes fit or not. On that point, my corns sit in judgment upon all his science. My mouth and digestion in like manner sit in judgment upon all the science of my baker. And so my trunk sits upon my tailor; and my head, upon my hatter. For USES are the KINGS of which sciences are the subjects. The public, therefore, for whose use every calling exists, and which knows when it is served to its mind, or not, is the lord and master of all professions: not of their sciences, for of these it knows and cares nothing; but of their fruits, which belong to its service, and fall beneath its ken. This is because the proof of the pudding lies not in the cooking, but in the eating. What we declare then is this,—in opposition to Wakley, and all threatened legislation of which he is the type, —that the medical profession exists for man, and not man for the medical profession. Let that profession build up its institutions as high as it pleases; and give them all the efficiency of which they are capable: only let it not be empowered to hinder *other medical professions, as many as choose*, from coming into existence; and standing ready for the service of the public, whenever it calls upon them to serve. I think, brethren, we have got far enough from divine right in England, to demand at least as much as this.

Passing gladly now from the Waklennium, and from all medical protectionism, we find this sentence: "The Archbishop of Canterbury still enjoys the power of dubbing whomsoever he pleases a Doctor of Medicine; and surely he who can make a doctor, must be himself a greater doctor." I thank him for this piece of information, if it be a fact; and it increases my great respect for our Church, to find such a power reposited in its archival laws. And though paper honors are none of the greatest, I only wish the primate would now and then use his

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privilege. It would be delightful to find our ecclesiastical chief selecting such grand undubbed men as Priessnitz, or Ling, to be called up into admitted firstrateness by his voice. As to the other point, the editor is unhappy: for it does not follow that he who can make a doctor must be himself a greater doctor; as neither that he who can make a pot, must be himself a greater pot. The creator of doctors, I should have thought, must be greater than any doctors, even as the potter is more than the clay. At present there are three creators of doctors: God, by gifts; the state, by charters; and the public, by patronage. The colleges are only the feeder of certain doctors, not the makers. And when the state, or the archbishop, create, each may, without any knowledge of medical science, select appropriate men to be so created. Whenever a man comes into their ken of whose performances it can be said, "the blind receive their sight, and the lame walk, the lepers are cleansed, and the deaf hear;" they may then bestow their *honorarium* upon that man without any further enquiry. And by so doing, they may honor the diploma-giving faculty, as it has never yet been honored.

Another point with *The Lancet*, is the advice it gives Lord Panmure. He is to follow the example of our allies. "No French minister," says the article, "would so far forget what was due to science and to his country, or so far lose sight of the bounds of his own understanding, as to decide upon questions of special science. The course a French minister would take, would be to consult the Academy of Medicine." Now Harvey and Jenner did take this course of consulting the Academy of Medicine; but, not liking their sentence, they had to consult somebody else after that: they went to the people of England, and to future ages of the world, and got another sentence. The railway men were bolder: they did not appeal to any solemn senate of old coaches; but went about their constructions at once: and now even Mr. Wakley rides in railway cars. Moreover, Napoleon III. did not consult the Academy when he sent out Headland's camphor bottles to the Crimea.

The last point is, that "several practitioners insist that the

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requisite steps should be immediately taken for ousting Lord Robert Grosvenor from the representation of the metropolitan county." I am afraid that the dread of this has weighed with members of the House of Commons, to prevent them from bringing the great claims of homœopathy manfully before the legislature: for old physic is powerful in votes and influence. Sir Benjamin Hall might lose Marylebone, as Lord Robert, Middlesex, from a combination of canvassing doctors. Well, if there is no more virtue than that to be had, we have another reason for looking beyond Parliament for justice.

Quitting now what homœopathy has done and elicited since last you met, let us take a very brief survey of the position of old physic during the same time. You all know what *it* has done,—broken down. In council and in fight, in hospital and in camp, it has shamefully broken down; yet still it "brokenly lives on." The question has been asked all round, and differently answered,—Who killed last winter's noble army of victors in the Crimea? I reply unhesitatingly, old physic killed it. All the doctors there did their best; and I subscribe to the monument of those of them who died, and to the praises of those who survive: yet it is not less a fact that old physic destroyed that fine army. It had destroyed hosts of armies before; yet not culpably then; because until now the new light of homœopathy had not been proffered to it, and without fairness, rejected.

The Czar Nicholas uttered a great fact when he said that he had three Generals, January, February and March, who would fight his battles well in the winter time. Those three old generals, which we may take to represent the destructive forces of all seasons of the diseaseful year, succeed in killing ten men for one that falls in battle. What is their counterpoise? What generals can we bring into the field against them? The men of medicine must be such, or we have none to offer. But old physic is essentially incompetent to form medical generals: surgeons and assistant-Surgeons, and various degrees of head to them, are as high as it can go. So little are the doctors able to do, that they come into relation with head quarters

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only incidentally: their army practice is but private practice on a great scale: they can give no general medical orders; and consequently can gain no general authority. In a campaign, no chieftain ever thinks of consulting them on strategic medicine, or abides by their advices; because it is patent from of old, that Generals January, February and March carry on the warfare quite over their heads. The manner then in which old physic wrought the ruin, is, that it lacked medical power and authority on a great scale: it could not appear in my Lord Raglan's council chamber, coequally with his other generals, and dictate its own importance, as foreseeing, and preventing one half of the casualties of the service. It had no title to appear there: no title earned by works. Without a voice in the matter, (though it would have had a voice if it had had a brain,) it let the men be landed without tents; it let them be surgeoned without Arnica and vulneraries; it let them be worked to death in the trenches: and in short it let those 30,000 human bodies go their own way, war's way, and weather's way, to inevitable wreck. And this it did, because it had no authority; and it had no authority, because it had no genius, or science, or past good deeds under similar circumstances, to make authority.

This absence of authority is a thing which strikes old physic itself as rather queer oftentimes. They see other professions rising to the highest places in the State, but a Lord Doctor they do not see, and they wonder piningly why not. It is that they do not deserve it, having no *public* vitality. Important as medicine is, second only to the church, there is no reason why its gifted men should not have many coronets among them; but then these must come from *public* services; from service to the State.

Homœopathy is already on the high road to a different kind of consideration, and to wider honors. By the possession of an ever-increasing number of specific medicines, it attacks disease in its strongholds; by the certainty of these, it can prescribe for masses of sufferers at once; by the ease of the administration of its means of cure, it can serve a thousand sick where scarce a hundred could be served on the old plan; by

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their harmlessness it abridges convalescence. In short, it is public medicine; where the old plan, giving it all its defenders claim, is only private practice. And moreover, it can be taught, and given away, to the public; which old physic cannot be. Am I wrong then in predicting that homœopathic medicine, in its progress, will also tread the path to a coequal distinction, because a coequal public life, with the law and the Church?

Old physic then broke down *in genere*, because it had no general element in its soul; and *in specie*, because it had no specifics; and here I take leave of it as a dead form of galvanized respectability, which exercises no humane movements any longer, but keeps its greater heir, homœopathy, out of its rights.

Now what is our present policy as homœopathists? For some time past I have discerned most clearly, that homœopathy is the first system of public drug medicine yet given: the first system wide as the world of nature, and progressive as her ages. And when my heart, with all our hearts, bled with our bleeding army, I wrote a rapid little book commending our art to those high folks to whom the better preservation of men and armies appears, by heaven, or somebody else, to be committed. And I also specially addressed the Minister of Public Health, pointing out to him a shining path of *public medicine*. But the great people and Sir Benjamin Hall had their ears turned another way: they were snoring; and he was consecrating a church in Wales, and sighting a peerage. This set me upon another tack. For I found that fair publicity was not to be had. The British ministers were deaf to us: the Board of Health utterly irresponsive: *The Times* newspaper hard shut: homœopathists in Parliament quite dumb: the medical profession with both thumbs in its ears, and roaring vengeance on us with its roundest mouth: in fact, every avenue to truth and voice from any homœopathic man, precluded. There is then, I said to myself, only one other man, but that is a grand man, left: that man is the commonalty of these realms; is the heart of the British people. And to them, I feel convinced, we must carry our cause.

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How shall we get at them?

As we are the depositories of a sacred ordinance of public medicine, it devolves upon us, in the virtual absence of a board of health, to constitute such a board, and administer it for ourselves, in the public service. A small joint stock company of private persons, may easily engender an institution of the kind, which will shame the government pretences to the same thing. My suggestion is this. Let a medical man be appointed at a liberal salary, (mind, *I* dont want the place,) to follow the run of disease; and to prescribe for it week by week, or at any stated times, frequent or distant according to circumstances. Let his prescriptions, in the selection of the maladies to be considered, be based, if you please, upon the government returns of disease, or upon any better knowledge he can obtain. For example, if scarlatina is epidemic, let him instruct the people what to do in all simple cases of that fever. And in this way, let him embrace the morbid year, and girdle it with homœopathy. Let these prescriptions be regular advertisements in the journals; and accompanying each, let there be a statement of where and how the medicines may be obtained. In all this, there will be nothing more than we give in our domestic manuals, only that it will be distributed piecemeal, and brought home to everybody: and at a time when it is exactly wanted. The plan may be begun on the smallest scale, say, by an advertisement of some plain prescription, varying by the weeks, once a week in *The Times* for a year. Before long, the probability is that numerous journals of the new band of journalism which the recent act will call into existence, will insert the prescriptions gratis, not as advertisements, but as information: that the public of each journal will require not less than this. For it will be evident in the face of the country that a charity is here, and the sound hearted country will appreciate it. In no very long time the patent medicine advertisements may begin to dwindle under the steady pressure of homœopathy, thus introduced. After three years perseverance, I leave you to guess the effect of it upon medical practice all over the country: and upon the extension of the number of homœopathists in every great district. Probably in ten years

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time even the government may begin to rub its eyes, and ask what is the matter, and whether any body has knocked at its door. But our private enterprize can then afford to say to some future Lord Panmures and Sir Benjamin Halls, always down late in the world's morning—"Sleep on now."

If no company feels inclined for the enterprize, one of our zealous and able chemists can execute it single handed: and what is of great import in these days, can make it pay. I question whether Mr. Headland, or Mr. Turner, with a sound medical friend at his elbow, could not manage the whole scheme far better than Sir Benjamin Hall, even if the so-called health minister had good-will and public courage. One quarter of the sum already spent in advertising, nay, ten shillings a week would begin it.

And never fear that the public will dabble too long with important cases, and that harm will accrue. All the fear at present lies the other way. Remember that your business is not to attain at once some ideal impossible standard of health, but simply to rescue far more patients than old physic saves. Statistics come in aid here; demonstrating, as they sternly do, that nopathy is better by a long score than allopathy; and that homœopathy considerably eclipses doing nothing. But in the worst cases, in which the stereotyped prescription is least to the mark, instead of allopathy, you will have the benefit both of homœopathy, imperfect though it be, and of the expectant system, or great nature's chance; which will be a mighty rescue for the people: and fully justify the safety of the new league of healing.

I foresee indeed the bare possibility that some of our brethren may dread the consequences of thus sowing the knowledge of homœopathy broadcast over the land; yet I would submit to them that their fears are groundless. In the first place, the thing is inevitable; being a part of the very essence of the light of homœopathy. In the second, though it will drain allopathy of its life-blood, it will so rapidly extend homœopathy among the public, that in spite of all domestic practice, it will vastly increase the *clientelle* of every good homœopathic practitioner. For our numbers are very small as compared to the present

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public demand, and cannot be very rapidly augmented. This plan then, I firmly believe, is the only means we at present have, of compensating the vast inroads which homœopathy quickly makes upon the practice of each of her medical sons, by the improved health of families: and it effects this compensation by embracing a geometrically increasing share of the people within the pale of the homœopathic creed. Let us then cast away base fear; and play at once this great card for the public service.

In a very short time after the HOMŒOPATHIC PUBLIC-HEALTH LEAGUE is constituted, the large towns will take up the same matter for themselves, and work the local case more efficiently than a general board can do. You will begin to tell upon the hospitals, infirmaries and dispensaries; and to convert some of their medical men. By what you can show to governors of infirmaries, to town councils, and to poor law guardians, you will soon have signs of a majority in your favour in hospital elections; and the movement inaugurated by Dr. Pearce at Northampton will spread apace. You will be carried on the shoulders of the free people into the wards of the hospital, and the feet of homœopathy be planted there, no more to come out thence, but to run its daily round of saving.

In the remarkable pamphlet published by Dr. Pearce, addressed to the governors and subscribers to the Northampton County Infirmary, he shews that that infirmary spends nearly £500 a year more than its income; the deficiency being made up in different ways. This, as you know, is the universal and chronic malady of all these institutions; in all of them, allopathy and beggary kiss each other. The excess of expenditure over income, necessitates charity sermons, bazaars, indifferent concerts, and many other taxes upon the public. Now Dr. Pearce proves that in the Northampton infirmary, homœopathy would at one blow save £500 a year. This of course applies to all similar institutions throughout the country. What a remarkable testimony this, to the love of God which pants and palpitates in the heart of any one honest truth well applied. How much more charitable that hard-looking formula, *similia similibus curantur*, is, than the best wishes of those who ignore

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it, since it would at once pour into the lap of the country's charity, a sum for disposal equal to the best collections that could be made from the richest congregations, after the moving discourses of thousands of eloquent clergy. After this, is any clergyman henceforth justified in preaching a charity sermon for a sick hospital, until he ascertains that homœopathy has been tried? that is to say, in one sense, that economy has been tried?

Nothing will be more beneficial in another way also to these charities, than their election of homœopathic officers. At present the public supports them tardily enough; and they live a kind of dull, frowsy and faithless existence; uninteresting, yet indispensable; vamped up by seedy annual dinners. But put into them this new fire, and what a keen gaze of the public eye will at once fall upon them. They will become foci round which will be grouped the lovers of science, of humanity, of economy, of the art of healing, admiring students also of the wonders of nature: and ultimately there is reason to think, that the poorer classes, loving them, will claim them, and support for themselves.

I have no doubt *The British Journal of Homœopathy* will tell you presently that these are some of my visions; for it is excellent in all things, and peculiarly natty in notes: but never mind, with your good assistance, we shall see. And now our main business would appear to be friendship and brotherhood. The great thing that we want for our living cause, is organization; and the main requisite of organization, is unity of end and principle, and harmonious diversity of opinion. Already we have the diversity well enough marked. We have men of high dilutions, and men of low dilutions, and men of no dilution at all. It strikes me that all these are simply different temperaments in the all-embracive body of our art and science, and that they are necessary and natural sects. For each man must handle that in which he can have faith. Without the faith, the healing means has no palpability of grasp. And undoubtedly there are material minds which require a little of what they call substance; and also another different order of minds for which science itself is a substance, and resultant

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facts of cure are sufficient to attest its power. By no chemistry of controversy can the one set at present dissolve the other: but they may coöperate under one end.

Yet whether we differ harmoniously, or disagreeably, though the result to ourselves will be important, yet in either case the great purpose of progress will go on. There are so many great innovations now, such revolutions within revolutions, such blue patches of sky seen through the thickest and smokiest of our limitations, that many good people deem that the world is coming to an end. But I very much hope it is coming to a beginning, and will soon commence. For hitherto there has been no world, but only separate and discordant nationalities. Now nations die, in order to make room for the world, which wants all their spaces; their room, but not their company. And so it is with medicine: its national corporations are passing and deciduous, and so to speak fœtal organs and phenomena, and now its permanent and planetary day is dawning. We stand around the cradle of this world-medicine; the cradle in which the great spirit of Hahnemann, and other great spirits, deposited it. And already as it turns its infantine countenance to the human race, it wears and sheds as its first expression, the universal smile of MEDICAL FREEDOM.

ON "BRIGHT'S DISEASE," & ITS HOMŒOPATHIC TREATMENT.

By Joseph Kidd, M.D.

(Read before the Congress of British Homœopathic Practitioners, July 4th, 1855.)

Organic diseases present many impediments to medicinal influence, to elucidate some of which in the homœopathic treatment of Bright's disease is the object of the present paper.

In defining the nature of the disease, we find its most constant characteristics to be the presence of albumen in the urine, and dropsy resulting from degenerative changes in the minute structure of the kidneys, ascertainable during life by chemical and microscopic examination of the urine.

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For the purpose of prognosis and treatment, clinical experience divides it into (at least) two* well marked forms, regarded even still by some as different stages of the same disease, but most clearly proved by late investigation to be separate, and separable by well marked characteristic symptoms during life, and post-mortem examination.

The first form, or the enlarged kidney, is a disease chiefly seated in the cortical structure. Although more suddenly and extensively causing dropsy, it is slower to destroy life, and more amenable to treatment than the second or contracted kidney, which is chiefly referrible to the medullary portion of the kidney, and is one of the most insidious and intractable of all diseases, so much so as to seem like death commencing in the kidney, or as the gradual extinction of function in an organ essential to life, by destruction of its tissue, as complete as cancer corroding the stomach or bladder.

The symptoms of the enlarged kidney generally come on in feeble relaxed states of general health, with aching pain and languor across the loins, loss of appetite and strength, furred tongue, dryness of skin, œdema about the ancles, rapidly increasing and spreading upwards till all the cellular tissue becomes anasarcous. Dyspnœa, especially on ascending and lying down, comes on as the serous infiltration invades the lungs and pericardium. Stupor and heaviness also frequently appear. The urine generally scanty, full coloured, specific gravity from 1014 to 1020, contains a large proportion of albumen, and under the microscope† is found frequently to contain blood globules and fat cells, but a less proportion of casts of the tubuli uriniferi and of epithelial debris than in the urine from the contracted kidney.

* Excluding from consideration simple congestion and inflammation of the kidney, as also desquamative nephritis following scarlatina.

† The use of the microscope is of easy application to the detection of Bright's disease, some of the worst cases of which are *unattended* by *an albuminous* condition of urine, yet may be recognized by the microscopic examination.

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The natural progress of this disease leads to a gradual extinction of life, through the exhaustion and suffering resulting from the obstructed functions. Nature frequently attempts to remove this obstruction by critical fluxes—as by long continued diarrhœa or diuresis—less frequently by profuse perspiration. In severe cases of this disease the success of our treatment will be in proportion to the possibility of removing this organic obstruction.

The second form of Bright's disease, or the "contracted kidney," dependent on granular degeneration, generally comes on most insidiously, so as to escape detection, until the diseased process is far advanced.* The earliest symptom is an unusual and long continued prostration of nervous and physical power, unrelieved by generous diet or change of air. Drowsiness also attracts attention, and if now (in the early stage) the legs are examined, little or no swelling appears on a superficial glance, but the skin looks firm and hard, and on pressure pits deeply. The urine is also found to be abundant, (from 50 to 80 oz. in the 24 hours) pale, opalescent, very low specific gravity, 1010 to 1014, neutral or slightly alkaline, and on careful addition of Nitric acid a granular deposit of albumen is seen to form very slowly. On boiling the same, scanty granular deposit occurs. To the naked eye the urine is seen to contain casts of the tubuli uriniferi, but more clearly if a drop is examined under the microscope, when epithelial cells and granules in all phases of evolution and destruction may be recognized.

As the disease progresses, even with a small amount of external dropsy (anasarca), the internal organs and cavities become engaged, and œdema of the lungs, ascites, hydro-pericardium, and effusion into the spinal and cerebral arachnoid appear, and also more and more lassitude and drowsiness. As the epithelial scales are cast off without reproduction, the elimination of urea ceases in great part, and the denuded basement membrane of

* In few diseases is early detection of so much importance as in this. A few months delay may convert a good chance of cure into a hopeless impossibility.

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the tubuli uriniferi allows a constant draining away of the serum of the blood (in which the urea being retained renders it unfitted to carry on nutrition), and leads to excessive exhaustion of the nervous centres.

Finding the natural outlet for the elimination of urea blocked up, nature institutes a vicarious action through the allied functions, especially of the mucous and serous membranes and skin. The perspiration—at times excessive—has been proved to contain urea (by Schottin), also the abundant mucus expectoration from the bronchial tubes. In like manner nausea, vomiting and diarrhœa occur, and on adding acid to the secretions, brisk effervescence frequently occurs from the escape of carbonate of ammonia.

Effusion into the joints, simulating rheumatism, and into the pleura and pericardium, causing palpitation and oppression of the breathing, although painfully, yet serve the same beneficent purpose of prolonging life to the utmost. Towards the last the same action of accommodation reaches the arachnoid of the spine and brain, and causes spasms, convulsions and insensibility, in which death gradually steals on without much pain or distress, and ends the appointed cycle of organic life.

The predisposing causes of fatty degeneration of the kidney do not admit of a well defined separation from those of the granular. Still the former are more usually ascribed to the scrofulous or phthisical diathesis; deterioration of blood through want of sufficient nutritious food, or by great anxiety, or hemorrhage, (especially in torpid lymphatic temperaments), abuse of alcoholic fluids, occupations exposing to frequent changes of temperature, or to great privations, and also constitutional syphilis. The exciting or immediate causes generally are: sudden suppression of perspiration, or of eruptions, especially from exposure to cold before the desquamation after scarlatina is over;* also blows on the loins, or great strains. The reaction after suppression of urine in cholera, the abuse of stimuluting diuretics, and of Mercury, occasionally also preg-

* Until the fourth week has elapsed flannel should be worn next the skin, and unless the weather be warm no out-door exposure should be allowed.

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nancy, with great anxiety and weakness, acts as the immediate cause of this disease.

Of the true granular degeneration, or the "contracted kidney," the predisposing causes are more frequently traceable to prostatic disease, stricture and intemperance; a certain peculiar constitution, or diathesis, that may be called "degenerative," seems in most cases however to be the only assignable cause. This stamp of constitution is most frequently met with in large towns, where anxiety of mind combines with irregularity of meals to cause mal-assimilation of food, and want of brisk open air exercise prevents true depuration of blood. In the mad struggle for wealth, so many, alas, deny themselves the true requirements of nature, until from 50 to 60 they find themselves suddenly arrested by a complete break down of constitution.

The exciting cause of granular degeneration of the kidney is most generally some long continued over exertion of mind or body, or a change from a warm climate to a cold one. Certain impure states of the blood seem to act as the directly exciting causes of degeneration of the kidney, (as seen in erysipelas). In such cases the destructive process set up in the kidney may serve as an outlet to the vitiated ingredients of the blood, in the same way as Mr. Simon has suggested that the destruction of the glandular organs in cancer is set up by nature as a new organ of elimination for the escape of the cancer cells from the blood.

The *post-mortem* appearances of the "enlarged kidney" from fatty degeneration are chiefly referrible to the cortical portion, which is seen to be *flabby and expanded*, of a pale grey colour, the capsule *loosely adherent*. The cut surface looks infiltrated by a plasma of albuminous exudation in the cortical portion, but in the tubular looks swollen, and speckled with red.

A thin layer under the microscope, discloses the diameter of the tubules to be encroached upon by the enlarged epithelial scales, the number and size of which are increased and mixed with various cells and nuclei in different stages of dissolution. The tubules are also frequently expanded into cysts.

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The *post mortem* appearances of the contracted kidney are—capsule *adherent* to the cortical structure, which is more shrunken than the medullary; the cut surface is of a dull deep red colour—granular looking *and tough*. A thin section under the microscope shows the epithelia swept away into mere granular debris, and the basement membrane denuded or destroyed, so as to allow of constant draining away of serous urine of low specific gravity in large quantities, yet only aggravating the dropsy by its exhausting influence.

If the blood in the vessels be now examined, it is found to contain a very small proportion of red globules—yet nearly the average proportion of fibrine and of inorganic salts, but the serum is of very low specific gravity, and the amount of albumen much lessened and of low feeble organization.

The medicines I have found most useful in the treatment of Bright's disease, are Terebinthina, Cantharides, Arsenicum, Mercurius, Nitric acid, Phosphorus, Ferrum sulphuricum and China. I have also used, and for special complications, Nux vom., Cuprum aceticum, Opium, Ipecac., Bryonia.

Finding only palliative relief from Canth., Arsenicum, Mercurius, in this disease, I was led to investigate the cause of it, when it seemed to me that none of those medicines corresponded in their true and least variable pathogenetic effects to the essential nature of Bright's disease. This for the purpose of treatment, resolves itself into a disorganization of the secreting structure of the kidney, which causes the nutritive material of the blood to escape constantly, and at the same time prevents the natural elimination of urea from the blood.

To this pathological condition no medicine seemed to me so truly to correspond as Terebinthina, which in the healthy subject causes hæmaturia with frequent micturition and albuminuria, aching pain and weight in the loins, depression of muscular power, vertigo, stupor, and also increased secretion from the bronchial and gastro-intestinal mucous membranes. It perfectly cured the first case (that of Miss D. of Woodford, in the sequel) I used it in, and that when death seemed inevitable, and when Cantharides failed to produce any amendment. The second case it also cured (that of Capt. S. of Bridgnorth.)

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The symptoms indicating its use are, scanty evacuation of urine, rather deep coloured, (and occasionally containing blood,) coagulating abundantly with heat, or Nitric acid—extensive *anasarca*—irritability and relaxation of bowels, anorexia; also abundant mucous expectoration.

Cantharides is more useful in acute or chronic nephritis, and in desquamative nephritis, than in the fully formed degenerative disease of the kidney, in the acute or early stage of which, however it is most useful, especially when occurring from blows on the loins, or sudden changes of temperature. The symptoms most indicative of its use, are scanty secretion of high coloured urine, with scalding irritation of the bladder and urethra, aching pain across the loins, or in the testicles. Urine containing an excessive proportion of swollen epithelial scales, and rapidly coagulating by heat or Nitric acid. Acute anasarca. In cases complicated with old strictures, or with prostatic enlargement or prostatic gleet, it also proves useful.

When urgent symptoms of effusion on the brain from urea poisoning occur, with stupor and insensibility, it is also indicated; as well as in active hæmaturia, more so if the blood comes from the bladder mixed with shreds of membranous exudation. Arsenicum is more useful in the albuminuria following scarlatina (in desquamative nephritis) than in any other disease of the kidney. It is especially indicated if rapid desquamation of the skin accompanies the same process in the mucous membrane of the kidney (as seen in the excessive proportion of epithelial scales in the urine under the microscope.) Also when anasarca gradually follows scarlatina, in weak exhausted states of the system, induced by poor living, or damp situations.

In ascites following desquamative nephritis, I have also found it very useful, as well as in the constant coryza attendant upon the advanced stages of granular degeneration. When the latter is connected with repressed eruptions it may do good, but the majority of cases seem to derive but little permanent benefit from it.

Mercurius corrosivus is also only useful in the acute, or early stages of albuminuria, especially when caused by the abuse of

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alcoholic fluids, by cold, or by obstructed portal circulation. It is especially useful when the disease is accompanied with effusion of fibrine, or fat globules in the urine, as well as when profuse secretion of pale albuminous urine occurs. Also when bilious diarrhœa, or profuse slimy secretion from the mouth and throat, accompany the disease.

Nitric acid I have derived much aid from in the worst cases of the contracted kidney disease, especially when nausea, —excessive slimy secretion from mouth and throat—yellow coating all over the tongue with bitter or acid taste exist; also bilious diarrhœa or constipation, with piles and anorexia.

At my friend's (Dr. Grey of New York) suggestion, I have tried Phosphorus in Bright's disease, but without much result.

Nux vom. is useful when heaviness and stupor accompany the disease, but acts only as a palliative. The same may be said of Opium also. China and Ferrum sulphuricum (1st and 2nd dil.) prove of great service in relieving the exhaustion and lassitude complained of in every stage of the disease. Ipecac. frequently relieves the irritable dry cough caused by œdema of the lungs. It also acts well when nausea and abundant mucous expectoration exist. In the same case, Pulsatilla frequently is of service.

In the treatment of albuminuria dependent on granular degeneration of the kidneys, we find such a constant vis inertiæ (from the retained urea poisoning the blood), opposing our efforts to cure, or to prolong life, that we must not depend on medicinal influence alone, for in this disease above all others, we find how futile is the purely *symptomatic* treatment. If we feel it to be our calling to prolong life to the uttermost in this disease, and to make that little the most endurable, we must grasp the physiological processes set up by nature, vicarious one to the other, in eliminating the urea when its natural channel is blocked up. To these conservative functions we must apply the ever-acting law of "similia similibus curantur."

Thus the pathogenetic effects of Nux vom. and of Opium, resemble most closely the symptoms of drowsiness and stupor

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from urea poisoning. Yet those medicines prove of little or no true benefit, because of the physical obstruction to their action from the retained urea. It is precisely analogous to a foreign body in the eye, resisting the action of Aconite in the sympathetic inflammation resulting therefrom. It is clearly as much our duty to promote the elimination of the urea in one case, as to extract the foreign body in the other, and help by natural means to increase the secretions, that we now find take up the actions correlative to the functions of the kidney. In proportion to the success of our efforts in this direction, we may be enabled to prolong life, and ward off much distress and pain.

Free action of the skin above all, is most essential. The occasional use of vapour baths at 96 to 98 degrees for five to ten minutes, and regular daily ablution with tepid soft water and soap, followed by brisk dry friction, fulfil this most satisfactorily. The increased activity of the lungs and liver, we must seek to promote by regular exercise in the open air (in dry elevated situations if possible). The action of Hepar sulphuris and Terebinthina also aids us in this. A change to an equable warm dry climate (as to Egypt, Malta, or Malaga,) is of vast moment, and if the disease is of recent origin, may completely cure it. Increasing the action of the skin, it also enables the patient to take open air exercise all through the winter, wonderfully exhilarates the spirits, and increases the appetite.

It is also of great moment to supply abundantly all the elements which are being carried out in excess, by the use of unstimulating albuminous and farinaceous food, in the form most easy of digestion, milk, eggs, fowl, fish, mutton, beef, peas, beans, bread, biscuits, cocoa, tea. Also a very little fresh vegetable, and ripe fruit every day.

The use of alcoholic fluids in albuminuria dependent on degeneration of the kidney requires great tact and judgment. In that called the fatty or enlarged kidney, they are borne very well if moderately used at meals only, but in the cases of granular degeneration they aggravate the urea poisoning, and tend to cause effusion on the brain and spine. (Serous apoplexy.)

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Still in many cases the patients cannot do without their accustomed stimulus. In such cases, good Bordeaux wine is the least objectionable. Burgundy, or pale sherry, comes next if necessity does not oblige pale ale or porter to be taken.

When dropsy is increasing in the extremities or in the chest, much aid will be found from brisk friction, or shampooing *downwards*. This aids in the more rapid exhalation outwards through the skin of the urea laden serum, and also seems to cause its more rapid reabsorption into the vessels in a state quickly eliminated. From this I have seen most rapid diminution of dropsy; which, though temporary, yet afforded much relief to the urgent dyspnœa, and to cramps in the limbs.

Case I.—Granular degeneration of the kidney, with (probable) contraction following pregnancy. General dropsy. Death. Mrs. H. B—, of Gateshead, of a feeble delicate constitution, and small, thin frame, aged about 28, was confined with her second child in the latter part of 1852, under most agonizing distress of mind caused by the unexpected death of her husband a short time before. Not regaining her strength after her confinement, her medical attendant was induced to examine her urine, which proved to be albuminous. His treatment proving of no avail, she was removed to Edinburgh, and placed under the care of Dr. Christison with no better result. After some months she was removed to a friend's house at Ampthill, near Bedford, and sent for me, June 21, 1852. I found her very emaciated and weak, much depressed in mind, the appetite deficient, her nights disturbed by dry tickling cough, and urgent dyspnœa dependent on œdema of the lungs. Feet and legs much swollen towards evening. The urine collected for twenty-four hours and mixed, was of a pale colour, with light flocculent deposit. Sp. gr. 1010, reaction neutral. Uric acid and urea nearly quite absent. On boiling the urine, a deposit of albumen was collected equal to twelve grains in the fluid ounce. For about one month I treated her with Cantharides, 1st and 3rd dilution, under which the proportion of albumen lessened, the urine became slightly acid, and its

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sp. gr. rose to 1014. Her nights became much less disturbed, and her appetite and spirits improved a little. Soon however, under renewed anxiety, she got rapidly worse, and the dyspnœa became excessive. I then prescribed Arsenicum 3, 2, 1, without any benefit, also Nux vom. 3 and 1, for the irritable cough, which it relieved somewhat. She was then removed to her mother's (house) near Berwick, where I subsequently visited her, and found general dropsy rapidly increasing, with total prostration of strength. In this state she lingered for two months, under the care of her former family physician, and gradually sank with total break-up of the lungs, through miliary tubercle towards the end.

Case II.—Fatty degeneration of kidney (enlargement). General dropsy. Cure. Miss D —, of Woodford, æt. 26, of a feeble, relaxed constitution; lymphatic, sanguine temperament; in March 1852, during the prevalence of cold east winds, was attacked by pleurisy, and severe pain across the lumbar region, accompanied with the secretion of thick white urine. She gradually lost the symptoms of pleurisy, but anasarca gradually came on in June, with great prostration of strength. Under skilful allopathic treatment, she got worse and worse, till November in the same year, she came under my care. Her limbs were then enormously swollen, so that the skin—deeply pitting on pressure — was distended nearly to bursting, and she could with difficulty move a step. The integument of the body and chest, was also universally anasarcous. She complained of much general muscular weakness, but her appetite was good. Bowels regular. Catamenia absent four months. The urine collected for twenty-four hours was of a deep, smoky, opalescent colour, sp. gr. 1018, and average quantity, 30 to 35 oz. in the twenty-four hours. On boiling a little it became a nearly solid mass of albumen, so as to allow of the test tube being inverted without escaping. The same also by the addition of nitric acid. Under the microscope, blood globules were visible. For three to four weeks I treated her by Cantharides, but she became gradually worse, the dropsy

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increased to that degree that she could scarcely leave her bed from the enormous size of her limbs. Disheartened at this result, I reflected long and anxiously on the nature and treatment of her disease, with the result before mentioned, of selecting Terebinthina. This I accordingly prescribed, in the dose of four drops three times a day, of the pure spirit (occasionally for a few days the first and third dilutions were substituted). The most marked improvement resulted. The specific gravity of the urine became higher, the quantity of albumen lessened. The dropsy steadily diminished as the amount of urine increased (from 30 to 45, 50, and eventually to 60 oz), and the strength and activity soon surprised all her friends who had given her up as hopelessly lost. The same medicine was continued for three months, and at the end of that time the most careful examination failed to detect albumen or blood globules in her urine, which was then perfectly transparent, of a clear amber colour, and its specific gravity 1030. Every vestige of dropsy was removed, and the catamenia appeared with perfect restoration of health and strength, in which she continued up to the last time I saw her, nearly two years afterwards.

Case III.—General dropsy, dependent on degeneration (probably granular) of the kidney. Cure. Capt. Thos. S—, of Bridgnorth, æt. 59. Bilious temparament, deep sallow complexion, and of a family in which kidney disease carried off several members about his age. Given up as hopeless by the allopathic physicians of Bridgnorth, he was with difficulty moved to his mother-in-law's house at Croom's Hill, Greenwich, to try what homœopathic treatment could do for him. The morning after his arrival (10th of May, 1854), I found him, after a night of much suffering through dyspnœa, propped up in bed, scarcely able to breathe, with his legs and body œdematous, the entire posterior inferior region of the right side of chest perfectly dull on percussion, and in the upper and middle parts moist crepitating râles. The same on the left side, but to a slighter extent. The heart's action muffled and

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indistinct. On the least exertion, or on lying down in bed, sudden faintness and oppression of breathing came on. His tongue was dry and red, and the bowels constipated; no appetite; extreme prostration of strength, and lassitude. The urine was abundant (three to four pints in the twenty-four hours), of a pale colour, specific gravity 1010, reaction neutral, freely coagulated by boiling, or nitric acid. Under the microscope, broken down blood discs were seen entangled in casts of the tubuli uriniferi, also epithelial scales of irregular forms mixed with stringy mucus. The history given me was that his constitution had been severely tried in India and at home by enormous quantities of Calomel, and by various accidental falls; that for years past he was accustomed to pass bloody urine, and in January 1854, after a severe kick on the loins from his horse, bloody urine was passed with severe aching pains across the loins. He was confined to his house at Bridgnorth, under the care of two allopathic practitioners for four months, during which dropsy gradually came on and steadily increased, notwithstanding the most vigorous treatment, including the free use of Calomel, and of warm baths. Being the second case of dropsy with albuminuria which occurred in my practice, after the cure of Miss D— by Terebinthina, I immediately prescribed it in doses of three or four drops, three times a day for a few days. This dose causing bilious diarrhœa (although in the old system he required very large doses of Calomel to operate on the bowels), was changed to *one drop*, and continued for three months twice a day (occasionally substituting the 1st and 3rd decimal dilutions), and with the most rapid improvement. All dropsy was gradually removed; the breathing became good; appetite and strength increased; bowels acted regularly once a day; and about the 28th of June he returned to Bridgnorth, to the astonishment of his former medical attendants and his friends, as well able to walk as ever, and in perfect health. In May 1855, he called on me in London, and reported "that he had continued in perfect health, able to hunt, and to go about in the coldest weather, till about a fortnight ago, when the

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stomach getting deranged, he had foolishly allowed his old allopathic surgeon to give him smart doses of Calomel for a few days, which upset his general health, and his limbs became a little œdematous again." Under the Terebinthina, one drop night and morning for ten days, he became again quite restored to his usual activity and strength.

The cure in this case I do not regard as permanent, for upon careful examination in May 1855, I found the urine still albuminous, and of low specific gravity (1010 to 1012). The patient and his friends regarded him as completely cured, which to all external appearance was the case.

Case 4.—Granular degeneration of the kidney (contraction), following prostatic enlargement and stricture. General dropsy. Death. In the autumn of 1853, I was consulted by G. F—, Esq. of New York, aged 50, for symptoms of gradual enlargement of the prostate gland, accompanied by painful contraction of an old stricture that had been operated on six years before (by the late Mr. Stafford), during which interval it seemed to have been cured. Struck by the general exhaustion and irritability of nervous energy, I requested him to collect the urine for twenty-four hours, and bring me a little. It was pale, opalescent, like freshly made whey, and of specific gravity 1014. On standing, it deposited much flaky debris, which even to the naked eye was seen to contain casts of tubes. Boiled, a fine granular deposit slowly fell down (increased by addition of Nitric acid). Under the microscope much epithelial debris of the bladder and prostate was seen. In addition to the urinary symptoms he complained of irritability and depression of spirits, indisposition for muscular exercise, dryness and yellow fur of the tongue in the morning.

I gave a gloomy prognosis, and to his friends expressed the opinion that he was suffering from the most intractable form of Bright's disease, dependent on granular degeneration of the kidney, and that dropsy was inevitable, and most probably at a later stage would cause serous apoplexy.

Notwithstanding the most careful general management, and the persevering use of Cantharis, Terebinth, and Nux vom.

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the frequent irritation to pass urine day and night increased, and the proportion of albumen in the urine also. Becoming gradually weaker, œdema came on about the legs. Ferrum sulphuricum, China, Phosphoric acid, were successively prescribed without any permanent effect. In the winter of 1854-5, he suffered sadly from the cold weather. Cramps and rigidity of the muscles, with neuralgic pains disturbed his sleep. These symptoms were easily relieved by Cuprum aceticum—1st dil. or the 2nd, but not by the 3rd dil., nor yet by Cuprum metallicum, 1st trit.

During the long continued frost in February, œdema of the lungs came on, obliging him to sleep in a chair. The urgent dyspnœa was unrelieved by Bryonia, Arsenicum, Phosph.

As the specific gravity of the urine fell lower and lower, to 1012, 1010, long continued fluent coryza, and slimy mucus expectoration increased, although the general state was never benefitted by Nitric acid. In March and April constant vomiting after all food came on (palliated by Ipecac and China). With this complication of suffering he now determined on a voyage to America, and in May reached New York, but in a few weeks gradual insensibility came on, and he died placidly in his chair, most kindly attended to by Drs. Gray and Warner.

TIC DOULOUREUX.

By William Morgan, M.R.C.S. London,

Member of the British Homœopathic Society, and one of the Medical Officers to the London Homœopathic Hospital, &c.

Being the substance of a paper read at the Annual Congress of British Homœopathic Practitioners, on the 4th of July, 1855.

Mr. President and Gentlemen,

In treating of the subject of neuralgia, or pain of the nerves, I feel that I am taking up a subject neither new nor unnoticed; on the contrary, the very anomalous nature of nervous diseases has left them long a riddle to the medical practitioner—a riddle that the most patient investigation has too frequently failed in solving.

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This much, however, we clearly know; pain is mainly the result of nervous irritation. If pain arise from mental causes; if sorrow or anger, grief or passion, be the sources of their origin, the nerves are the wonderful and sensitive *media* through which those emotions are enabled to act upon the bodily frame; if pain arise from local injury, from fracture, from dislocation, or from decomposition of bodily parts, still the nerves are the active agents through which it is carried from one organ to another; nerves are, so to say, the life and death of the human system; through these nerves are conveyed its means, both of existence and destruction; through these wondrous—as it were—wire springs of life, we receive the influence that may stimulate or deaden all faculty; through these nerves we receive consciousness or forgetfulness; we are sensible to the minutest wave of the polarizing crystal, to the most delicate magnetic influence, though produced from a remote source; through them even the phantasies of mania assume a strange, often a healthy tranquillity; through them the powers of the soul develope themselves in all their might and God-endowed grandeur.

For, whatever be our view of the first grand source of human life and action, it is an undeniable fact, that *electric force* is one of, if not the greatest means that a higher power has selected for the production, sustenance, and reproduction of both. And what is electric force but nervous influence distributed more or less throughout the body? What is the action of the blood but that of the most wondrous clockwork ever devised, keeping up with unerring and steadfast measure that motion which but some outward irregularity can disturb or suppress? What is the very medium through which life and its attributes of sense and motion are distributed, but that wondrous complication of small, sometimes almost invisible nerves, the off-shoots, as it were, of some of greater size and power, and finally terminating in their great nourisher and supporter, the seat of the soul itself? Through these nerves it is, that the human system is, as it were in a map, divided and traced out; through these nerves it is, that heat and cold, pleasure and pain are discerned; through these nerves, as it

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were through a living galvanic battery, we feel every emotion, gain every perception; through these, the brightest impulses of love and religion transmit their influence, and connect physical matter with the soul, with which God has made it animate.

Yet this wondrous organization is no less susceptible of the ills which flesh is unhappily born to undergo. The very delicacy of the nervous system renders it the ready path through which "pain and anguish rend the brow"; and hence the almost infinite variety of neuralgia, or painful affection of the nerves.

Neuralgia, in whatever form, or whatever chord of the nervous system it may attack, is, it may be safely affirmed, one of, if not the most distressing and painful affections which invade the living organism. I need hardly say that the term derives its characteristic appellation from the Greek *νεῦρον* and *ἀλγὸς*, and is understood by most pathologists to apply to all those painful disorders, which are, to all appearances, unconnected with any inflammatory or recognised lesion of a part: in fact, it implies a morbid exaltation of sensibility, without a perceptible organic change. As the whole system is lavishly supplied with nervous branches varying in size and magnitude, from the great sciatic down to the minutest silk-like filament, so also may any part of the body be attacked with this distressing malady. It restricts itself to no particular locality, neither does it bestow any particular favouritism upon one organ more than another. The *head*, the *face*, the *neck*, the *mammæ*, and *testes*, are alike subject to its influence, in some while it runs its harrassing course along the intercostal, the sciatic, and the ilio-lumbar in others.

The greatest authorities of the present day, more especially the continental physicians, assign it a place among the affections of the more vital and important organs. Under the different titles of *gastralgia*, *gastrodynia*, *colic*, *ileus*, *hepatalgia*, *nephralgia*, *splenalgia*, *hysteralgia*, *mastodynia*, &c., while most of our own pathologists are also agreed that that very distressing and painful affection, "*angina pectoris*," arises from a morbid excitability of the cardiac nerves, leading to spasm of the muscular fibres of the heart and the great blood vessels.

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Neuralgia may therefore be said to comprise a large class of prominent and important disorders, which, from their extreme severity, obstinacy, and in very many instances, profound obscurity, demand the most serious attention, the most close and careful investigation of the practitioner.

Neuralgia is a disease of no recent origin, neither does it (as I have before stated) confine itself to any particular locality or country. It did not escape the vigilant eyes of the ancient physicians, as the works of *Hippocrates*, *Cœlius Aurelianus*, *Aretæus*, as well as the Arabian authors, such as *Avicenna*, and others, teem with scattered allusions to this painful affection of the nerves. The inhabitants of the high table-lands are not more exempt from its ravages than those who are found on the borders of forests, rivers and swamps. Indeed, the whole human race are more or less liable to its attacks, whether they be natives of the Torrid Zone, the icy regions of Behring's Straits, or the remotest isle of the Polynesian group. I myself have met with it on the fair and beautiful isle of Madeira, on the swampy banks of the Demerara, as well as on the lofty ranges of the West India Isles.

Having made these few remarks on the general character and history of neuralgia, and as the limits of my address will not permit of a more extended consideration of this important subject, we will, if you please, devote a short time to dealing with that species of neuralgia which has popularly obtained the name of *tic douloureux*, and which forms the subject of this paper.

Since the days of Sydenham, the acknowledged father of English medicine, many able treatises have, by different authors, been written on this subject, and I believe that Dr. John Fothergill was about the first in this country, who, in a separate form, drew the special attention of the profession to it, and called it simply "a painful affection of the face." Soon after, or about the same time, M. André of Versailles wrote upon the subject, and gave it the familiar name which it has ever since assumed, that of *tic douloureux*. I may also mention Dr. Darwin, who speaks of it as "*hemicrania idiopathica*," i. e., an affection by which *one half* of the nerves of the head are in a

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state of pain; Heberden as *dolor capitis intermittens;* Sauvages, as *trismus dolorificus;* Young, *antalgia dolorosa;* Chaussier, the French writer, gave it the name of *neuralgia facialis*, which was slightly altered by Good into *neuralgia faciei;* Kerrison and Hutchinson as *neuralgia facialis spasmodica*. But these names after all amount to the same meaning, viz., that of nervous and painful affection of the face, more or less spasmodic in its character, but evidently to be distinguished from many affections of a like nervous origin. Let us therefore consider the expressive name of *tic*, &c. both as to its applicability, and the symptoms it indicates.

Those who have either suffered from, or have medically treated tooth-ache, are aware that *vibration* is the active medium of pain; just as in battering a wall, it is not one stroke, nor another, that brings down the mass of masonry, but a series of blows, continually multiplying their force as one stroke succeeds another, and thus producing a gradual but certain decomposition and separation of parts; so it is with neuralgic pains, especially those which affect the facial nerves. Hence the feeling as if something were beating or pulsating, which is so repeatedly experienced by those suffering from neuralgia, and hence the applicability of the name of *tic* to the complaint.

The word *tic* implies a convulsive movement or spasm, and as strong emotion, even when of a mental character, readily displays itself by muscular twitching and contortion, the name has been well selected by M. André to designate those feelings, when, in the paroxysms of facial pain, the patient feels as though something were moving in the cheek, oscillating like the pendulum of a clock, and from the proximity of the ear actually sounding. So clearly has this been felt by patients, that they have spoken of feeling as though something in the cheek went tic-tic-tic.

Another person speaks of the disease as commencing with a slight concussion, or ticking somewhat similar to that of a pendulum.

Several authorities have endeavoured to account for these vibratory sounds, but, as an able writer on the subject of

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neuralgia well observes, that we can only *guess* at the cause of this sensation. It may, he thinks, possibly be occasioned by the spasmodic action of the nerve itself during the paroxysm; or, which is more probable, result from the implication of the auditory nerve in the diseased action; the idea of sound arising from irritation of the nerves of the ear, in the same way as flashes of light appear to the patient when those of the eye are disturbed.

As the principal object of our annual assemblies is to endeavour to elicit practical facts from each other, rather than theories, in furtherance of the grand object we have in view; viz. that of raising a perfect and imperishable monument to the illustrious founder of our doctrine, I will not occupy the time of this meeting by referring (in a formal manner) to the various symptoms, and manifold causes, whether they be of a predisposing, an exciting, or of a pathological character, which may produce an attack of this disease. Neither do I consider it requisite before a body of my professional brethren to enter (beyond the necessary limits required for our guidance) into the anatomy and physiology of the parts in question. I shall therefore after a very brief reference to those parts, merely as a kind of refresher, submit to this meeting the result which has attended the administration of two or three medicines in several well marked and unmistakable cases of Tic Douloureux.

It is now, I believe, pretty well settled that the source of mischief causing this distressing complaint, rests with the terminal branches of the fifth pair of nerves—*the trifacial*. This nerve, as you know, arises by two roots from a tract of yellowish white matter, situate in front of the floor of the fourth ventricle. It passes forward to the petrous portion of the temporal bone, where it spreads into a large semilunar shaped ganglion—"*the gasserian*." This ganglion divides into three main branches: the ophthalmic—the superior maxillary, and the inferior maxillary. The first, as its name implies, gives off (in the first place) a frontal, lacrymal and nasal branch, besides numerous twigs to supply the surrounding tissues of the orbit. The second, or superior maxillary, passes forwards and makes its exit from the cranium through the foramen rotundum; it

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crosses the spheno-maxillary fossa, penetrates through the canal in the floor of the orbit, and emerges at the infra-orbital foramen, where it divides into a shower of branches, to supply the muscles and integuments of the face. This nerve gives off in its course, orbital, dental, muscular, and cutaneous branches. While crossing the spheno-maxillary fossa, you may remember it receives two ascending branches from Meckel's ganglion, and this appears to be the first communication which exists between the nerves of the face and that vast chain which forms the great sympathetic tract. The third, or infer-maxillary, leaves the cranium by the foramen ovale, and divides into two branches, internal and external; the first gives off four or five branches, which are distributed to the temporo-maxillary region, consisting of the masseter, temporal, and buccal, &c. whilst the internal divides into the gustatory, infer-dental, and anterior auricular.

In addition to this, there is another class of nerves which becomes affected with this complaint; and although grave differences of opinion did exist upon this point, still I should presume that there are now very few practitioners who doubt the possibility of the *portio-dura* of the seventh pair being similarly assailed to the other more superficial and sensitive nerves of the face. Whether this nerve, or its branches, be directly affected by the exciting cause, or whether from the close approximation, the extensive intertwinings and inosculations which are well known to exist between this and the other facial nerves, and thereby coming (as it were) into actual contact with a diseased surface, and that of the most sensitive character, I will not stop here to discuss.

There seems to be but one opinion as to the more frequent occurrence of neuralgia of the face, than any other part of the body; and there are many cogent reasons to be assigned for this peculiar susceptibility. In the first place, its continual exposure to atmospheric changes—heat and cold, dryness and moisture—its thin and fragile integument, sca
the delicate machinery beneath—its mental vic
once more permit me to remind you of the e
emotion (whether pleasureable or painful, whet
of modesty, or the throe of anguish) on the s

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the nervous system of the face. I may also point out to you how fearfully the face is the index of internal indisposition, and how often we have but to look in the face of the patient, to probe and fathom as it were the whole nature of his disease. In no case is this so apparent as in the disease of which I am now speaking—in no case does pain speak more clearly or more feelingly for itself.

There is another point connected with this subject which I think demands a moment's consideration. I allude to the *anatomical* distribution of the facial nerves. We cannot help being struck with the immense mass of filaments distributed "*net-like*" all over the face, their more than ordinary size, their extensive inosculations, and above all their immediate contact and blending (as it were) with the skin, which brings them within the pale of those atmospheric changes, as well as the grasp of the subtle malaria.

Those frightfully morbid feelings which attend a fully developed case of Tic Douloureux, may upon the same principle be easily accounted for, if we but trace the extensive inosculation not only of the nerves of the face themselves, but also the connection of them with the great sympathetic; but as I have already exceeded the limits of my original intention, I will proceed to the treatment of this disease, and although I have no new discovery to make known to you—no new therapeutic agent to add to the materia medica of our school—no talismanic agent—no Hogarthism whereby the old and decrepid may be transformed into the young and blooming youth, still if your success has been commensurate with my own, we have every reason to look back, not with sorrow and regret, but with grateful remembrance to the time, when, heedless of scoffs, of abuse, of persecution, and even prosecution, we dared to adopt that simple but beautiful law, *similia similibus curantur* as our guide in the cure of disease.

It is true, gentlemen, that comparisons are odious, and consequently it is with some reluctance, that I for a moment venture to take you all back to the sombre shades of old physic, when *harassed*, *disappointed* and *chagrined*, you in vain explored the whole range of the pharmacopœia, turned over and over again the

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huge and ponderous volumes of its Materia Medica, in search of some drug which would but give a moment's ease and comfort. How often have you tried in succession, the vaunted specifics so frequently extolled, whether of the animal, the vegetable, or the mineral kingdom. If you consulted a physician or some neighbouring friend, the result was equally unsuccessful. Take, says Dr. Elliotson, carbonate of iron in large quantities; it will cure the disease: on the contrary, I have, says Sir Henry Halford, seen a lady take during the course of her illness *twenty-seven pounds* of that mineral, and still die a victim to neuralgia.

With *despondency* and *despair* knitting your brow, how often have you resorted to *bleeding*, to *leeching*, to *fomentations*, to *poultices*, to *lotions*, to *embrocations*, to *blisters*, to *issues*, to *setons*, and to *moxas*; add to these the many times you have applied powerful stimulants—the introduction of equally powerful narcotics, or nervines, beneath the skin, by means of a sharp cutting lancet, when all these have failed—what next have you done. You have plunged heedlessly and recklessly, (knife in hand) into the very substance of the flesh, and sought out the poor tremulous and agonized nerve, crouching with fear and despair, like the timid bird under the piercing, fiery, yet winning eye of the rattlesnake; and instead of removing the cause of this disturbance, you wilfully destroy one by one, those delicate and tender tendrils, which give so much beauty and expression to the countenance—yes, you have severed the nerve, (yet you have not removed the disease, for the cause is still left) but you have by so doing produced palsy—you have destroyed the features of your patient—you have transformed a well formed face into a hideous and unsightly one—you have excluded him from society—in a word, you have destroyed his happiness. Let us now to the contrast.

Case I.

Tic Douloureux of the three branches of the fifth or facial and portio dura of the seventh pair.

Mrs. C., æt. 42, residing at Pimlico, consulted me on 10th February, 1851; her statement was, that she had suffered on and

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off for some eight to ten years, from pain in the face—that she had consulted several private practitioners, in addition to which she had had the advantage of several eminent physicians, by attending at public institutions: the last gentleman she was under, was Dr. Lankester, who (from his well known talent) you may rely left not a stone unturned. She had taken besides other medicines, while under this gentleman, large quantities of Iron and Quinine, with very little beneficial result. She was recommended to try homœopathy, and placed herself under my care. She had for some days previously to this suffered from almost incessant pain, which appeared to implicate the whole mass of superficial, as well as the more deep seated nerves of the face. It confined itself entirely to one side of the face, observing with the greatest exactitude, the mesial line. The forehead and temple beat furiously—the eye sparkled and almost started from its socket—the vessels of the conjunctiva, as well as the more deep seated ones were highly gorged, attended with sharp cutting piercing pains—there was profuse lacrymation—the cheek, nose, and lips quivered with pain, producing the most fantastic and hideous contortions of the features—bounding, throbbing, buzzing pains shot through the ear, appearing at the stylo-mastoid foramen, and passing forward along the side of the face, upwards to the temple and downwards along the side of the neck; this was followed by profuse salivary discharge, evidently implicating the parotid and the other salivary glands. The head was fixed, as well as the articulation of the upper and lower jaw—the slightest movement materially aggravated the symptoms. The tongue was coated and foul—deglutition was painful, even to the swallowing of a little liquid—every tooth felt as if wrenched from its socket—there was considerable gastric derangement—pyrosis and flatulency. The bowels were inactive—urine was high coloured, but copious.

Treatment.—℞ Tinct. Acon. Φ gtt. iij,
Aquæ Distill. ʒ iss. M.
One fourth to be taken every 3 hours.

Feb. 12. She called upon me to day and expressed herself as being much better; considerable relief was experienced after

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taking the second dose of the medicine—the pains continued, but were of a duller character—the digestive organs were in about the same condition. I repeated the *acon.*, and gave besides *sulphur* ʒ, a dose alternately every six to eight hours. Three days after this she called to say she was quite well, the entire pain had been removed, while the dyspeptic symptoms had also disappeared.

Case II.

Tic Douloureux of the Superior Maxillary branch.

Mrs. D., æt. 30, consulted me on the 27th of May, 1852. She had suffered from facial pains for three years previously—she had consulted several medical men with scarcely any benefit; the pain commenced at the infra-orbital foramen. It affected the lower eye-lid, side of the nose, and upper lip; it passed outwards and upwards over the malar and temporal bones, and again forwards to the forehead. Each attack lasted from six to twenty-four hours. This patient was subject to obstinate constipation—in other respects she enjoyed tolerably good health.

Treatment.—℞ Tinct. Bell. ♏ gtt. vj.
Aquæ ʒ iss. m.
℞ Colocynth. 3
Aquæ ʒ iss.

To take a teaspoonful alternately every two to four hours, to commence with *bell.*

She called upon me on the following day, and stated that the first dose had eased the pain, she slept well through the night (which she considered as a great treat) but dull lingering pains yet remained—the bowels were moved freely. I continued the *bell.* at intervals of six to eight hours, and omitted *colocynth.* On the 29th she called again and complained that those dull pains were still remaining. In other respects she felt very well. I gave her a few doses of *bell.* 3, which entirely removed the remaining symptoms.

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Case III.

Tic Douloureux of the Inferior Maxillary branch.

Wm. Phillips, æt. 24, came under my care as out door patient at the London Homœopathic Hospital, on the 7th May, 1855. He had been suffering for a week previously, from pain in the left side of the face; it first appeared at the mental foramen, where it might be covered with the tip of the finger; it then passed backwards along the ramus of the lower jaw, and upwards over the side of the face—his general health was good.

Treatment.—Tinct. Bell. 3.

A dose every two, four, or six hours, according to the severity of the symptoms.

May 17th. He attended again at the Hospital, and stated that three doses entirely removed the pain. He now applied for further advice, as the pain had reappeared on the opposite side with great severity. I repeated the *bell.*, but prescribed a higher dilution, the 6th.

May 31st. Reports himself as cured; a few doses of this, a higher dilution, removed every vestige of pain.

Case IV.

Tic Douloureux of the Inferior Maxillary.

Ellen Mills, æt. 22, came under my care as out-door patient at the London Homœopathic Hospital, August 2, 1854. She had suffered for some months from facial pains: the symptoms present when she applied for advice were as follows: Darting shooting pains in the left side of the face, which appeared to commence at the mental foramen; it extended upwards to the temporal region; the gums were tender; there were no decayed teeth; the bowels were regular; urine was clear and copious; the catamenia had stopped for fourteen months. She complained of aching pains in the lumbar region, thighs and legs. There was puffiness of the legs and feet, increased towards night.

Treatment.—Bell. 6, a dose every six hours.

August 9.—The pains and other symptoms are about the same. Nux vom. 6, a dose every 4 to 6 hours.

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August 21.—She has been very much better, a few doses of the Nux removed the pains; this was followed by a very important change in the system. Certain peculiar sensations in the abdomen led her to suppose, that she had unknowingly become pregnant. She had no recollection of seeing any signs of the menses for fourteen months, and these slight agitations were evidently the first movements of the child.

Note.—This case presents features of peculiar interest, involving as it does two questions: First—Is the removal of the pain to be attributed to the change of the medicine? or Secondly—To the shock given by nature to the mother in the quickening of the fœtus?

Case V.

Tic Douloureux of the Inferior Maxillary.

Wm. Raper, æt. 34, applied for advice at the London Homœopathic Hospital on the 29th January last; he had suffered from faceache for the last *five* months; he has been scarcely free from pain during the whole of that time; the paroxysms vary in duration; the pain commences near the septum of the lower jaw, it extends backwards along the ramus of the same, and as high up as the inferior half of the temporal region. His general health appeared tolerably good.

Treatment.—A few doses of Bell. 2 removed all unpleasant symptoms.

Case VI.

Tic Douloureux of the Portio Dura, implicating the branches of the fifth or trifacial.

On the 12th of November, 1852, I received from a lady residing near Shrewsbury, a written statement of her case, with a request that I would prescribe for her. She stated her age to be 36; of ardent temperament; strong feelings and acute sensibility; circulation rapid; had been subject to faceache for seven years. It was at first thought to arise from toothache, and having several decayed teeth, they were extracted, but with no relief; the pain came on in paroxysms, and sometimes lasted many days, during which she suffered the greatest

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agony. She stated that the mouth was clenched, which prevented her from eating for days, although the appetite was good. She had consulted several practitioners in vain. She found galvanism relieve her for a time, but this powerful agent, as well as *iron*, *quinine*, *chloroform*, *morphia*, *cum multis aliis*, had all lost their charms. The hop-pillow, from its well-known soothing properties, sometimes acted beneficially; but this was merely temporary. With this imperfect picture of her condition, I ventured on *belladonna*, and sent her some globules, saturated with the 3rd decimal dilution, to be dissolved in half a tumblerful of water. A teaspoonful to be taken three times a day.

On the 23rd, I heard from her again, requesting a supply of the same medicine, as it had done her some good, and the pain had shifted from the face to the back part of her head. I therefore forwarded a supply of the same medicine.

On the 26th, she writes again, stating that she was much more free from pain, that she felt much stronger, and purposed visiting London in a few days.

On the 30th, I had my first interview with this lady, and found her written statement materially correct. She had suffered from this frightful complaint for seven years, and as time wore on the paroxysms became more severe, and their duration more lengthened; she was scarcely free from pain a fortnight at a time; the pain commenced at the *stylo-mastoid foramen*, implicating the whole of one side of the face and neck. It extended forwards as far as the mesial line, producing profuse lacrymation, an increased discharge of mucus from the nose, and a dribbling of saliva. There was considerable stiffness of the articulation of the lower jaw, whilst the slightest attempt to open the mouth produced the most agonizing pains. There was a throbbing buzzing pain in the ear; twitching and quivering of the muscles, which threw a well formed face into a series of hideous contortions. The bowels were generally regular, and the catamenia were natural. I further ascertained that she resided in a low swampy locality, and as it has been very ably and satisfactorily pointed out by Dr. Macculloch in his Essay on Marsh Fever and Neuralgia, published in 1828,

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that malaria is a frequent cause of this complaint, it struck me very forcibly that such may have been the case with this lady. I therefore gave her in addition to *bell.*, *arsenicum* 3, a dose to be taken alternately from every 12 to 24 hours. She continued with these two medicines for some weeks with marked relief, and a daily improvement in her general health. I had the gratification of receiving, after the expiration of three months, a most flattering letter, stating that every symptom had disappeared, and that her general health had in a great measure been restored.

After the enumeration of the above cases—cases in which the most inwardly painful, the most outwardly apparent symptoms are so fearfully and so clearly set forth—after my comparison of the old and new treatment of a complaint which has long baffled the most experienced and time-honored members of our noble profession—I may perhaps hope that you will give me credit, at least, for the desire to bring some *little* amount of experience to bear upon a field of human suffering, which has scarcely received due attention in any age—upon a style (so to say) of suffering, against which no human patience can afford a refuge, but from which I believe, from constant and honest experience, *Homœopathy* may rescue many a sufferer—may raise up many a new disciple, who shall stand in the breach between death and life, between pain and comfort, between the gratitude to the real medical man and the doubtful feeling towards those who still do battle for a fast-decaying system.

[Without wishing in the least to undervalue the success obtained in the above cases, and making full allowance for the gratification to both practitioner and patient from the rapid relief given in a class of most painful affections, yet we must confess that we are hardly disposed to admit Mr. Morgan's nomenclature of the disease he describes. We should be rather inclined to enter those cases under the general heading of prosopalgia than to consider them as examples of tic douloureux. To justify this criticism, we shall quote a few sentences from Dr. Romberg's recent work on Diseases of the Nervous System, as he is considered to be the highest modern authority upon the subject. And let us add that in the present disposition of our opponents to disparage the credibility of our statements, it is of the utmost consequence to strive after the most rigid accuracy even in so apparently a trifling matter as how we

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entitle the diseases we undoubtedly cure. At p. 49 of Dr. Romberg's first volume, the following sentences occur:—

"There is no nerve of sensation whose activity is so frequently called into play as the trigeminus; the number of filiments at its point of insertions, allows the assumption that its cerebral connections are the most extensive of all. This accounts for the frequency and ease with which sympathetic affections are excited in the nerve, and for the difficulty of distinguishing them from genuine neuralgic conditions. To avoid this error it is necessary to attend to the following points.

"1st. The relations of facial neuralgia in regard to time and space; it is confined to a certain distribution of nerves, and occurs in paroxysms separated by free interval; in sympathetic pains we notice change of seat and extension of their range, and the pain is a mask to some other complaint, such as disease of the facial bones; when this becomes worse the facial pain increases in a corresponding ratio. A case is detailed in the tenth vol. of the "Journal de Médecine," in which the disease originated in a wound of the arm, and was cured after two years spent in torture, by cauterization of the cicatrix. The case quoted from Swan (p. 21) is of an analogous character. Hunt gives an instructive case of a woman, who when in the seventh month of pregnancy was seized with violent toothache, recurring night and day, in attacks lasting one hour, and with intervals of two. It occupied the ramifications of the infra-orbital and supra-orbital nerves, so as to resemble tic douloureux. In the second night the patient was awakened by the pains, and the waters broke, the pains ceased, and the night after the sluggish actions of the uterus being stimulated by Secale cornutum, parturition was effected. During parturition the neuralgic pain attained its maximum, but ceased after its completion. The placenta was retained a considerable time, and when the hand was introduced into the uterus for the purpose of removing it, the pain instantly returned with great severity, and lasted while it was being extracted. It vanished immediately after this was done, and did not return.

"2nd. The peculiarity of the exciting cause of the pain.

"3rd. The sensitiveness of the affected surface of the face to unexpected and slight contact, especially if the disease be of long standing; strong pressure at the same time, not only does not increase, but often diminishes the pain.

"4th. The preference shewn by neuralgia of the fifth pair for mature age, as it occurs only after the 35th year.

"5th. The rarity of the disease which must increase our scepticism in forming a diagnosis. Painful sympathetic sensations in the face belong to the daily experience of the practising physician; whilst cases of facial neuralgia, except of the acute typical kind, are counted among the rarities of medical experience, even in large and populous towns.

"It is quite excusable that, until recently anæsthesia dolorosa of the fifth pair should have been mistaken for tic douloureux, as the former has but lately been properly understood. The most important criterion by which it may be recognized, is the insensibility of the painful surface to irritation, while in tic douloureux the parts become morbidly sensitive to the most superficial contact."—Eds.]

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CASES OF GLEET, AND INFLAMMATION OF THE KIDNEYS AND BLADDER, TREATED BY AGNUS AND PAREIRA BRAVA.

By Dr. Hastings, M.R.C.S., L.S.A., *Cheltenham.*

May 14th, R. L—, Esq., aged 23 years, a student at Cambridge; nervous, bilious temperament; much addicted to smoking cigars, but temperate in stimulants; contracted a gonorrhœa three months ago, and has been under allopathic treatment ever since, but not cured.

At present he suffers from slight erections at night, and has a continual discharge of gleety mucus from the urethra, with no pain or scalding on voiding urine. General health good.

Prescribed Bals. cop. glob. 4, dil. 12, in coch. mag. 8, capt. coch. mane nocteque.

20th.—No improvement, nor any change. Repeat Bals. cop.

30th.—In *statu quo*. I may just state that I gave this patient a variety of medicines, such as Cubebs, Sulph., Nux, Phos. acid., &c., but with no benefit whatever. All the medicines were in the form of globules. Tinctures I could not prescribe for him, as I had to send his medicine per post. Getting, at last, tired of making no progress, and the patient becoming rather dissatisfied, I now left off giving him medicine *internally*, and sent him an injection composed of mother tincture of Agnus, 40 drops to half a pint of water, with directions to inject an ounce twice a day.

I did not hear from him after this for a fortnight, when he wrote as follows:—

"I am happy to inform you that I have used the injection you sent me with the happiest results. After having used it four times, the discharge entirely ceased, and I waited until now before I wrote to you, to see if it returned, but it has not, and, I think I may now safely say—I am cured."

As I have not heard from this gentleman since, I conclude that he is "cured."

Since then, I have prescribed Tr. Agnus in several other cases of gleet, and always with marked results, and as I am aware that it is not the usual homœopathic practice to give

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injections in such cases, I thought I would submit this case to the profession, as I can vouch for the excellent results of the practice.

We must all confess that cases of gleet give us great trouble, to treat homœopathically, from, I suppose, the great difficulty there is in fixing upon the remedy, owing to the latent nature of many of the symptoms, and therefore if we can succeed in curing that which proves so intractable, under all treatments, by simple injections of Agnus, we are bound to do so, notwithstanding that it may not be considered strictly homœopathic.

The next case which I intend to direct the attention of your readers to, is of a more serious nature, and, in my opinion, highly interesting.

The gentleman has been constantly under my care for the last eighteen months, and has been subject to chronic catarrh of the bladder for years. Allopathic treatment failing to afford him any relief, he gave it up, and placed himself entirely under my care. The nature of his case is this: He suffers severe pains, at times in the back and bladder, with painful retraction of the left testicle; pain in the thigh extending down to the big toe and sole of the foot; frequently there is an irritable eruption on the legs, and great irritation of the scalp; the urine passes with great difficulty; he feels a great desire to pass it, and fancies that quarts of it will come away, but finds the greatest difficulty to get any to pass, notwithstanding the severe pressive pains which attend it. So awfully severe are these pains, that he is obliged to get down on his knees, press his head firmly against something, and remain in that position, forcing until he sweats profusely, "and roars like a bull," to use his own expression. After remaining in this situation for ten or twenty minutes, the urine dribbled away with great pain and frequent stoppages, scalding and lacerating at the point of the penis. It has a strong ammoniacal smell, and is loaded with a thick tenacious mucus. These paroxysms generally occur from three to six o'clock every morning. During the day he is comparatively easy. The bowels are generally regular. His age is 68 years, and has been a very regular and temperate

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man all his life. Never had either syphilis or gonorrhœa. He is in no profession or trade, but lives privately. Fearing that he had enlarged prostrate, stricture or stone in the bladder, I *sounded* him frequently, and used *bougies*, but could detect nothing further than a cartilaginous condition of the inner coat of the bladder, which felt very hard to the sound. In this opinion, I was confirmed by Mr. Fowler, who kindly examined into the case with me. For upwards of twelve months, I tried every homœopathic remedy, viz., Cubeb, Canth., Cann. sat., Uva ursi, Nux, Sulph., Mer., Puls., Tereb., &c., with Nitric acid injections, as recommended by Sir B. Brodie, together with Sitz-baths, abdominal compresses, wet-sheet packing, but without curing him.

Certainly he derived more benefit from homœopathic treatment than he did from allopathic, as the fact of his remaining so long under my care will testify. The patient was going on, much as usual, up to the 26th July, when our town was visited with one of the most awful floods in the memory of the oldest inhabitant, and my patient's house happened to be one of those which was completely inundated, the consequence was that he got his feet and legs wet, and the result was inflammation of the kidneys and bladder. I need not detail the treatment of these complaints, suffice it to say, that with Aconite, Belladonna, Mercurius, Cantharides, &c., they entirely disappeared by the 10th of August, or in about *eight* days after their first *incursion.*

During the time he suffered from these, the ammoniacal smell, thick, tenacious and ropy mucus of the urine disappeared, and he even passed it with greater ease than usual. But by the 10th the old symptoms set in again, the urine smelled again, became loaded as usual, and he passed it with great difficulty, accompanied by the common paroxysms, every morning. I now prescribed, Bals. cop., mane nocteque, but with no avail. He was still unable to leave his bed, and was very much troubled with night perspirations, and hammering and buzzing noises in the head. I now gave him China, which effectually checked his perspiration, and relieved his head, but had no perceptible effect upon the urine.

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All the proved homœopathic medicines, known to have an influence on the kidneys and bladder, having been hitherto tried, in all forms and in all doses, I had prepared sometime ago a mother tincture of Pareira brava, so highly recommended by Sir B. Brodie in these cases, and although I was aware that to prescribe it thus was acting empirically, it not having been proved, I nevertheless resolved to try it, and accordingly on the 17th inst. I gave him the first dose, prepared as follows—ten drops of mother tinct. to six ounces of water, *succussed violently*, a table-spoonful to be taken night and morning.

On the second night after having begun it, he had, early on the following morning, a terrible paroxysm in endeavouring to void his urine; "something white came away," he said, and after that he passed his urine comparatively well and easily. On examining the urine the following morning, it was neither acid nor alkaline, nor did it smell much; quantity greater than usual, and a thick, tenaceous, whitish mass lay at the bottom of the vessel. Specific gravity was '20. No medicine next two days, during which time, he progressed most favourably.

21st.—Mucus appeared again in the urine, but scarcely any pain in passing urine. No paroxysms in the morning. Former medicine repeated. Bowels rather obstinate, but a dessert-spoonful of castor oil, occasionally, together with simple enemas of warm water, keep them regular.

22nd.—Good night; sat up two hours to-day—first since attack. Continue medicine.

23rd.—Progressing favourably; came down stairs to-day, and remained up for eight hours. Medicine to-night, omit it to-morrow morning.

24th.—Doing well; recovering so rapidly, that he was driven out in his carriage for two hours to-day. No medicine.

25th.—Considerable perspiration last night; urine abundant, and passed easily; no mucus. Par. brav. to-night.

26th.—Very little perspiration last night; no pain in urinating, and no mucus in urine. Doing well. Par. brav. to-night.

27th.—Quite comfortable.

Ten days having now elapsed since I first prescribed the

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Par. brav. and during that time the patient having continued to progress most favourably, all his former pains, &c. having nearly disappeared, I think we may safely infer, that this improvement is due to the Par. brav. It cannot be, that the inflammation of the bladder had any influence in checking the catarrh, as we find that on the 10th the discharge of mucus was as copious as formerly.

It may perhaps be advisable to state that the mother tincture was made from the root of the Par. brava.

EXPOSITION DE PARIS.

To the Censors and other Elects (the President only excepted) of the Royal College of Physicians, certain advocates of an heretical and illegitimate practice, called *homœopathy*, greeting.

May you and each of you (the President not excepted) never want a patient; nor a phial to pour into him,—until you all take to globules together.

In the strifes of opinion, most learned physicians, by which the maintainers of truth and those of error both contribute to the discovery of the answer to Pilate's question, it is the usual practice of venerating men, who are bound together by the love of recognized and established formulæ and by the hatred of all that is without the pale, to wear a uniform, sometimes of dress, but always of thought and of speech. To this wholesome ordinance your establishment has conformed, so that, for the most part, we know the high member of the College of Physicians by moderate orthodoxy of English idiom, moderate attention to correctness of terminology, and severe adherence to the London pharmacopœia.

If you must fall, we know that your last endeavour will be to die with the robe of scholarship round your bodies, and the mask of science over your faces. There is, and always has been, a sacred tone of mediævalism pervading your proceedings, by which we are assured that, when the day of fate arrives, the eulogist will hold up the robe, and say with confidence—

"You all do know this mantle"

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before he begins to point out the marks which Mesmer, Hahnemann, and others, made in it with passes and globules.

Gentlemen! it behoves you to look after your President. By the influence of some *malesuada dæmon*,—some one, perhaps, of those wandering spirits, of whom so many have had a rap at your college—he has broken bounds, and has been discovered in the highway of public affairs, showing such acrobat performances with the mantle, that, by and bye, when it comes to be held up for a solemn effect, some vulgar fellow, with no more mediævalism than a cockatoo, will call out—"Aye, aye, we know it well enough! it's the one the doctor used to play up his May-games in!"

We bear no false witness against our good doctor—your *primus inter pares*—your elect of the elect. False witness, as the little girl said at the charity school, is when nobody does nothing and somebody goes and tells of it. But your President has not been doing nothing: he has been playing such tricks before high heaven and the Board of Health as make angels stare and secretaries laugh; and the House of Commons has printed it. Far be it from us to accuse your dear bargain and our dear friend of any departure from due allegiance to Pharmacopœia. On the contrary, he goes before her as king David went before the ark; but, like David, he dances. Now, gentlemen, the son of Jesse never was a fellow of your college. We doubt his qualification. His contemptuous rejection of established methods of killing, his exhibition of an infinitesimal dose of silica, mark him for a homœopath. Is *he* an example for your President? Our dear doctor is for legitimate practice, and none other, but in a manner which reminds us of that execrable Molière, who mingled wicked burlesque with sacred principle.

> "De non jamais te servire,
> De remediis aucunis,
> Quam de ceux seulement doctæ facultatis;
> Maladus dût-il crevare,
> Et mori de malo suo."

This is his principle; but alas! he shows it—and shows it in a slip-slop mixture of the vernacular and the technical. The cat which you envelope in the robe we have spoken of, for want of

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a bag—you must get one, you must indeed; this is not the seventeenth century—that cat has been seen by the House of Commons, to the full extent of tail and hind legs, uncovered while the doctor was practising his steps.

In a publication made by order of the House, we, the homœopaths, have had such ventilation given to our efforts and results, as, had it not been for your President, we might have striven for in vain. He should have returned our cases as results of treatment without medicine. He has a right to his theory, as much as we ourselves to ours. If he had liked to say that our doses are too small to be of any effect, we should have been the last to deny his right to say so, provided only that he had proved it by putting our *non-effects* by the side of his *effects*. Here was the case. The Board of Health had employed your President and others to compare the results of different modes of treating cholera. The Board of Health wanted to know which method produced most cures. The homœopathists forwarded their returns, and on the face of those returns it appeared that, whatever might be the true theory of globules—medicine or no medicine, treatment or no treatment—the results were exceedingly favourable. But globules are not recognized by your college. What was to be done? The stupid world at large has no relish for pharmacopœia above all things, *Maladus dût-il crevare*. Let them choose, and the idiots would rather live on in illegitimate and unsanctioned health, than die *secundum artem* under the ordinances of true and established medicine. If the returns had been challenged as false, Sir Benjamin Hall would have put the globulists on their defence; and, as evidence is evidence, they would have established their facts. If the competency of the returners had been questioned, the homœopathists would have produced their diplomas in proof of their education having been what the colleges call complete, and they would further have dared their impugners to prove what they asserted: for, *you know*, when a man has a diploma, the onus of proof lies on the accuser. What then was to be done? Why, clearly, the claims of legitimacy demanded the suppression of the obnoxious facts: we can never expect you to lecture your President for

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the mere omission, injudicious as it was. But what did he do besides? He forgot the advice of the old judge to the young one: "Give your decision, it will probably be right; suppress your reasons, they will probably be wrong." Your President got or allowed his committee to pass so ragged a resolution, that the homœopathists are delighted with it in every point of view except one. We want to conquer your strength, not the weakness which bad institutions impose upon you as your representative. We want to put out your fire, but not by availing ourselves of your own ignorance of the way to keep it up. Get a furnace which consumes its own smoke, so that we may be able fairly to compare our light with yours, and not with a black puff of hot vapour. You must do one of two things. Obtain a new charter, which shall destroy your mode of electing your chiefs and substitute the free vote of a body which, after all, contains no mean amount of what is wanted in a liberal profession. You have corporationed yourselves so closely that the best qualities you have are in abeyance. All the world knows it except yourselves. Rouse up: if homœopathy be an error, you will never conquer it as you now are. Your college is no alethometer: you deprive us of our fair rights. Hundreds who see us prevailing against you from day to day are at a loss to draw an inference, because they see what your college is, and think it very possible that anything about which men of education are in earnest may flourish without truth at the root, when a college so constituted is the only visible hindrance. And in this way, and in none but this, do you check the progress of homœopathy.

But if you cannot mend your system, we will tell you the next best course to take. Choose advisers for your President from among the homœopathists themselves, putting them upon honour to do the best they can for you. To show you how wise this plan would have been, we point out the resolution which your homœopathic advisers would have recommended, putting themselves in your place, you insisting on the suppression. When we come to make a few comments on what your President actually put forward, you will be at no loss to feel how differently you would have stood if we had advised you.

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"*Resolved*,—That the Committee cannot consent to entertain the returns forwarded by homœopathic practitioners, because, by so doing, they would take a course which lies open to dangerous misinterpretation. They believe that homœopathists, when true to their own mode of practice—and they have no reason for thinking that the practitioners who have forwarded the returns in question have been otherwise—are, whatever they themselves may think to the contrary, only physicians without medicine. Had the Committee themselves—supposing they could have justified such an experiment—treated as many cases as have been forwarded to them without any medicine whatever, let the success have been what it might, they could not have ventured to present the results. By so doing, they might have tempted some to dispense with remedies; and this is a responsibility they could not have dared to face. The Committee, therefore, can only leave it to the Board to make any use of the homœopathic returns which the Board, on their own judgment and responsibility, may consider them fit for."

Such a resolution, had it been adopted, must have been forwarded to the Board, which would thus have been prevented from publishing an incorrect statement, namely, that *the whole* of the returns had been carefully analysed: a statement conveying the impression that *the whole* were included in the report made to the Secretary of State. It would be desirable that you should apprise your President of the propriety of naming the date at which a resolution is passed, when he communicates a copy of it to those whose proceedings it is to guide. Did the Treatment Committee pass their resolution at the time when they resolved not to notice homœopathic returns? Or was it got up in a hurry, when a reason was asked for?

Observe, we do not say we have drawn up a sound defence for your President's course: such a thing does not exist. Had reasons grown on blackberry bushes, not one of them would have fitted. We could easily fray and tear our own resolution; but your President's makes capital lint.

Again—a logical homœopathist, thinking for you, would have warned you to meet your opponents first as *infinitesimalists*. You ought to say that you have nothing to do with *similia*

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similibus until *ex nihilo nonnihil* has been disposed of. 'Granting,' say you, 'the possibility that the same medicine both causes and cures, we must first be convinced that you do give that medicine.' We shall be very glad when you have got over the vulgar notion that the same word expresses the *rationale* of our cures, and the *quantity* of our doses. Remember that when you, believing us to be very foolish, meet us with very foolish arguments or invectives, you fall into the heresy of treating us *homœopathically*, even if your folly be administered by the bushel; but that when, desiring to cure us by logic, you exhibit your President, you are then proceeding *infinitesimally*. Keep this distinction in mind.

Sir Benjamin Hall, instigated by globulists, asked why the globule cases were omitted? I am to inquire, said Mr. Campbell, the secretary; which meant, Thou art to make answer. Your President directed his reply to Mr. T. Taylor, the other secretary; probably because Mr. T. Taylor is an excellent judge of English, having professed that literature in a college. But the ex-professor was mute to the appeal: he now writes farces, and sees orthodox medicine from another point of view; so that Mr. Campbell acknowledged the receipt.

The answer itself consists of two paragraphs:—

1.—"For the information of Sir Benjamin Hall, I beg to enclose a resolution unanimously passed by the Treatment Committee of the Medical Council of the General Board of Health, which I trust will be a satisfactory answer to the inquiry addressed to me regarding the reasons which induced the Committee to pass over without notice the homœopathic returns of their treatment of cholera."

We stood quite aghast! Remember that, at that moment, we had not found out that the doctor was putting himself through his positions. We then knew of no dance in medicine, except that of St. Vitus. Did the Treatment Committee practise homœopathy? If so, what induced them to pass over *their* returns? A pronoun refers to a noun substantive; never to an adjective. We looked for such a noun. Returns cannot treat cholera: a committee may. Even if returns could treat cholera, they could not treat it before they existed: and, by the nature of the

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case, returns of treatment could not exist till after treatment. Was our doctor so deep as to insinuate that the returns were fabricated, and that, except in returns, there had been no treatment at all; so that, after a sort, the returns might be said to have treated the cases? Alas! neither the second paragraph, nor the secretary's answer, will support this view. The plain truth is that the President writes slip-slop English; and, with deep sorrow, we call upon you to admonish him thereof.

Mark his satire. Rumour says that Sir Benjamin Hall prefers globules to globes, and a spoonful of water to a glass of black mixture. Our doctor writes for his 'information,' and trusts he sends a 'satisfactory answer.' Now Sir Benjamin knew all about it: he only wanted something to send back officially to his querists, who, in their turn, knew all about it too. *Maladus dût-il crevare* is a well understood thing. If Sir Benjamin be a homœopath, the answer must have been more satisfactory than he expected. Was it a concerted plan between wicked globule-makers, and sly globule-takers, who knew that if they caught the President out of the council, they could make him shew his paces? Perhaps it was. Be it your business in future to take care that he never leaves the college without what homage would call an escort and prudence a guard. Do you feel what we say? If not, wait till we have discussed the resolution in the second paragraph. We know it, by the pronouns, to be of the President's own drawing.

2.—"*Resolved*,—That by introducing the returns of homœopathic practitioners, they would not only compromise the value and utility of their averages of cure, as deduced from the operation of known remedies, but they would give an unjustifiable sanction to an empirical practice alike opposed to the maintenance of truth and to the progress of science."

Of all the dangerous pit-falls which lie in the way of a public man, there is hardly one more dangerous than the process of manufacturing the explicit phrase "See you hanged first!" into fine writing and official propriety. Let us first examine the English of this resolution. Who are *they*? The substantives preceding are *returns* and homœopathic *practitioners*. We give up the first. If we take the second, the sentence means—

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awkwardly enough, but your President would naturally feel awkward at such an admission—that the *homœopathists* would compromise their returns by introducing them among those of the orthodox physicians, and would sanction empirical practice to the prejudice of truth and progress. Could we think this was meant, we should exclaim with Sir Anthony, "Why, now you talk sense—absolute sense: I never heard anything more sensible in my life. Confound you! you shall be Jack again." As though we should say, so long as you sang *Maladus dût-il crevare*, you were of another age: at the very highest you were but *Vir Clarissimus Johannes de Villâ Aeris Lutetiensis*. But so soon as you come to finding out that the best medicine is that which works most cures—so soon as your faculties begin to predominate over your faculty—you then become Jack—sensible Jack—Jack of the nineteenth century—Jack of the good time coming. But we dare not suppose that our friend meant us a sly compliment: we rather incline to think that he had again launched a pronoun into practice, without a qualified noun to call in. Pray instruct him that a pronoun is a general practitioner. Your noun is in grammar what a Fellow of the College is in medicine: it can stand alone; it can sign its own prescriptions. Your pronoun ought never to stand alone: neither ought it to refer to an adjective;—that resembles nothing but calling in a pure surgeon to a physician's case. It is the *committee*, then—the *we* of the situation, not the *they*—which would compromise their averages. This is both slip-slop, and, independently, ambiguous in meaning. For compromise read *lessen*, and we may get a view of the ambiguity. First, if by averages your idiomatic President meant the separate results of separate hospitals, each having what your doctor calls its average of cures—meaning its percentage or proportion of cures—then the idea of any other returns, *properly headed*, compromising the returns of the orthodox physicians, is pure nonsense, the imbecility of which is visible the moment the meaning of the sentence emerges out of the slip-slop. He might as well say that a diamond is compromised by being compared with Bristol stone. O, foolish man! Make him see that if the globulists be enemies of truth and science, the placing of

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their results by the side of those of the college ought to enhance the college glory, and make it appear that truth and science are *seulement doctæ facultatis.* If showing how a wrong practice actually works by the side of a right practice be dangerous—if such juxta-position tend to compromise the value and utility of the truth-and-science affair—then King Truth, and Science the mother of his children, ought to be driven from their palace—we mean of course your college. Balderdash and his trull Slip-slop ought to be inducted into their places. The President ought to beat the pestle and mortar before them, and you, the elects, with your robes of scholarship inside out, ought to follow, singing *Digni, digni, estis intrare.*

But though we think we have—may we bring in a word from the French ?—*approfounded* your President's meaning, yet, as his custom is, he gives us choice of two.

His words, taken literally, signify that his duty was to lump together all the results of all the hospitals and private practitioners, and present a general average—such as the sea makes of a mixed cargo when it gets into the hold. In this case, no doubt, the value and utility of his returns would be compromised: for average *is* compromise. If Bartholomew's tell a different story from Guy's, average effects an arithmetical compromise between the two. In this sense he does not want to mix with homœopathy, and homœopathy does not want to mix with him. His business was to make *comparisons*, not *averages*. He was not asked how much all methods cure, one with another, but *which cures most*. Now he did not want the world to see how the matter stood with respect to homœopathy. Teach him how bungling a method he adopted. Tell him that the House of Commons has 658 members, of whom any one can get a return printed for which there is so much as a *primâ facie* probability of a *primâ facie* case. Point out that suppression is for despotisms; mystification for free states. Read him the resolution we should have advised, as hereinbefore given; and when he puckers his face into *Timeo Danaos et dona ferentes*, do you pucker yours into *Fas est et ab hoste doceri.*

He interprets his duty as being to form averages from *known* remedies. Known to whom? *Seulement doctæ facultati?*

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If unlicensed persons stumble on a new and good remedy, is that remedy not to appear? If heretical physicians invent extra-collegiate methods, are those methods not to be tested? Does he suppose that the nation is so satisfied with the power of the college over cholera, that it wants nothing but choice of *known* remedies? wants no inquiry into the *unknown?* How came the Government to establish a Board of *Health* at all? Partly because it knew that you were nothing but a Board of *Pharmacopœia.* Lecture him well about letting out *maladus dût-il crevare* with his *known* remedies. Tell him he ought to have put a bolder front on the matter. What! a president of the college unable to face facts, and obliged to suppress them! Facts are stubborn things; but who ever, until now, imagined they were as stubborn as physicians? Time was when the meanest licenciate, with legitimate practice at his back, would not have feared to stand up against all the facts that ever happened. Bring back that time, or you are gone. Learn to face facts, or you will never bring it back.

We have often felt sympathy for a physician, apparently candid and well-informed, when we heard him complain that in his profession both the competent man and the pretender work in darkness. At the bar, said he, the man who does not know his business advertises the fact in open court. We shall never feel that sympathy again. An open court has been found, and the country is looking on. The alleged pretenders bring forward their results, and challenge comparison. The College of Physicians is represented by its President, who sneaks off the ground, covering his retreat with miserable common places, and apparently trusting that before his pursuers can see him through his foggy English he will be clean out of distance. It is for you to teach him how to retire boldly, with his face to the enemy.

By inserting homœopathic returns, he declares that he would give them a sanction. This is very hard upon you. No one supposes that they would receive more sanction than they brought with them. Here is a distinct admission that exclusion and sanction are the only alternatives. We knew this; but we never thought the President would shew us he knew it too. Oh, take him in hand—take him in hand!

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Homœopathy is an "empirical" practice. Teach your President to use technical terms like a man of art. The word *empiric* may have degenerated into invective, like *Deist;* but learned theologians do not use slang meanings, nor should learned physicians. An empiric is one who studies experience. Aristotle, as opposed to Plato, is an empiric. In a derived sense, a result is empirical which, duly attained from observation, is not yet attached to a system. There are empirical formulæ in mathematics and in physics, not yet deduced from first principles and from simple and fundamental properties of matter. To the honour of the true physician, he has always been an empiric; and the English physician more than any other. Ask a French *medecin* what he thinks of his English *confrère*, and he will tell you, with a compliment to sagacity and learning, that the Englishman is *trop empirique.*

All old medicine has had an empirical foundation: it could not have been otherwise. Most of it is empirical to this day. When Astley Cooper—hang those surgeons! they will be attacking us next—said that medicine was founded on conjecture and improved by murder, he phrased it much too harshly. Strong in the art which almost deserves to be called a science, he looked down upon the science which hardly deserves to be called an art. There is conjecture in empiricism, but it is conjecture preceded by observation: and as to murder, the less surgery says about that the better. The physician must leave his patient whole, if he cannot make him so. He forms external conjectures about internal combinations. The surgeon cuts his way into the interior, and may chance to find ground for more than conjecture that he had better have kept on his own side of the patient's skin. Nothing but homœopathy can ever be certain that it is not the active cause of death.

The ignominy of the word *empiric* dates from the ages in which scholastic philosophy deduced physical consequences *à priori;*—the ages in which, because a lion is strong, rubbing with lion's fat would have been held an infallible tonic. In those happy days, if a physician had given decoction of a certain bark, only because in numberless instances that decoction had been found to strengthen the patient, he would have been a

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miserable empiric. Not that the colleges would have passed over his returns because they were empirical: they knew better. They were as skilful in finding causes for facts as facts for causes. The president and the elects of that day would have walked out into the forest with a rope, and would have pulled heartily at the tree which yielded the bark: nor would they ever have left it until they had pulled out a legitimate reason. If the tree had resisted all their efforts, they would have said "Ah! no wonder now; the bark of a strong tree makes a strong man." But if they had managed to serve the tree as you would like to serve homœopathy, then it would have been "We might have guessed it; all the *virtus roborativa* has settled in the bark." They admitted, as we know from Molière, the *virtus dormitiva* of opium, for no other reason than that *opium facit dormire.* Had the medicine not been previously *known*, they would, strange as it may seem to modern pharmacopœists, have accorded a *virtus dormitiva* to the new *facit dormire.* On this point they have often been misapprehended. They were prone to infer *facit* from a *virtus* imagined *à priori*; and they were ready at supplying *facit* in favour of an orthodox *virtus.* They might have gone so far, for example, under pre-notional impressions, as the alliterative allopath, who, when maintenance of truth was busy opposing the progress of science called *vaccination*, declared that some of its patients coughed like cows, and bellowed like bulls: but they never refused to find *virtus* when *facit* came upon them, no matter whence. They would rather have accepted Tenterden steeple than have rejected the Goodwin Sands. They would have laughed their modern imitators to scorn: but as they are not here, we do it for them.

Of all the systems of medicine which have ever been held by a school, the homœopathic, as presented to the learner, is the least empirical. Until tested, it disgusts by the singleness and universality of its principle. If it be true, the day of empiricism is gone, and medicine is unity of system, or in a perpetual and rapid approach to unity: what empiricism it must have, is only the provisional imperfection of an incomplete development. Teach this to your President;—tell him, that should an antipath

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find out that hellebore cures insanity, he not only begins in empiricism, but probably rests in it, college without end, amen. But tell him that if a homœopath should make the same discovery, he remains empirical, *quoad* hellebore, only until he has found, or thinks he has found, that hellebore *produces* insanity. If he neglect to ascertain this, he is indifferent to his own principle. If, on trial, it should not be found true, he either finds a remedy of which the principle is true, or, until he can do so, he lives, *quoad* hellebore, in allopathic or antipathic empiricism.

What are your own methods of treating cholera? Are they empirical, or are they not? Shew us, if you can, that they are not empirical in any sense in which that word has been used in learned discussion. Of course they are not empirical in the slang sense. We know that the state establishment is with you, and against us: the state quietly reposing on the fiction that you make your maintenance of truth co-extensive with the progress of science. But what, after all, did the argument from state patronage amount to, even when it was an argument? Nothing but the old argument from Jacko, the monkey:—"If you have Jacko in your hand, you can make him bite me; but if I have Jacko in my hand, I can make him bite you." And even this argument is now obsolete; for you learn, whenever you go to Parliament for a protection bill, that you can make Jacko bite no longer.

Your President ought to have accused the globulists, not of empiricism, but of rashly abandoning the safe empiricism of orthodox medicine, and wrongly generalising from a meagre and incipient induction. If homœopathy be *not* true, this has, beyond doubt, been the error of the school;—nay, even if, as we believe, it *be* true, there probably was a time when the charge of rashness might have been justly made. Green truths have often been plucked, and brought to ripen in the barn; but those who would knowingly let a truth within reach ripen on the tree, have, as experience shews, been those who would have left it there to rot. Make your President understand all this: there are far more logical heads among you than his. And then, unless he

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himself be *caput insanabile tribus Anticyris*, we shall never hear him, in grave assertion, call homœopathy too empirical. We leave him the slang meaning for common use, for patients, &c. Heaven forbid we should deprive him or you of the weapons which are necessary for your defence in general society.

Again, he will not give "an unjustifiable sanction to an empirical practice *alike opposed to the maintenance of truth and to the progress of science.*" This is the doctor's masterpiece. The algebra men say—what they mean, heaven knows—that impossible roots enter in pairs, which we do not believe: they will never convince us that if a man can contrive to get down an impossible potato, he must also get down an impossible carrot. But the doctor has achieved something of this kind: his sentence has two grammatical constructions, and each construction has two meanings, one favourable to homœopathy, the other unfavourable. Now as—who dares oppose the contrary?—a sense favourable to homœopathy must be impossible in your President, we consider algebra fairly matched: those who receive one must receive the other; those who can swallow the doctor's impossible potato must swallow his impossible carrot. Glory to the doctor! if orthodox medicine be the large cat and homœopathy the little one, he has cut a hole for both. Should any munificent testator found a prize for the best specimens of medical double-entendre, to be awarded by the college, your president may conscientiously nominate himself: nor would delicacy even require that he should first nominate you to find out his merit.

The duplicity of construction is as follows. The words in italics may refer either to the *sanction* or to the *empirical practice*. In the first case it may signify that the sanction of the college is a thing unfavourable to truth and progress, which it would therefore be unjustifiable to give to homœopathy. In the second case, there is an equal possibility (we mean of course impossibility) of leaning towards us. We firmly believe we are *alike* opposed to truth and to science: just as the Sardinians before Sebastopol are alike opposed to the English and to the French. There is no proposition whatsoever but is alike opposed, *and* alike indifferent, *and* alike favourable to

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both. But we have now learnt Parisian English, and we proceed to dissect the doctor in the sphere of his own ideas.

Pilate again: what *is* truth? Horne Tooke said, it is what the speaker *troweth:* and the doctor follows him. What is science? What the doctor knoweth. The order of his words shows us his meaning: he first maintains what he believes or trows, and, subject to such maintenance, he allows progress. St. Paul inverted this order: he would have us prove all things, and then hold fast that which is good. How can anything but the progress of science dictate that which is to be maintained as truth? By this mode of sequence the doctor implies his admiration of the manner in which the college has always subordinated the progress of science to the maintenance of what it took for truth. Teach him that, without abandoning maintenance in favour of progress, the world has grown so wise—so overwise, if you like—that progress must take theoretical precedence of maintenance.

The error of your college has resembled that of the churches. They ought to have superintended the progress of religion: they have given their chief care to the maintenance of doctrine. *All* the sciences connected with healing, or accessory to it, look with complacency, some with gratitude, on the Royal College of Physicians—*except medicine*, its own peculiar charge. And why is this? Why do candid physicians every now and then astonish casual hearers by a hint of the very small progress which therapeutics have made since the time of Galen? Why does poor little Medicine, stunted and wizened, cast so wistful an eye at the strong limbs and bouncing proportions of cousin Chemistry? Simply because your unhappy child has been brought up on little but *maintenance of truth*, while her relative, lucky in not being committed to the care of Royal Colleges, has been brought up on *progress of science*. Go for progress, and let truth maintain herself. Like other ladies, she loses her character under protection.

Show your President how to deal with the globulists. Cite Wakley to him; not as a general practitioner, but as coroner. Wakley has not a rag of the robe of scholarship: but he has a sharp head, and a keen perception of things. When an inquest

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was proceeding upon a patient who had died under homœopathy; and when, to strong testimony that the bowels should have been relieved, was opposed the *post mortem* fact that the bowels contained nothing; and when the medical witness, greatly hampered by the opposition which the progress of the science of that case offered to the maintenance of its truth, was stammering for a word to express how homœopathy had failed; the coroner mercifully interposed with—"You mean general nullity of treatment?" Yes, said the grateful witness, as much pleased as your President, when his evil genius—his *malesuada dæmon* —suggests something to round off with. Stick to that, gentlemen, and make him stick to it too! If you have a hope of escape from homœopathy, it is in *nullity of treatment.* Your President should have said that he used the globulist returns in the same manner as the globulists use their patients—that he administered a dose of nullity of treatment.

But what, you will say, if people should be led to imagine that the abandonment of active medicines, with care of diet and circumstances, answers better than pharmacopœia? You are learned men, and you know that some eminent physicians have ended their lives in a lowly muttered conviction of this kind, as concerns the old medicine. You know that some have done more than mutter. You know—and we forget—the name of the physician who declared that if all the physicians and apothecaries and drugs in the world were pitched you know where—and we forget—there would be less mortality than now. You know how small your own doses compared with those of your predecessors. You know how little medicine you take yourselves. Never fear! never fear! Establish nullity of treatment, and the world will not believe in success, be the proofs what they may. Ages will pass before any but a physician will feel himself cured without chemistry. The homœopathists are at a disadvantage already for want of nauseous tastes and griping pains: their patients do not feel between visits that the physician is earning his money. What did the man say to the dentist? "Why, sir, the last man pulled me about the room for a quarter of an hour, and you have done it

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at a jerk; and yet you charge as much as he did!" The patient is apt to be dissatisfied unless the physician have said to his pill and draught—in reference to the disorder; mind! only in reference to the disorder—*Ita feri ut se sentiat emori.*

The doctor's admission that globules constitute *treatment*, conveyed in his antithesis of homœopathy to legitimate medicine as an empirical practice contending with known remedies, is of so incautious a character that you must open your eyes to its probable consequences. Not that the term is wrong, even on what ought to be the doctor's premises: attention to diet, &c., with spoonfuls of water named after drugs, to attract the mysterious force of imagination towards the seat of the disorder, is unquestionably "treatment." If a number of private families, each for itself, had renounced the pharmacopœia, you would have been interested in the "treatment without medicine," and in its results. The mischief is, that when the doctor does happen to use or imply a term correctly, he resembles the diplomatist who once told the truth, and was of course so misunderstood that it took five reams of protocols to set matters right, or duly wrong, again. Your President will certainly be misunderstood as admitting that *infinitesimalism* contains an active operation, though, in his and your opinion, on a wrong principle. You will have the other branches of the profession upon you. Even if the *surgeons* begin to have an inkling that the time is approaching when they will have to declare themselves neutral between systems of *medicine*, still you must remember that there is another *Hall* besides Sir Benjamin. The judicial committee of the Privy Council will have nothing to say to the question how much latitude of opinion constitutes a medical heresy. O ye purgative powers! Shall we live to hear of another see of Exeter threatening to excommunicate its metropolitan? Will homœopathy be declared a nullity, and the West-end College heretical on a question of efficacy, by a diocesan synod in Bridge Street, in the midst of such an odour of pharmacopœian sanctity, that each delegate will affirm he has snuffed up more medicine, in drawing his breath at the pauses of the eloquence, than all the infinitesi-

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malists put together could administer in a century? We hope not. We would combat your united strength, and we should feel humiliated if we had to enter by the breach made by yourselves in each other's walls.

Think how the public would receive from you the assertion that there actually is something, be it even something wrong, in the school of Hahnemann. You must never allow this. You can stand long against nullity of treatment, even though *nullity* should be proved more successful than *aliquiddity;* but you must be the only aliquiddities. Grant and cause to be granted that the opponent system is something, and you turn attention upon the manner in which that *other something* has been thriving, in spite of opposition, until its directory is a goodly volume. The two propositions,—"There is nothing in homœopathy, and therefore nothing to encourage;" and "There is something, and therefore something to discourage," are of very different idiosyncracies. The first is a *sequitur per se;* one of your *ex vi terminorum* chaps: the second may be a *sequitur per fallucias in medicinæ orthodoxæ institutis latentes*, and it is for you to make it something better if you can. The first may be fired from a cross bow, by the machinery of the instrument; the second will require the long bow, possibly a longer one than even legitimate medicine can draw. Teach your president—he ought not to want *this* teaching—how easily the world is led captive by an ambiguity. Warn him of the danger of allowing men to say, "So, then, the College of Physicians does admit that there is *something* in homœopathy, after all."

Make him understand, and first understand it yourselves, that the traditional modes of dealing with medical dissent must not be promiscuously applied to all cases. You have often had to contend with the individual opponent, who avails himself of a secret remedy, which he expects to be taken upon his word. Of these individual opponents you have had hundreds at a time: but they have only been hundreds of parties, not a party of hundreds. Further, many of these parties have not had knowledge of physiology and chemistry: and they have addressed

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themselves, in very many cases, to the uneducated world. They do not demand public inquiry into their success. Their systems die with the founders, and are as limited in place as in time. In every particular homœopathy shows itself to belong to another class of phenomena. It numbers hundreds of practitioners who have received the same sort of education as yourselves. It hides no secret: its literature is now a library. Its supporters are united by associations, by hospitals, and by a periodical press. It appeals to the educated for support, and has obtained it from the educated. It challenges comparison of its results with yours. Before many years are over it will have completed its first century. It is making rapid progress in every country in which the law permits its existence. Do you think you can put down this sort of union by slanging its practitioners as empirics—meaning *charlatans*—and its patients as dupes? If you do, you are as truly infinitesimalists as Mrs. Partington with her mop. Ask yourselves what you would have said to the general assembly of the Scotch Kirk, if they had treated the secession as they might have thought it reasonable to treat Joanna Southcott. We speak for your good. You cannot do better *for us* than you have done: but we want a stronger enemy. There is nothing to oppose us now except Jacko on his death-bed.

Above all things, never let your President out into the world without priming and rehearsal. Amend his phraseology, and curtail his admissions, if you can: if you cannot, keep him at home, or else it is gone goose with the college.

Cure him of dancing in his and your robe before Pharmacopœia. A ballet master will tell you that dignified scorn of heretical pravity is not expressible by any combination of gesture and step. If, in his present state, the doctor should continue to roam the highways of life, you will be subject to the kind of mortification with which, no doubt, Mr. Pickwick read the account which Dickens felt obliged to give of his wrath. "The heroic man," is all that that conscientious reporter could say, "threw himself into what the bystanders supposed to be an attitude of defence." Your President is not a combatant for

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this age of the world. He neither knows how to cover himself with the old shield, nor how to strike with the new sword.

And now we bid you farewell. Are you not thankful for the trouble we have taken? And do you not feel envious of the position in which we stand with respect to choice of weapons? Your organs of the press in public, and the lower intellects of your profession in public and in private, are profuse in charges of dishonesty, fraud, and all baseness, against those who believe in and practise homœopathy. Now no reader would imagine, from any thing we have said or implied, that your President, or yourselves, or any of your professional brethren, are morally and socially one single globule below the value which he has hitherto assigned to you and them. As to your President, though we may have *compromised his average* a little, we have sought our materials in his English, his technology, his logic, his philosophy, and his public conduct: as to his character and motives, private and personal, there has been a complete nullity of treatment. His very name is a mystery, French or Latin. We believe so well of you (the President included) that we almost say we *know* you will feel at once that we *have you here*. The time must soon come when fear of opinion, if no better, will impel all that is decent and respectable in what is called legitimate medicine to move for a *non tali auxilio* against evil-thinkers and evil-speakers. Until that time shall arrive, you have one weak point the more; and that is all: we beg pardon,—not quite all; you *show* one weak point the more.

Will you accept a joint-interest in a morsel of old poetry? I will furnish a motto, such as may make coming events cast a shadow before, for the next edition of your very prosaic book. We mean the book in which the first paragraph declares that none but *troy* weight shall be therein used, and the second paragraph uses *avoirdupois* weight. We cannot convey the quotation to you in fee, because we desire to retain an interest in it for ourselves: but we make you heartily welcome to any share which you can be prevailed on to accept. The old poet was a bit of a sage: and—be it coincidence or sibylline meaning, we know not which—the only consonants in the speaker's

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name are M. D. There seems to be some idea of what the *progress of science* may do for the *maintenance of truth.*

> Numquam ita quisquam bene subducta ratione ad vitam fuit,
> Quin res, ætas, usus semper aliquid adportet novi;
> Aliquid moneat; ut illa, quæ te scire credas, nescias;
> Et quæ tibi putaris prima, in experiundo ut repudies.

ON MINERAL WATERS.

By Dr. H. R. Madden.

It is not an unfrequent occurrence for us to be requested to decide what mineral water we consider the most suitable for a given case, and it has often struck me that it would be well to have some clear ideas as to their modus operandi, so that our reply to such a query might be founded upon something like a correct appreciation of their probable effects, and that we should neither abstain from recommending upon the plea that they have not yet been admitted among the list of our *proved* remedies, nor give an indefinite permission for the patient to *try* this or that spa. With a view therefore to obviate this dilemma, I have examined certain standard works on both Foreign and British mineral waters, and carefully contrasted their chemical analyses, to ascertain what light is thereby thrown upon their remedial action, and by comparing the nature of their constituents with their alleged curative virtues, I have endeavoured to determine upon what, if any, principle we could either sanction or recommend their employment.

Before entering however upon the direct investigation of their modus operandi, I would make a few general remarks; and first: There can be no question that mineral waters do prove *curative* in the strictest sense of the term. It is doubtless true that their effects are greatly enhanced by the change of air, scene, and occupation necessitated by a journey to, and residence at the Spa, and that the early hours, unwonted exercise, and in many cases, restricted diet which so frequently accompany their libation, contribute likewise in no trifling

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degree towards the cure of the patient; but I think there are few practitioners who have had much experience of the effects of mineral waters, who will not acknowledge that after all such deductions a considerable margin remains for the *specific* curative effect of the springs themselves. It behoves us therefore to examine this point carefully, and answer, if possible, the following questions.

1. Is the action of mineral waters simple or complex, and if the latter, in what does this complexity consist?

2. Do they cure in virtue of any homœopathic relation existing between their mineral constituents and the diseases benefitted?

And *lastly*. Can we as homœopathists prescribe a course of mineral waters, and can we lay down any rule for selecting the proper Spa for a given case of disease?

1. Is the action of mineral waters simple or complex, and if the latter in what does this complexity consist? The first thing that strikes one on examining the class of diseases benefitted by mineral waters, is their general resemblance to each other. All are chronic, and all are more or less characterized by what humoral pathologists would denominate impurities of the blood, or what the physiological school of Germany would term dyscrasy. Whatever nature a disease may have originally possessed, it must have continued sufficiently long to give rise to a state of mal-nutrition before the patient becomes a fit subject for a course of mineral waters, and accordingly if an allopath were required to define in one word their modus operandi, he would assert that however much they may differ in certain respects among themselves, they are all more or less alteratives. When we class together, gout, rheumatism, glandular diseases, calculous affections, chronic congestions, &c. we at once perceive that we have to deal with maladies whose very essence consists in mal-nutrition, and if we investigate a little deeper, we find that the sort of perverted nutrition which is common to them all is that which consists either in the retention of effete matters in the system, or in the production of substances more analogous to excretions than to normal constituents; in other words, in all the diseases which are benefitted by mineral

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waters, the system is found to be loaded with unhealthy humours, constituting a real *materies morbi*. Let it not be supposed, from these remarks, that I wish to deny the essentially dynamic origin of all diseases, upon which the very foundation of homœopathic treatment rests; far from it, I feel satisfied that every perversion of health originates in a disturbance of the dynamics of the organism, and requires for its cure a dynamic remedy; and yet it is equally certain that many diseases in their progress pass far beyond the dynamic condition, and owe their continuance to the presence of a true materies morbi circulating in the system, and itself keeping up the very dynamic perversion which originally caused its production.

Now it is not difficult to conceive that disorders of this class present two distinct indications for treatment, viz. a means of correcting the dynamic perversion, and a means of removing from the system the *morbid material*; and practically we must all have found how greatly the cure of such cases is expedited when a treatment can be followed which fulfils both these purposes.

If the above reasoning be applicable to the cures effected by mineral waters, we should expect that during their employment the action of the great emunctuaries of the system, the skin, the mucous membranes, and the kidneys, will be increased; while at the same time this excess of action will not be produced in such a manner as to lead to a proportionate exhaustion when the exciting cause is removed. We all know that diaphoresis, diarrhœa and diuresis, produced by specific stimuli, very frequently fail altogether in curing the class of diseases at present referred to, for although the patient may be relieved during the treatment, he is at the same time reduced in strength, and when the so-called remedies are discontinued, the original malady is very apt to return with an inveteracy all the stronger, from the debilitated condition into which the patient has sunk.

Experience shows that when mineral waters are administered in suitable cases, they almost invariably produce either diuresis or an increased action of the bowels, and although the patient is apt after a few days to feel exhausted

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and weakened by the overaction, yet these effects prove transient, and he soon experiences the reaction of returning health; and when the course is completed, he can discontinue the waters without any marked decrease of these functions below their normal standard. It behoves us therefore to enquire wherein the purgative action of mineral waters differs from that of ordinary aperients, and thus explain, if possible, their immunity from the disadvantages so notoriously attaching to the latter.

Chemical analysis has proved all mineral waters to consist of various neutral salts dissolved in water, together with certain gases which, though less frequent, are yet sufficiently common to arrest attention. Now the neutral salts in the vast majority of cases, consist of the *muriates* and *sulphates* of *soda*, *lime* and *magnesia*, together with small quantities of various other ingredients which will occupy our attention by and bye, in other words, of what, in allopathic pharmacopœias, are classed together as saline aperients. To what then do these owe their aperient properties? Do they stimulate the intestines dynamically, and thus create an increased action in such a manner that they might be applied homœopathically in small doses for the cure of diarrhœa? By no means. Not one of the true saline aperients of the old school is used in the cure of diarrhœa by the new, and why is this? is it not the very foundation principle of homœopathy that those symptoms which are producible by large doses of a medicine, are curable by a minute dose? and if therefore the sulphates and muriates of soda, lime and magnesia, are purgatives in large doses, ought they not to be found useful in minute doses for the cure of diarrhœa? A superficial enquirer might certainly think so; and I wonder much that our sapient opponents have not brought forward as one of their numerous accusations against us the folly, as it might seem to them, of our giving *chamomilla*, *dulcamara*, *china* and *veratrum*, for diarrhœa, when Glauber's and Epsom salts are surely more decided and unfailing purges, and hence according to their view should be the most available for our purpose.

Perhaps all my readers are not aware of the fact that these

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salines will purge the dead as effectually as the living, and nevertheless this is simply true. If a piece of dead intestine is surrounded by serum or any other fluid of the same density, and a solution of any of these salts is allowed to flow slowly through it, the osmotic force is thereby greatly increased, and a strong current is set up from the *serum* to the *saline*, and this is believed on good grounds to be the rationale of saline purgation. To make this point clear, I must quote from Professor Matteucci's Lectures on the Physical Phenomena of Living Beings, as referred to in the *British and Foreign Medical Review* for April 1847. The Professor observes—"I must not conclude without citing to you the recent experiments of Poisseuille, with a view of explaining by endosmose, the purgative action of certain saline substances. He found that endosmose took place through the animal tissues from the serum of the blood towards Seidlitz water, solutions of sulphate of soda, common salt, &c. This is precisely what occurs when these medicines are administered internally. The excrements contain an abundant and unusual amount of albumen; and we can scarcely help admitting that endosmose takes place from the serum of the blood to the saline solution introduced into the intestinal tube, through the walls of the capillary vessels of the latter. But to remove all doubt of the justice of this application of the doctrine of endosmose by Poisseuille, it was necessary to demonstrate that endosmose would continue, when one of the liquids is in motion, or continually renewed. This has been recently proved by Dr. Bachetti, who has shown that the rapidity of the endosmose is considerably augmented when one of the liquids is in this state of continual renewal." Here then we have an explanation of the difference between specific and osmotic purgation. Scammony, Rhubarb, Aloes, &c., purge in virtue of a certain stimulation which they exert upon the living tissue, augmenting thereby the amount of its secretion, or in other words, producing an excessive action, which according to the known laws of physiology is apt to be followed by proportionate diminution below the normal mean; while on the other hand the saline solutions, acting according to physical laws, increase the exosmotic current of the blood to the

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interior of the intestines, and thus augment the alvine discharges, without necessarily producing any real excess of secretion, properly so-called; and hence this apparent, though not real over-action, need not be followed by any counterbalancing diminution. Thus much for the purgative saline constituents of mineral waters; it appears from the above train of argument that they have the property of drawing off certain portions of the animal fluids independently of any abnormal excitement of the secreting glands. Certain mineral waters however are diuretic as well as purgative; how then do these act? When we consider that the quantity of fluid consumed by the mineral water-drinkers varies from 18 to 60 ounces per diem, we need only refer to our hydropathic friends to account for a considerable increase of renal secretion; but besides this it appears, from the analysis of those waters which are most decidedly diuretic, that they all contain a tolerably large amount of alkaline carbonates. If my readers will refer to the eighth vol. of this Journal, at p. 197, they will find an account of the late Dr. Golding Bird's experiments on chemical diuretics, quoted by me to prove that certain remedies act chemically, and produce results dependent upon the laws which regulate chemical rather than vital action, and that in the instance in question the alkaline carbonates increase very materially the solids in the urine, by expediting the metamorphosis of the tissues. Perhaps some may enquire how I can call an increased rapidity of metamorphosis a chemical action, to which I reply that it is chemical in so far that in the present case it is induced by that peculiar reaction, termed catalysis, in virtue of which the presence of a chemical agent possessing an affinity for an unformed compound, the elements of which are present, will cause the production of that compound. Numerous instances of this are familiar to chemists, and in the present case, the alkaline carbonate having an affinity for the effete organic compounds which normally find their way through the kidneys, causes by its presence an increased rapidity of that disintegration by which those portions of tissue which are no longer capable of serving any useful vital process, are reduced to the condition of excretory matters. The rationale of the action of alkaline carbonates, and the cause of their

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utility, I believe to be as follows: Where there is mal-nutrition from any cause, at least where such mal-nutrition is accompanied by an accumulation in the system of more or less deteriorated material, and where moreover the natural excretory organs are not in a sufficiently active state to carry off this redundant matter, the alkaline carbonates determine its more complete disintegration, and then combining chemically with the resultant compounds, pass off by the kidney, and thus relieve the system.

Let us now pause a moment, and ascertain how far our reasoning has carried us, and let us also if possible test the safety of the foundation upon which our theory of the action of mineral waters is built; and here I must beg my readers to pardon the somewhat desultory character of these remarks; but the subject is so large and complex that I feel it would be a far easier matter to write a book than condense all I would wish to say into the space of an ordinary paper. I need hardly remark that in speaking of the various modes of action of mineral waters in general, I do not mean to assert that they all act in the same way; far from it; on the contrary I shall endeavour to prove before I close that the therapeutic action of mineral waters is widely different in different cases: all I mean to affirm is, that those waters which are characterized by the presence of neutral salines, *owe their purgative property to their physical influence upon the osmotic force*, and that those characterized by the alkaline carbonates *owe their diuretic properties*, in so far as mere quantity is not concerned, *to their chemical influence upon the disintegration of tissue.* Thus far I have endeavoured to shew that the diuretic and purgative actions of spa waters, are not dependent upon the specific or dynamic action of their constituents, but are consequent upon certain physical and chemical processes which they set up in the system, and from this I conclude that their depurating effects are produced without the induction of any such overaction as results from the employment of *specific aperients* or *diuretics.*

All mineral waters, however, which have acquiredany degree of celebrity, are found to contain, in addition to a greater or less proportion of neutral alkaline salts, certain less common

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chemical compounds in much smaller proportion, and which nevertheless impress a *specific* virtue upon the water in which they occur. Let us therefore turn our attention to these, and ascertain, if possible, their modus operandi. When a patient drinks an imperial pint (twenty ounces) of Harrowgate water, a quantity which is considered a full dose, he imbibes 108 grains of common salt, and 11 grains of muriate of lime, together with rather less than two cubic inches of sulphuretted hydrogen, which corresponds to about half a grain of Sulphur; nevertheless the action of this water is unhesitatingly attributed not to the muriates of soda and lime, but to the *sulphur*. Again, the Montpellier well at Harrowgate contains in the same quantity of water, 81 grains of muriate of soda, 22 of muriate of lime, together with less than half a grain of iron; and yet this latter ingredient stamps the effects of the water sufficiently strongly to give it the name of a *chalybeate*. Nay, more, the waters of *Saratoga*, *Kissingen* and *Kreutznach*, are found to be useful in scrofula, and their virtues attributed to Iodine and Bromine, although the quantity in the strongest does not amount to a quarter of a grain, and is mingled with common salt in proportions varying from 20 to 55 grains.

Again, if we examine the analysis of various waters, and compare them with their recorded effects, we find two points pretty clearly supported, viz., that the activity of mineral waters as *depurating agents* is in direct proportion to the amount of neutral and alkaline salts which they contain, but that their curative powers are by no means equally proportional to their saline strength, but appear to depend upon sundry other circumstances, and especially upon the presence of certain less common ingredients. We can therefore in a measure predict the effect of a mineral water, when we become acquainted with its chemical constitution, in so far that we shall know that it will be aperient and diuretic in proportion to the amount of its neutral and alkaline salts, while it will possess other and more specific curative virtues, if it contains certain of the rarer ingredients which occasionally exist in solution, even although these compounds exist in very minute quantities. A careful examination of these more *specific* virtues, shows clearly that there

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exists a homœopathic relation between the compound which (though minute in quantity) impresses the specific virtue on the waters, and the diseases cured: thus the Sulphur waters prove curative where a homœopathist would order Sulphur. The Chalybeates act where Iron is the homœopathic remedy, and those waters which contain Iodine and Bromine are characterized by virtues known to be possessed by these substances when employed homœopathically. Space will not admit of my examining the actions of certain waters, especially the hot springs, whose virtues are experienced more by bathers than drinkers, and which virtues can scarcely be attributed to their mineral constituents, but I must confine my observations to those waters whose saline impregnation is considerable, and whose curative action has always been attributed to their mineral contents. I would therefore sum up here the result of these investigations as follows:—There seems good ground for concluding that the salines which occur in *considerable quantities* produce in the system certain physical and chemical actions which give rise to increased excretion, while the rarer compounds which are found only in *minute proportions* act homœopathically, and thus impress specific virtues on the water in which they occur. In other words, we have presented to us in mineral waters *certain homœopathic remedies, with the addition of agents capable of depurating the system by increasing the excretions and promoting the disintegration of effete or subvitalized tissue.*

I have thus replied to the first and second questions at one and the same time, viz., that the action of mineral waters is complex, consisting as it does of physical, chemical and specific actions, and secondly, that there does exist a homœopathic relation between certain of their constituents, and the diseases they are found to cure; let me now proceed to answer the third question, viz.—Can we as homœopathists prescribe a course of mineral waters? and can we lay down any rule for selecting the proper spa for a given case of disease?

Can we as homœopathists prescribe a course of mineral waters? We have endeavoured to show that mineral waters consist of homœopathic remedies, and *something more.* Now

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this "something more" is both an advantage and a disadvantage: a disadvantage, because it excludes the use of mineral waters in a large number of cases, and yet an advantage because it affords a means of cure in a given few which might otherwise prove intractable. I believe that it will very seldom be judicious to prescribe mineral waters in the commencement of treatment, *i.e.*, before pure and simple homœopathic measures have been tried. If a patient labouring under chronic disease presents himself to a homœopathic practitioner, I consider that however evidently he may be labouring under a disease requiring *depuration* of the whole system, it is nevertheless the wisest and the safest plan to commence a purely homœopathic course of treatment. It is impossible to decide beforehand whether these remedies will or will not be sufficient to effect all that is required, since it often happens that the necessary depuration occurs under their employment. If, on the contrary, homœopathic treatment has been fairly and perseveringly tried without success, and if moreover the class of remedies indicated should be those which occur in mineral waters, it will then become a matter for consideration whether these should not be resorted to. If it be objected by anyone, that to use mineral waters is to return to the polypharmacy of the old school, seeing the ingredients are numerous and diverse, I would remark, that these waters have after a certain fashion been proved in their present complex state, and hence the objection does not validly apply. It is true the provings have been chiefly *ab usu in morbis*. But nevertheless, since the results are in general accordance with the purer results obtained by the careful provings of the individual specifics which characterize the various spas, I suspect that enough is known for practical purposes. It is not to be supposed that a course of mineral water will ever be ordered for a case owing to a minute correspondence between the detail of the symptoms, with those produced by the specific contained in the spring selected. General correspondences can alone be looked for, and where these exist, they are detectable in the rough proving which may be deduced from the therapeutic employment of the water. It must not be concluded from these remarks, that I would

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recommend the use of mineral waters in all chronic cases where a depuration of the system is required, and the ordinary homœopathic remedies have failed to produce it, as this is by no means the case. Other, and in many instances, preferable modes of treatment exist by which the same purpose may be effected, among which hydropathy stands prominent. The baths and packings of the water-treatment effect in a marked degree the same depurative effect which is found to result from the use of saline solutions, and I do not hesitate to affirm that in cases where both methods of treatment are equally applicable, I should undoubtedly prefer the former. A much purer homœopathy can be combined with hydropathy than can possibly be carried out by means of mineral waters, but it requires no great experience of the former method to become aware that certain cases exist where, from a defective reaction, or some other cause, the water treatment cannot be carried out with sufficient energy to produce these depurating effects with safety to the patient, while a course of mineral waters would in such instances be borne with impunity. I believe therefore that each method of treatment will serve in its turn, and that while for a large number of the class of diseases of which we are treating, simple homœopathic treatment will do all that is required, and while beyond these a class will exist wherein hydropathic appliances will be found a most useful adjunct to the homœopathic remedy, there will yet remain a margin for whose cure, *tuto, cito et jucunde,* a well selected mineral water will afford the greatest desideratum, and accordingly I now proceed to the latter part of the question, viz.—Can we lay down any rule for selecting the proper spa for a given case of disease? The general reply to this query is involved, as it were, in the observations which have gone before, since it follows, that if the specific part of their action is dependent upon homœopathic remedies, the spa must be selected in accordance with the known actions of its characteristic ingredients. I do not therefore propose to give a list of mineral waters, and assert dogmatically that such and such waters will be the most suitable for certain diseases, but I shall give a series of lists of those mineral waters which have been analysed, arranging

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them in classes according to their characteristic ingredients, and thus afford a ready means of reference, by which any practitioner desirous of testing the accuracy of my views of their modus operandi, may be enabled to do so.

Having examined carefully the analyses of 85 mineral waters, I have drawn up the following tables, which will be found useful as references when the probable action of any spa is to be determined. The tables are preceded by a list of the springs arranged geographically. Table I. gives the total amount contained in an imperial pint of the water of those salts which have been shown to possess the physical property of increasing the osmotic currents, namely, Sulphate and Muriate of Soda, Sulphate and Muriate of Magnesia, and Muriate of Lime. Table II. gives the amount of Alkaline Carbonates in an imperial pint, for the purpose of distinguishing those spas which are capable of increasing the disintegration of tissue in the manner referred to above. *N.B.* As both these actions are dependent upon quantity, those springs are not included in the tables wherein the total quantity amounts to less than 5 grains per pint. Table III. gives the amount of Sulphates of Soda and Magnesia. Table IV. the amount of the Muriates of Soda, Lime and Magnesia, as it is probable that the Salts of Sulphuric acid may differ from the metallic chlorides in some of their more minute effects, and hence it may be well to be able to distinguish them in practice. Table V. commences the notice of the more specific or homœopathic ingredients, and gives a list of the springs containing Iron, arranged in two classes, viz., 1st, In the order of their osmotic powers, that containing the largest quantity of the neutral salts standing at the head of the list; and 2nd, In the order of their disintegrating power, that containing the most alkali standing first. *N.B.* In this and the following tables the amount of the specific is given, but believing that the action is more qualitative than quantitative, the latter is not allowed to influence the arrangement of the tables. Table VI. gives the springs which contain Iodine. Table VII. The Bromine springs. Table VIII. The Sulphuretted Hydrogen springs. Table IX. The springs containing Phosphates. Table X. The Manganese springs.

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Table XI. The Strontia springs. Table XII. The Lithia springs. Table XIII. The Baryta springs. XIV. The Silica springs. XV. Springs whose Saline ingredients are in too small proportion to produce osmotic or chemical action.

List of Springs, whose analyses have been examined, arranged geographically.

BADEN and WURTEMBERG. — 1. Baden-Baden. 2. Rippoldsau. 3. Wildbad. 4. Liebenzell. *Deinach.*—5. Saurequelle. 6. Dintenquelle.—7. Cannstadt. 8. Boll. *Heilbron.*—9. Adelheidsquelle.

SALZBURG.—10. Gastein.

BOHEMIA.—*Marienbad.*—11. Kreuzbrunnen. 12. Ferdinandsbrunnen. *Egra.*—13. Franzensquelle. 14. Salzequelle.—15. Carlsbad. 16. Püllna. 17. Seidschütz. 18. Seidlitz. 19. Tœplitz.

BAVARIA.—20. Liebenstein. *Kissingen.*—21. Ragozi. 22. Pandur. *Bocklet.*—23. Ludwigsquelle. 24. Schwefelquelle.

NASSAU.—*Bruckenau.*—25. Bruckenauer. 26. Sinnberger.—27. Hombourg. 28. Soden. 29. Wiesbaden, 30. Schlangenbad. *Schwalbach.*—31. Weinbrunnen. 32. Paulinen.—33. Seltzer. 34. Fachingen. 35. Geilnau. *Ems.*—36. Kesselbrunnen. 37. Kraenchenbrunnen.

PRUSSIA.—*Silesia.*—38. Obersalzbrunnen. 39. Kreuznach.

GERMANY.—40. Pyrmont.

BELGIUM.—*Spa.*—41. Pouhon.

FRANCE.—*Auvergne.*—42. Vichy.

AMERICA.—43. Saratoga.

ENGLAND.

DURHAM.—44. Shotley Bridge. 45. Butterby. CUMBERLAND.—46. Gilsland Spa. WESTMORLAND.—47. Shap-well. YORKSHIRE.—48. Guisboro. *Croft.*—49. Old Spa. 50. New Well.—51. Dinsdale. *Scarboro.*—52. North Well. 53. South Well.—54. Aldfield. *Harrowgate.*—55. Old Well. 56. Walker's Saline. 57. Montpelier. 58. Saline Chalybeate. 59. Old Chalybeate.—60. Knaresboro. 61. Crickhill. 62. Thorpe-arch. 63. Calverley Spring. 64. Horley Green. 65. Slaithwaite. 66. Lockwood Spa. 67. Askerne. LINCOLN.—68. Woodhall. DERBY.—69. Buxton. 70. Matlock. LEICESTER.—71. Ashby-de-la-Zouch. WARWICK.—*Leamington.*—72. Victoria. 73. Old Well. *Stratford.*—74. Victoria Spa. HEREFORD. — 75. Tenbury. WORCESTER. — 76. Malvern. GLOUCESTER.—*Cheltenham.*—77. Pitville. 78. Montpelier. 79. Old Well.—80. Gloucester Spa. 81. Clifton Wells. SOMERSET.—82. Bath. ESSEX.—83. Hockley Spa. KENT.—84. Tunbridge Wells. ISLE OF WIGHT.—85. Sandrock.

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TABLE I.—*Mineral Waters arranged according to the quantity of neutral salts, viz. Sulphates of Soda and Magnesia, and Chlorides of Sodium, Calcium and Magnesium which they contain in an imperial pint.*

	GRAINS		GRAINS
Ashby-de-la-Zouch ..	970.	Ragozi . ..	34.
Püllna	217.	Franzensquelle ..	33.
Woodhall	194.25	Scarboro', South Well ..	31.75
Harrowgate, Old Well ..	123.	Ferdinandsbrunnen ..	31.5
„ Montpelier Well	109.5	Knaresborough ..	30.
Seidschütz	107.5	Adelheidsquelle ..	29.
Seidlitz	107.	Carlsbad	28.
Leamington, Old Well ..	103.	Salzequelle	28.
Tenbury	98.	Aldfield	25.
Leamington, Victoria Spa	95.5	Sandrock	23.5
Hombourg	94.25	Shotley-Bridge ..	22.
Harrowgate, Walker's Saline	83.	Scarboro', North Well ..	21.25
Cheltenham, Old Well ..	81.5	Saratoga	21.
„ Montpelier ..	80.5	Baden-Baden	18.
Thorpe-Arch	73.	Soden	17.5
Victoria Spa	72.	Seltzer	16.5
Kreuznach	65.	Rippoldsau	16.
Pandur	63.75	Croft, New Well ..	11.
Gloucester Spa ..	60.25	„ Old Well ..	10.5
Hockley Spa	53.25	Crick Hill	9.
Kreuzbrunnen	51.5	Kesselbrunnen ..	9.
Wiesbaden	50.	Butterby	8.
Shap Wells	44.5	Liebenstein	7.5
Cheltenham, Pitville Spa.	44.5	Kraenchenbrunnen ..	2.
Cannstadt . ..	39.5	Bath	5.5
Ludwig's-quelle ..	34.25	Vichy	5.25
		Pyrmont	5.25

TABLE II.—*Mineral Waters arranged according to the quantity of Alkaline Carbonates which they contain in an imperial pint.*

	GRAINS		GRAINS
Fachingen	43.	Salzequelle	9.
Vichy	21.	Carsbad	9.
Kesselbrunnen ..	20.	Ferdinandsbrunnen ..	8.5
Seltzer . ..	15.	Franzensquelle ..	8.5
Tœplitz	12.	Obersalzbrunnen ..	7.5
Geilnau	12.	Harrowgate, Walkers' Saline	6.5
Kreuzbrunnen ..	10.	Adelheidsquelle ..	5.
Kraenchenbrunnen ..	10.		

TABLE III.—*Mineral Waters arranged according to the quantity of the Sulphates of Soda and Magnesia they contain in an imperial pint.*

	GRAINS		GRAINS
Püllna	217.	Kreuzbrunnen ..	38.
Seidschutz	106.	Leamington Victoria ..	28.5
Seidlitz	104.	Cheltenham, Montpelier .	28.5
Victoria Spa	60.5	Scarboro' South Well ..	28.
Hockley Spa	41.25	Franzensquelle ..	25.
Leamington Old Well ..	40.	Ferdinandsbrunnen ..	22.5

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TABLE III.—*continued.*

	GRAINS		GRAINS
Cannstadt	20.	Cheltenham Old Well ..	14.5
Carlsbad	20.	Gloucester Spa ..	10.25
Sandrock	19.5	Croft, Old Spa ..	9.25
Salzequelle	18.	„ New Well ..	8.5
Scarboro' North Well ..	18.	Ludwigsquelle .	6.25
Cheltenham Pitville ..	17.5	Crickhill	5.
Rippoldsau	15.5		

TABLE IV.—*Mineral Waters arranged according to the quantity of the Chlorides of Sodium, Calcium and Magnesium they contain in an imperial pint.*

	GRAINS		GRAINS
Ashby-de-la-Zouch ..	970.	Ludwigsquelle ..	28.
Woodhall	194.	Cheltenham, Victoria ..	27.
Harrowgate, Old Well ..	123.	Aldfield	25.
„ Montpelier ..	107.	Shotley Bridge ..	22.
Tenbury	98.	Saratoga	21.
Hombourg	94.	Cannstadt	19.5
Harrowgate, Walker's Saline	83.	Baden-Baden	18.
Thorpe-Arch	73.	Soden	17.5
Leamington, Victoria ..	67.	Seltzer	16.
Cheltenham, Old Well ..	67.	Kreuzbrunnen ..	13.5
Kreuznach	65.	Hockley Spa	12.
Leamington, Old Well ..	63.	Victoria Spa	11.5
Pandur	62.	Ferdinandsbrunnen ..	9.
Cheltenham, Montpelier .	52.	Salzequelle	9.
Gloucester Spa ..	50.	Carlsbad	8.
Wiesbaden	50.	Franzensquelle ..	8.
Shap Wells	40.	Butterby	8.
Ragozi	32.	Kesselbrunnen ..	8.
Knaresboro	30.	Kraenchenbrunnen ..	7.
Adelheidsquelle ..	29.	Liebenstein	6.

TABLE V.—*Mineral Waters containing Iron.*

A—*arranged according to their Osmotic power.*

	GRAINS		GRAINS
Harrowgate Montpelier Spa	.37	Adelheidsquelle ..	.012
Seidschütz	.012	Carlsbad	.028
Hombourg	.46	Salzequelle	.016
Thorp Arch	.22		Sulphate.
Kreuznach .. .	.149	Sandrock	41.40
Pandur	.45	Shotley Bridge ..	.92
Kreuzbrunnen	.176	Scarboro', North Well ..	.23
Wiesbaden	.078	Saratoga	.017
Cannstadt	.14	Baden-Baden	.1
Ludwigsquelle ..	.65	Soden	.16
Ragozi	.68	Rippoldsau	.76
Franzensquelle ..	.068	Croft, Old Well ..	.14
Scarboro' South well ..	.22	Crickhill	.39
Ferdinandsbrunnen ..	.4	Kesselbrunnen ..	.062

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	GRAINS		GRAINS
Liebenstein	2.	Vichy	.007
Kraenchenbrunnen ..	·016	Pyrmont	.321
Bath	.03		

B—*Arranged according to the amount of Alkali they contain.*

Fachingen	.089	Salzequelle	.016
Vichy	.007	Carlsbad	.028
Kesselbrunnen ..	.062	Ferdinandsbrunnen ..	.4
Tœplitz	.036	Franzensquelle	.068
Kreuzbrunnen ..	.176	Obersalzbrunnen ..	.035
Kraenchenbrunnen ..	.016	Adelheidsquelle ..	.012

TABLE VI.—*Mineral Waters containing Salts of Iodine.*

A—*Arranged according to their Osmotic power.*

Woodhall	.07	Pandur	traces.
Leamington, Old Well..	.011	Glo'ster Spa ..	.0025
Tenbury	.013	Cheltenham, Pitville ..	traces.
Leamington, Victoria ..	.0125	Ragozi	traces.
Cheltenham, Old Well..	.002	Adelheidsquelle ..	.15
Cheltenham, Montpelier	.004	Saratoga.. ..	.0046
Kreuznach	.0024	Vichy	.0002

B—*Arranged according to the amount of Alkali.*

Vichy	.0002	Adelheidsquelle .	.15

TABLE VII.—*Mineral Waters containing Salts of Bromine.*

A—*Arranged according to their Osmotic power.*

Ashby-de-la-Zouch ..	1.	Glo'ster Spa	.0125
Woodhall	1.02	Ragozi	.70
Tenbury	.008	Adelheidsquelle ..	.306
Leamington Victoria ..	.0125	Shotley Bridge ..	.10
Hombourg	.004	Saratoga	.1613
Cheltenham, Montpelier..	.025	Vichy	.0007
Kreuznach	.2304		

B—*Arranged according to the amount of Alkali.*

Vichy	.0007	Adelheidsquelle ..	.306
Obersalzebrunnen ..	.0051		

TABLE VIII.—*Mineral Waters containing Sulphuretted Hydrogen.*

A—*Arranged according to their Osmotic power.*

Woodhall	traces.	Aldfield	2.62
Harrowgate, Old Well..	1.93	Croft, New Well ..	2.78
Victoria Spa	.64	„ Old Spa ..	.23
Glo'ster Spa	traces.	Crickhill	.24
Shap-wells	1.25	Butterby	1.44
Knaresboro	1.		

None of the Alkaline waters whose analyses I have seen appear to contain Sulphuretted Hydrogen.

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TABLE IX.—*Mineral Waters containing Salts of Phosphoric Acid.*

A—*Arranged according to their Osmotic Power.*

	GRAINS		GRAINS
Püllna	.003	Ferdinandsbrunnen ..	.005
Seidschütz	.026	Carlsbad	.003
Hombourg	.0046	Salzequelle	.004
Pandur	.05	Seltzer	.723
Kreuzbrunnen ..	.003	Rippoldsau	.420
Ragozi	.170	Vichy	.0026
Franzensquelle ..	2.033	Pyrmont	.011

B—*Arranged according to the amount of Alkali.*

Fachingen	.018	Salzequelle	.004
Vichy	.0026	Carlsbad	.003
Seltzer	.723	Ferdinandsbrunnen ..	.005
Geilnau	.739	Franzensquelle ..	2.033
Kreuzbrunnen ..	.003		

TABLE X.—*Mineral Waters containing Manganese.*

A—*Arranged according to their Osmotic Power.*

Seidschütz	.042	Carlsbad	.007
Hombourg	.0218	Salzequelle	.001
Kreuznach	.0072	Saratoga	.0202
Pandur	traces	Seltzer	.151
Kreuzbrunnen ..	.038	Rippoldsau	.570
Ragozi	traces	Kesselbrunnen ..	.125
Franzensquelle ..	.004	Kraenchenbrunnen ..	traces
Ferdinandsbrunnen ..	.092	Vichy	.0028
Adelheidsquelle ..	.0012	Pyrmont	.0364

B—*Arranged according to the Amount of Alkali.*

Vichy	.0028	Carlsbad	.007
Kesselbrunnen ..	.125	Ferdinandsbrunnen ..	.092
Seltzer	.151	Franzensquelle ..	.004
Geilnau	.160	Obersalzebrunnen ..	.0026
Kreuzbrunnen ..	.038	Adelheidsquelle ..	.0012
Salzequelle	.001		

TABLE XI.—*Mineral Waters containing Strontia.*

A—*Arranged according to their Osmotic Power.*

Seidschütz	.045	Adelheidsquelle ..	.0387
Hombourg	.0929	Carlsbad	.007
Pandur	traces	Salzequelle	traces
Kreuzbrunnen ..	.004	Saratoga	.0672
Ragozi	.0592	Seltzer	.0144
Franzensquelle ..	.0023	Vichy	.0134
Ferdinandsbrunnen ..	.005		

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B—*Arranged according to the amount of Alkali.*

	GRAINS		GRAINS
Vichy	.0134	Ferdinandsbrunnen ..	.005
Seltzer	.0144	Franzensquelle ..	.0023
Kreuzbrunnen ..	.004	Obersalzebrunnen ..	.0170
Salzequelle	traces	Adelheidsquelle ..	.0387
Carlsbad	.007		

TABLE XII.—*Mineral Waters containing Lithia.*

A—*Arranged according to their Osmotic Power.*

Kreuznach	.0562	Ferdinandsquelle ..	traces
Pandur	traces	Carlsbad	.020
Kreuzbrunnen ..	.114	Salzequelle	traces
Ragozi	traces	Pyrmont	.0067
Franzensquelle ..	traces		

B—*Arranged according to the amount of Alkali.*

Kreuzbrunnen ..	.114	Ferdinandsquelle ..	traces
Salzequelle	traces	Franzensquelle ..	traces
Carlsbad	.020		

TABLE XIII.—*Mineral Waters containing Baryta.*

A—*Arranged according to their Osmotic Power.*

Hombourg	.0039	Seltzer	.0014
Kreuznach	.2566	Kraenchenbrunnen ..	.0022
Adelheidsquelle ..	.0024		

B—*Arranged according to the amount of Alkali.*

Seltzer	.0014	Adelheidsquelle ..	.0024
Kraenchenbrunnen ..	.0022		

TABLE XIV.—*Mineral Waters containing Silica.*

A—*Arranged according to their Osmotic Power.*

	GRAINS		GRAINS
Püllna	.176	Carlsbad	.577
Seidschütz	.120	Salzequelle	.333
Tenbury	.100	Sandrock	.700
Hombourg	.313	Shotley Bridge ..	.400
Thorp-arch	.090	Saratoga	.1112
Kreuznach	.2255	Baden-Baden	.330
Pandur	1.55	Soden	.168
Kreuzbrunnen ..	.386	Seltzer .. .	.289
Wiesbaden	.600	Rippoldsau	1.090
Shap Wells	.100	Kesselbrunnen ..	traces
Ludwigsquelle ..	.500	Kraenchenbrunnen ..	.413
Ragozi	2.25	Bath	.410
Franzensquelle ..	.367	Vichy	.3696
Ferdinandsbrunnen ..	.679	Pyrmont	.3727
Adelheidsquelle ..	.1922		

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TABLE XV.—*Mineral Waters whose Saline ingredients are in too small proportion to produce Osmotic or Chemical Action.*

	Salts of Lime.	Salts of Soda.	Salts of Magnesia.	Iron.	Silica.	Sulph'tted Hydrogen	Manganese.	Salts of Phos. Acd.	Salts of Iodine.	Salts of Potass.
Weinbrunnen	2.110	.961	3.125	.835	traces		traces	traces	traces	traces
Boll	1.490	4.590	.030	traces	.050	.0036	traces			.030
Schwefelquelle	2.500	.900	.500	.400	.100	.125		.500		.500
Pouhon	.749	.918	.842	.281	.374		.039	.010		.059
Saurequelle	3.430	3.080		traces	.280		traces			
Liebenzell	.400	4.200		traces	.120		traces			
Wildbad	.340	2.750	.070	.020	.390		.020			.020
Gastein	.339	1.775	.010	.048	.331	Sulphuret of Sodium .029		.029		.140
Guisboro	.75	1.93	.13	.40	.30	.12				
Dintenquelle	traces	7.150	traces	.760			traces			
Gilsland	.13	2.66			.14	2.10				
Bruckenauer	.808	1.142	.132	.255	.036					
Sinnberger	.261	.068	.082	.011	.161					
Paulinen	2.055	.505	2.750	.650	traces		.002			.001
Horley Green	1.94		.63	Sulphate 5.93	.11					
Lockwood Spa	3.34	2.34	2.16			.24				
Dinsdale	24.34	2.20	.39			2.50				
Askerne	12.5	2.74	1.85			1.				
Harrowgate Old Chalybeate	.99			.31						
Slaithwaite	.90	2.81	.05			.90				
Calverley Spring	.81	1.12		Sulphate 2.35						
Tunbridge Wells	.24	.30	.03	.28						
Clifton Wells	3.08	2.02	.90							
Schlangenbad	1.188	4.000	.813							
Matlock	not fully analysed but found to resemble Clifton Wells									
Malvern	.43	.24	traces	traces						
Buxton	1.37	.31	0.7							

B—*Arranged according to the amount of Alkali.*

	GRAINS		GRAINS
Fachingen	.087	Kraenchenbrunnen	.413
Vichy	.3696	Salzequelle	.333
Kesselbrunnen	traces	Carlsbad	.577
Seltzer	.289	Ferdinandsbrunnen	.679
Teplitz	.420	Franzensquelle	.367
Gelnau	.110	Oberealzebrunnen	.2423
Kreusbrunnen	.386	Adelheidsquelle	.1922

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By the help of these tables, a homœopathist will be enabled to give a tolerably sound opinion as to the comparative suitability of any Spa for a given case of disease. If, for example, he wishes to prescribe a course of waters containing *Iodine*, while at the same time he desires to produce a large increase of osmotic action, as a means of depuration, he would try the effects of Woodhall in Lincolnshire, or the Old Well at Leamington. If on the other hand, a defective action of the kidneys in his patient points to that organ as the one through which depuration should be carried on, he would prescribe either Vichy Water, or that of the Adelheidsquelle at Heilbron; or if he desires to try the effects of Iodine as existing in a natural spring, but uncombined with any saline ingredients in sufficient quantity to induce osmotic or chemical action, he might test the powers of the Weinbrunnen of Schwalbach, with some hopes of success: and thus with any other specific to which the condition of the patient may point, as most homœopathic to the existing disease. Before closing these remarks, let me again remind my readers, that I have only thrown out a few suggestions which they may or may not reduce to practice as opportunity or inclination may prompt. I would not presume to dogmatize or dictate, as the whole subject is far too complex to admit of any such course, until extended experience has established or modified the conclusions to which the above reasonings have pointed. All I have desired to excogitate has been the probable modus operandi of certain agents which large experience has proved to be truly curative, and having shown what appears to me to be the probable rationale of their success, I trust that those who feel inclined to put the suggestion to the test, will kindly note the results, and communicate them for the benefit of their brethren.

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SEPIA.

By Dr. V. Meyer.

(From the Homœopathische Vierteljahrschrift, 4th Jahrgang, 2 Heft.)

We have great pleasure in introducing to the notice of our readers the following essay on the action of Sepia, by Dr. V. Meyer, of Leipzig. It is one of a series of several essays, on individual articles of our Materia Medica, by Dr. Meyer, and is recommended not only by its intrinsic practical value, but also as an encouragement and example of the kind of labour that is most wanted at this stage of the progress of homœopathy. Of elementary treatises, popular and scientific, pamphlets, tracts, and all kinds of machinery for diffusing the knowledge of homœopathy in its present state, we have now enough and to spare. But there is a sad dearth of labourers in the field of the real practical internal development of homœopathy itself; and yet one single real gain in the practical application of homœopathy, as a healing art, does more to increase its influence than a whole bushel of pamphlets and elementary treatises. So we trust many may be found in this country disposed to follow the example of Dr. Meyer, and devote themselves to the perfecting of the Materia Medicà, by taking up single medicines, and presenting us with elaborate and exhaustive treatises on their action. The Hahnemann Materia Medica, as most of our readers are aware, has been established for the express purpose of affording the opportunity of publishing such elaborate treatises in a collected and standard form; but as yet the number that have been offered is not enough to complete one volume.—[Eds.]

On the history and description of Sepia, Hahnemann has made the following remarks:—"The brownish black fluid, which, previous to me, was only used in drawing, is contained in a sack within the abdomen of the large ink-fish, Sepia octopoda. This fluid is squirted out at times by the animal, to darken the water, probably for the purpose either of securing its prey, or of concealment from any enemy. The cuttle fish is most frequently

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found in the Mediterranean, and the dried sack is readily procured at Rome by artists and others.

"The contents of the sack when dried are very soluble in water in every proportion, but in its raw condition is insoluble in spirits of wine. Sepia, like other dried crude medicinal substances is prepared by trituration for homœopathic use." Literature: Hahnemann chron. Krankh. Vol. 5 § 169, Gross, Archiv für Hom. Heilkunde, Bd. 19 Hft. 3 § 187.

Character and sphere of action. It is very rarely that a remedy embracing such a number and variety of physiological symptoms, is found to possess so marked and limited a sphere of action, as is the case with sepia. ***This remedy operates especially on the portal system, by retarding the circulation, and causing an overloading of the vascular system with venous blood, or with blood more or less resembling venous.*** A plethora venosa as it is called, gives rise to most of the various symptoms. The pathological process is also marked by a *state of depression.* A want of tone, and weakness of the vital forces is plainly indicated by the feebleness of the mental powers, and of the muscular system, the debility often terminating in complete exhaustion. There is never an excessive development of symptoms, nor considerable excitement and increase of the vital force; in those rare cases in which an increase is observed, it is not owing to a state of reaction, but is the result of a new symptom of the primary Sepia disease.

How far my views of the character and sphere of action of Sepia, which as far as I know have never before been expressed by any one, may admit of actual proof, will be more readily comprehended by the consideration and estimation of the physiological symptoms of the medicine as left us by Hahnemann. We must however especially keep in view—

1st. That Sepia, by primarily affecting the splanchnic nervous system, induces an overloaded condition of the portal system.

2nd. That all further morbid conditions are but secondary, and are natural results of the further development of the primary disease.

Action of Sepia on the portal system. When the blood

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corpuscules lose the power of separation and of becoming reddened by oxygen, the quantity of the blood becomes increased and its quality deteriorated by the useless and defunct corpuscules which remain behind. The whole of the blood assumes a dark, blackish red colour, similar to venous blood, which has been called by Schultz melanotic blood. At first this abnormal blood is collected in the portal system, and subsequently gives a melanotic appearance to the entire mass. Various chronic diseases gradually appear. From all the symptons caused in a healthy person by the proving of Sepia, it is evident that a similar action is at first produced in the portal system, and subsequently a corresponding plethora venosa.

We will therefore consider, first those symptoms which denote an overloading of the portal system, without previously passing in review those conditions resulting therefrom.

1. Plethora Venosa.

All disorders of the portal system must first affect the neighbouring organ—the liver. This influence is clearly shewn by the following symptoms:

Feeling of fulness in the region of the liver. Simple pain in the liver when driving over an uneven road, under the last rib, taking away the breath. Pain in the gall bladder; flatulency, stretching, much yawning, weight in the limbs. Pressive pain in the region of the liver. Habitual pressure in the liver when walking. A drawing pain in the region of the liver in the evening. A dull stitch in the region of the liver. Shooting pain in the liver and kidneys, with paleness of the face. Painful shooting in the gall bladder. Violent shooting in the region of the liver, in the evening, for several minutes, painful when touched, and constipation. Soreness in the region of the liver. Throbbing in the region of the liver. Twitches in the liver. Frequent attacks of crampy pain in the liver.

[We shall find again in the following symptoms, features which in general must be attributed to this form of disease.] Paleness of the face. Sickly, pale countenance early in the morning, with muddy red eyes, *yellowness of the face* and conjunctiva, a whole day. Yellow spots on the face, and a yellow saddle across the nose and cheeks. Yellowness around the mouth.

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Inclined to have cold feet. Icy cold feet in the afternoon and evening when sitting. *Icy cold feet especially in the evening, not becoming warm after having been a long time in bed. Very cold feet in the evening, more especially in bed,* when they become warm followed by very cold hands. Cold knees at night. Sweating of the legs so violent during the day, that it goes through double clothing. Sweating of the feet. Severe sweating of the feet, yet without odour or soreness. Sweating of the feet, especially of the toes, for a fortnight. Great sweating of the feet, with an insupportable odour, and soreness of the toes.

Ebullition of blood in the whole body for three consecutive days. Ebullition of blood with determination of blood to head and chest. She feels the pulse beat in the body, especially in the left breast. She feels the pulse beat in her head and limbs, day and night, but more at night. Every part of the body on which she sits or lies aches, pain in every limb, especially in the hips. Weakness of all the limbs with chilliness. The legs ache as if beaten, she longs to sit down, and when seated, she feels as if she must again stand up. He was so exhausted by half an hour's walk that he became ill and could not breathe; the bronchi seemed to be closed down to the epigastrium. So weak that she thinks she shall faint. Fits of vertigo, with fainting for two hours with very short breath. Faintness early in the morning to swooning, with loss of thought, slight shivering, goose-skin and yawning for an hour; tongue very pale, pulse weak and slow. An attack early in the morning while walking: a blackness came before his eyes, and he became hot from one to six o'clock, with tearing in all his limbs, with constant nausea; weakness in the evening even to fainting, with dejection of spirits; everything affected his nerves, he was very timid. In the night there was an abundant discharge of foul smelling wind.

Slow pulse, from 56 to 58 beats. Shuddering several times in the day, with chilliness. Constant febrile shuddering after resting at noon. Constant chill with shivering. Internal chilliness in a warm room, the whole day, for several days. Chilliness for several nights in bed. Chilly shuddering even on the head, with icy cold hands, yawning, and great weakness. Chilliness, with thirst towards evening, and sweat at night. Great chilliness for an hour succeeded by thirst. Evening and morning he must lie a-bed. Coldness of the whole body. A bad headache with dulness and heaviness in the forehead, preceded with scintillations before the eyes, as from a

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thousand suns, with heat and pressure, with febrile heat, mingled with chilly shudderings, attended with much nausea, great oppression of the chest as if it were laced tight, but without shortness of breathing, from morning till evening. Fever with pressing at first in the temples, with intermissions of a few minutes, and short breath, as if from internal heat, throughout the night, followed by weakness of the legs in the morning, thirst, loss of appetite, drowsiness, feverish shuddering throughout the day, pains in the neck with swollen submaxillary glands. Flushes of heat as if hot water were poured over one, with redness of the face, sweat over the whole body, and anxiety, without thirst, yet with dryness of the throat. Attack of heat every afternoon from one to six o'clock, for several days. Great heat until after midnight. *Profuse sweat in walking. Profuse general night sweat,* from evening till morning. *Cold night sweat on the breast, back and thighs. Morning sweat over the whole body. Sour night sweat for five mornings.* Repulsive odour of the sweat almost like juniper flowers. Complete absence of thirst for 11 days. Intermitting fever, frequently through the day at uncertain periods: at first attended with general heat, perspiration of the face, violent thirst, and bitterness of the mouth, then with chilliness and general coldness likewise in the face, with inclination to vomit, pressure in the forehead to the temples; during the heat she had vertigo as if she should fall. Violent chills for an hour followed by great heat, with inability to collect one's senses; profuse sweat in the evening; urine brown, with an acrid smell. Chilliness in the morning, and throughout the day some heat of the face and hands, with paleness of the face, without either thirst or sweat, accompanied with oppressive pain in the stomach, and headache when stooping.

Much yawning and stretching. *Drowsiness during the day. She falls asleep as soon as she sits down. Inclination to sleep even in the forenoon, she must sleep an hour. Falls asleep late in the evening, from sprightliness. She cannot sleep from uneasiness.* Wide awake at night on account of a flow of ideas. *Awakes frequently* at night, many nights together. *Loud speaking in sleep.* He raises himself up at midnight and begins to laugh, sits quite firm with extended arms and hands, teeth clenched, talking nonsense. Endless dreams the whole night. Uneasy dream in the night as if he were haunted and was obliged to run backwards; when awake he thinks that something has come from above and contracted his chest, followed by creeping and stitches in the chest. Frightful dreams with loud

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shrieks. Awaking at night with fright and shrieks. Shrieking at night during sleep. At midnight while perspiring profusely, a sort of fainting fit, lasting a quarter of an hour, with consciousness, but unable to speak or stir a finger. While fainting he had a dream in which he was fighting with a ghost. He had scarcely recovered from the fainting when he fell into another fit in which he dreamt he was lost in a wood. Frequent frights when falling asleep. Twitchings of the legs, when falling asleep. Frightful oppressive ebullitions of the blood when going to sleep. *Great ebullition of the blood in the whole body during the night*, and consequent uneasiness. Heat during the night and consequent uneasiness. Frightful startings during the siesta. Awakening up at night after a short sleep, with great uneasiness of the body, she cannot be still without much difficulty.

Great internal uneasiness for many days, with a hasty disposition. He wishes to have his work finished as soon as it is commenced. Peevish sensitiveness. Peevishness, especially early in the morning. Great inclination to be vexed. Vexatious events of former times occur to him involuntarily, at which he revolts so much as to become quite beside himself, and could not be composed, with anxiety. Palpitation of the heart, and whole surface of the body covered with perspiration. So extremely excited by vexation that she was fearful of an apoplectic stroke, accompanied with a blackness before the eyes. Very irritable in the whole body. *The nerves very sensitive to the least noise.* Dejected, sad. Sad, especially in the evening. Sad and troubled, particularly when walking in the open air. Melancholy, especially early in the morning. Gloomy ideas of the disease and of the future. Her complaint appears to her in such a bad light, that she trembles. Great sadness, and fits of crying which she can scarcely suppress. She has such depression of spirits that she could cry at everything without cause. Gloominess, she feels unhappy without occasion. Misanthropy. She wishes to be alone, and to be with her eyes closed. Complete despondency. Great wearineas of life; it seemed to him as if he could not support such a miserable existence any longer, that he should pine away, if he did not make away with himself. Ill humour, especially early in the morning. Discontentment. Very easily offended. Great indifference to every thing, no right feeling. *Very indifferent to every thing, without sympathy, and apathetic.* Mental indolence, and dejection of spirits. No inclination to labour, inattentive, indolent.

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He was absent in mind, spoke incorrectly, and confounded his words. Feeble memory. Inconsiderate and thoughtless with a desire to work. A feeble flow of ideas. He thinks of things which he does not wish, makes use of expressions which he knows well he should not do, proposes to do things contrary to his views, and thus finds himself in contradiction with himself, which throws him into a very unpleasant and uncomfortable temper. Attacks of anxiety. Anxiousness. Timidity at many times. Careful and anxious, with fretfulness. Timid trembling with cold perspiration on the forehead. *Very frightened* and fearful. At one time lively at another sad. Involuntary laughing and crying, alternately, without the corresponding frame of mind.

In reviewing these Sepia symptoms, we shall find a clear delineation of plethora venosa. By overloading the portal vein, the liver is first placed in a hyperæmic condition; hence the sensation of fulness, pressure, beating and throbbing, in this important organ.

In proportion as the blood collects in the internal organs owing to a retarded circulation, in the same degree does the skin usually become bloodless; hence the paleness, and the yellow colour of the face, and conjunctiva, are easily explained. To the same cause may be attributed the yellow spots on the cheeks and nose. An equally constant sign of congestion of blood in the internal organs, is the continued coldness of the extremities, which do not become warm in bed without much difficulty. The general ebullitions of blood with various local pulsations are in like manner a natural consequence of such congestion; and, notwithstanding their violence, their action is more that of depression than of excitement; hence the debility, weariness and depression of all the limbs, loss of thought, fainting.

The Sepia fever—which scarcely deserves the name—is of the same nature. It is marked by slowness of the pulse, slight shivering, drowsiness, and absence of thirst;—all indications of an impeded flow of blood. In those cases in which there is febrile heat, the chilliness is not absent: the attending pressure and weight in the head and chest, are true indications of a stasis of the blood. The condition resembling an intermittent fever, is anything rather than a true intermitting, for there is no

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decided type nor form; in fact, this state is more a gastric—or rather, in the language of the old school, a depurating fever.

The sleep is distressingly uneasy; often broken, with intervals of heavy sleep. The horrible, frightful dreams—nightmares—are very prominent. The mental conditions attendant upon most abdominal disorders are well marked. Sadness, melancholy, despair, misanthropy, indolence and timidity, clearly indicate the hypochondriacal mental depression, which is at times only temporarily replaced by a degree of excitement, hurried uneasiness, irritability, fretfulness, and sensitiveness usual in those suffering from plethora venosa. There is no feature wanting in the sketch of this disorder which is of such frequent occurrence, and which is so faithfully represented by Sepia.

It will become still more evident that my proposition—that the action of Sepia is more especially directed to the portal system—is true, by considering the conditions resulting from the long continued existence of plethora, and by comparing them with those symptoms educed by the physiological proving of Sepia. It is self-evident that where an impeded flow of blood has existed for a long time, it cannot be restricted to the organs already affected, but that it must be continually extending. Hence the patient's attention is first drawn to his disease by the gradual increase of his ailments. Various troublesome congestions appear, as well as different disorders of the digestive organs; among which, flatulency and irregularity of the evacuations become more prominent, and leave no doubt as to the disorder.

Hemorrhoidal sufferings are rarely absent. At this point, the malady assumes a more general character:—the heart enlarges; the lungs suffer from the continual effort they have to make, causing disordered respiration, and even asthma; the brain and spinal marrow subsequently become affected, giving rise to convulsions and paralysis. If the formation of the blood is arrested, or as Schultz observes, the *moulting* is very incomplete, the so called blood crasis is developed, whence arise gouty and rheumatic complaints, and finally dropsy. This is the course of plethora venosa.

Let us now observe how far Sepia will correspond with our description of the morbid process.

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2.—Morbid states resulting from Plethora Venosa.

1. *Congestions.*

(*a*). *Of the Head.*

Determination of blood to the head. Violent heat rushing to the head every five minutes. Heat in the head in the evening. Heat in the head as if it were burning out of the ears; then dulness of hearing, and gloomy countenance. Great heat of the head early in the evening, with a feeling as if the nose would bleed. Painful heat in the head; often with flushes of heat over the whole body. Headache, pain in forehead and vertex, followed by anxiety in the epigastrium, with trembling; afterwards profuse bleeding of the nose. With violent headache, external warmth was intolerable, yet accompanied with chilliness. Headache as if the head would burst; likewise when coughing. Headache as if the eyes would fall out. Headache every minute seems as if it came from the spine; a shooting in the head at every step. Concussion of the brain on stumbling. Motion in the brain when shaking the head. Vertigo, early in bed, when sitting up, as if everything in the room was in motion. Vertigo when walking, as if everything moved. Vertigo, so that he stumbles when walking, and looking up to a height. Vertigo only when walking in the open air, so that she was obliged to be led. Vertigo on moving the arms. Vertigo when looking at a large flat surface. Attacks of vertigo, when walking in the open air, of two or three minutes duration. It seemed as if something rumbled about in the head, with staggering, followed by headache in the evening, and humming in the ears. Vertigo, so that he falls down every morning on rising. Vertigo after dinner, so that he is obliged to cling to something. Vertigo daily from three to five o'clock—everything goes round, whether walking, sitting, or lying. Vertigo, with coldness of hands and feet. Two fits of vertigo while stooping, as if the senses would be lost, after supper. Vertigo—the head can scarcely be held up. Vertigo and giddiness daily, from four to six o'clock, when sitting or walking. Swimming and reeling whilst taking simple drinks when sitting, for some minutes, as if he had received some blows, followed by flushes of heat. Compression of the head, with constriction of the chest, and debility of the whole body. Attacks of dulness of the head, with shuddering, and momentary suppression of the breathing, followed by a deep inspiration. At times very giddy, with aversion to any employment. Confusion of

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the back part of the head, on the left side. Confusion of the fore part of the head. Confusion of the head as with a severe cold, with giddiness. Confusion of the head, with pressure in the eyes, increased by walking in the air. Confusion and wavering of the head, with tension of the muscles of the throat and neck. Heaviness of the head every morning when rising, which gets better after some hours. Heaviness in the occiput, especially early in the morning. Heaviness of the head, that it can scarcely be held up. Heaviness of the head in the evening; and after lying down, one-sided headache. Pressing heaviness in the head, temples and forehead, as if the head were swollen with blood, as with a severe cold. Pressive headache in the hot forehead, from seven to eight o'clock in the evening. Pressive headache in the back of the head, from evening to midnight. One-sided and deep pressive headache in the back of the head, with a pressive pain in the posterior molars. Violent pressure in the head the whole day, with vertigo, weeping mood, and severe cold. Pressure mostly in the forehead and eyes, with abundant spitting of saliva. Pressure and tension in the forehead and eyes, with burning. Pressure, twitching and throbbing, with heat in the head, as if all would come out of the forehead and eyes. Compression in the upper part of head the whole day, with tightness of the chest. A severe throbbing pain in the temples. Throbbing headache in the evening. A beating very severe pain in the vertex, early in the morning, soon after rising. A beating in the side of the head on which he lies. Very painful beating in the upper part of head on the slightest movement: on turning the eyes, or moving either head or body, the beating moves upwards and outwards; even when very quiet, an indistinct beating. A boring, digging pain in the forehead, on the slightest movement, commencing in the forenoon, and lasting the whole day. Discharge of coagulated blood when blowing the nose early in the morning. Bleeding, and discharge of blood when blowing the nose. Epistaxis for several hours, though only a few drops at a time. Violent epistaxis.

(*b*). *Of the Eyes.*

Congestion of the eyes. Heat in the left eye early in the morning, with swelling of the internal canthus. Redness of the conjunctiva. Redness of the conjunctiva early in the morning on waking, with burning, smarting, and pressure. Inflammation and redness of the conjunctiva, with shooting and pressure. Inflammation of the eyelid,

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with hordeolum. *Watering of the eyes*, morning and evening. Watering of the eyes in the open air. Swimming appearance of the eyes, early in the morning, on waking, with smarting in the canthi. Frequent pain in the eye, with headache, and heat in the eyes. Pressure, heat, and scintillation in the eyes. Pressing pain in the eye on turning to the right side. Pressure, heat, and scintillation in the eyes like a thousand suns. Pressure over the eyes when walking in a bright, clear light. Pressure on the under portion of the right pupil. Painful pressure on the upper portions of both pupils; more frequently in the right. Pressure in the right eye, as if a grain of sand had fallen in, aggravated by rubbing, and most apparent when closing the eyes. A kind of itching and smarting of the internal canthus of the left eye, with lachrymation, and slightly reddened conjunctiva. Tearing pressure in the orbits, especially of the left side. Shooting in the left side. Cutting pain in both eyes. *Burning of the eyes* early in the evening, with weakness. Daylight blinds the eyes, and causes headache. Lighted tapers cause a contractive sensation in the eyes when reading and writing. Scintillations before the eyes when looking into bright daylight: a kind of zig-zag wreath of colours is seen. White scintillations before the eyes. Sparks of fire before the eyes, with great weakness of the body. A fiery zig-zag before the eyes, impeding sight. Many black spots before the eyes. A green appearance around the lighted taper. The eyes are hurt by writing and reading, and ache as if sore in the internal canthi. By fatigue of the eyes a feeling of nausea and anxiety. Vanishing of sight. Dimness of the sight when writing, so that scarcely anything more can be clearly distinguished. One half of objects may be clearly seen; the other half is obscure.

(*c*). *Of the Ears.*

Frequent ringing in the ears. Singing before the ear. Loud sounding and humming in the ears. Deep sounding pulsative howling in the ear when lying on it, for two nights. Humming before the ear in the evening, while writing, with intervening whistling. Roaring in the ear; after which, she hears nothing. Roaring, and pulse-like mewing in the right ear, at night. Crepitation before the ears, as if from paper. Gurgling in the ear when rising from stooping. Pain in the ears in the evening, as if compressed. Severe shooting in the left ear and cheek. Single severe stitches in the interior of the left ear. A pressing outwards in the ear in straining at stool.

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Creeping in the right ear. Aching in the left ear as if it were torn out. Soreness in the left ear. Pain as if ulcerated in the meatus. Very sensitive to noise. Sudden short deafness, as if from a plug.

(*d*). *Of the Teeth and Gums.*

Violent bleeding of the teeth early in the morning. Bleeding of the gums almost without any cause. Painful swelling of the gums. Great pain of the swollen gums around the carious teeth, with swollen cheeks. Swelling and soreness of the gum, which separates from the teeth, and bleeds on the slightest touch. Vesicles on the gums, with a burning pain when touched. All the teeth become loose and painful, and the gums bleed readily when spitting. Looseness of the inferior incisors. *Great dulness of the teeth.* Toothache on biting, and being pressed upon by the tongue. Nocturnal toothache, preventing her from sleeping; and in the morning, when it ceased, she was so irritated, that notwithstanding her great debility, she could not sleep at all. Aching of all the teeth, especially of a posterior molar, which aches as if it were too long, and driven up; with swelling of the gum and cheek when the pain ceased. Dull pain in all the roots of the teeth; anything cold causes a thrill of pain through them. Shooting toothache, that she could weep. Shooting in the tooth and jaw, extending to the ear; no sleep could be obtained at night, and in the day a 'kerchief was bound over it. Shooting in the gum. Beating toothache, changing to shooting on the third day, the tooth quickly becoming hollow. A shooting beating in various roots of the teeth, with burning in the gum, occurring when entering a room after walking in the cold; also after eating and biting, especially when coming in contact with warm things, for eight days, when the tooth begins to become black and hollow. Frequent waking at night from beating in the posterior molars, over the cheeks to the occiput.

Painful heaviness in the upper teeth. A draught of air to the teeth cannot be borne. Digging in the upper teeth. Rumbling in the upper cutting teeth. Grumbling in the fore teeth.

(*e*). *Of the Heart.*

Palpitation of the heart, a quarter of an hour long. Palpitation, with shooting in the left side of the chest. Palpitation, with a feeling of anxiety obliging a deep inspiration to be drawn, without any influence upon the disposition, lasting several days. Intermitting palpitation of the heart, with greater anxiety, and trembling of the

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fingers and legs. Palpitation in the epigastrium in the morning; then ebullition in the chest, like palpitation, with burning face and heat of the body, without any external heat and redness perceptible, or thirst, but with perspiration. Intermittent action of the heart, with anxiety. Intermittent action of the heart, mostly after eating.

(*f*). *Of the Lungs.*

Ebullition and congestion of the chest, as if hemoptysis would take place. *Feeling of weight in the chest,* necessitating a deep inspiration. *Severe pressure in the chest* in the evening, when in bed. Oppression of the chest morning and evening. Great oppression of the chest in the evening, causing great difficulty of breathing, which is most aggravated by lying down: she was obliged to sit up in bed, when she had scintillations before the eyes. Oppression and constriction of the chest, with shooting on taking a deep inspiration. He awoke up at night with oppression and great constriction: he was obliged for an hour to breathe deeply and heavily, and still felt some constriction on awaking in the morning. Dyspnœa in the night: he lay with his head bent forward, felt constriction of the chest, was obliged for an hour to breathe deeply, in order to inspire air, followed by cough with adhesive expectoration. Loss of breath by the least movement, however slight. Impeded breathing when standing still. A deep inspiration cannot be taken, owing to constriction around the lower portion of the chest. Great oppression of the breathing in the evening, with pressure in the epigastrium. Oppression of the breathing in the evening from pain under the short ribs of the right side, preventing her from making the least motion. Shooting pain in the right breast on expiring. *Shooting in the left breast when coughing.* Violent shooting in the breast on each inspiration, but little air could be inhaled: this affected his head.

(*g*). *Of the Male Genital Organs.*

Heat in the testicle. Burning in the penis during an embrace. Stitches in the penis. Cutting in the testicle. Powerful and rather painful erection after the siesta, while sitting. Violent and obstinate nocturnal erections. Desire for an embrace, with quick emission of semen, with slight pleasurable sensation; afterwards tension in the hypogastrium extending to the spermatic cord. Anxious and uneasy the whole day after an embrace. Erection after an embrace, followed by weakness of thought, vertigo, despondency, lassitude, and fearful-

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ness. Nocturnal emission of semen, with a lascivious dream. Frequently on the point of having an emission, which is each time suppressed by awaking. Pollutions feeble and watery. Burning in the anterior portion of the urethra after pollutions. Inactive after pollutions, languid, is sensitive to damp air, with turbid urine, vertigo, and constipation.

(*h*). *Of the Female Sexual Organs.*

Discharge of blood from the vagina after an embrace. Discharge of blood from the vagina only in walking. *Discharge of some drops of blood from the vagina fifteen days before the menstrual period.* Menses too early (from two, seven, eight, and fourteen days). Menses, previously very regular, appear seven days too early. Re-appearance of the menses in an elderly person, after they had been suppressed for several months. Re-appearance of the menses in an old person in forty-eight days, after a suppression of two months, with drawing from the teeth to the cheek, which was rather swollen. Violent cholic preceding the menses, with faintness. A few days before the menses, a pressure in the abdomen: after this has subsided, a soreness in the perineum, and swelling of the pudendum previous to the appearance of blood. Two days before the appearance of the menses a shuddering all over the body the whole day. Before the menses, a sensation as if the pudendum were enlarged. Before the menses, a burning in the pudendum. Before the menses, acrid leucorrhœa, with soreness of the pudendum. During the menses, toothache, and throbbing in the gums. During the menses, a tearing in the tibia. During the whole of the menstrual period she could not obtain any sleep from tearing in the back, shivering, and heat, with thirst, and painful contraction in the breast. During the menstrual period she was obliged to lie in bed two days from uneasiness in the body, a drawing pain in the legs and abdomen, with rumbling; palpitation of the heart for several hours the second day in the forenoon, with dyspnœa. During the menses she has a darkness and mistiness before the eyes in the evening, with great weakness, passing off in the evening. Very melancholy during the menses, especially early in the morning. A pressure downwards in the vagina, as if everything would be forced out, with lancinating pains in the abdomen, causing oppressed breathing. In order to prevent the prolapse of the vagina, she was forced to cross the thighs; still nothing passed but a gelatinous discharge.

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The large proportion of venous blood in the system is the proximate cause of the above-mentioned congestive conditions. Various obstructions in different important organs, result from a retarded and impeded circulation in the vena porta. The indications of passive congestions, even if unrecognized by modern pathologists, may be here assigned their proper place. Notwithstanding the congestion of blood, and turgescence of the vascular system, there is no increased vital action; no turgor vitalis; no excitement terminating in inflammation. This passive character, or hyperæmia, of the venous portion of the capillary system, clearly resembles the congestive states induced by Sepia. Although in these congestive conditions various symptoms arise, as shivering, chilliness, icy coldness of the extremities, slow pulse, as must be the case in every species of congestion, with varying heat, redness, &c., yet these symptoms are not present in a high degree, and are mostly of short duration, soon disappearing. In comparing the congestive conditions induced by Aconite, with those already mentioned, the difference will at once be apparent. In the first, there is a well defined character of increased energy; in the last, one of depression: in the former, an increased functional activity; in the latter, a depressed action. *The congested condition of the head* is indicated especially by dull pressure, heaviness, tension, and a pressing outwards (as if about to have a cold in the head), the senorium is consequently affected, there is confusion in the head, want of thought, aversion to employment. The attacks of vertigo occur after moving, when walking, shortly after a meal, or when awaking out of sleep: a very characteristic indication of venous hyperæmia. A tendency to epistaxis is not wanting. The *congestion of the eyes*, which most frequently gives rise to pressing and itching pains, operates very prejudicially on the faculty of vision, causing various abnormal conditions of a more chronic nature. Scintillations, sparks of fire, black spots, a greenish circle around a lighted taper, weakness of the eyes, nausea, or trying the eyes, dimness, hemiopia, are, without any additional symptom, suggestive of the precursors of amaurosis, which, as is well known, frequently originates in abdominal obstructions. Twice have I succeeded in removing alterations

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of the faculty of vision dependent on the above-named causes, in a very short time, by the use of Sepia alone. The humming, roaring, ringing, and pressing outwards in the ears, are in a like manner caused by hyperæmia of the brain.

The symptoms of the teeth, which have already been noticed, likewise bear the impression of the venous congestion. The gums bleed readily; swelling of the gums; aggravation of the pains by warmth, and at night; groaning and grumbling of the teeth. As a plethoric state of the liver and vena porta often arises from hypertrophy, and enlargement of the right auriculo-ventricular cavities, so does the reverse condition also occur.

All the symptoms induced by Sepia in the heart, resemble those attendant upon the usual organic diseases of that organ. Violent palpitation in the evening; sometimes with stitches and anxiety, rendering a deep inspiration necessary (characteristic of congestion); convulsive action of the heart; intermitting action, especially after eating, are signs of the heart being distended with venous blood, by which the right side becomes hypertrophical and enlarged.

The *congestion of the lungs* gives likewise as clear an indication of the venous hyperæmia. A feeling of weight, oppression of breathing, and want of breath, are mostly complained of, and which, by long continuance, or frequent recurrence, will occasion emphysema, so often incurable. The symptoms, in fact, point to this condition:—The dyspnœa increased by lying down; the painful effects attending inspiration are suggestive of those difficulties with which those suffering from emphysema have to contend. These symptoms—"nocturnal attack of dyspnœa: he lay with his head bent forward, felt constriction of the chest, was obliged for an hour to breathe deeply, in order to inspire air, followed by cough with adhesive expectoration"—depict in a few, but suitable words, a nocturnal *attack of asthma.** Finally, the *congestive state of the genitals* in both sexes is clearly indicative of the same fact. It is not by any means surprising that these irritable organs, abundantly supplied by blood,

* Sepia is especially indicated in these cases of asthma occasioned by venous congestion. In pure spasmodic, or nervous asthma, I have never seen it useful.

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should suffer from the general venous state of the blood. In man, Sepia, in the first place, excites sensations of heat, burning, shooting, and cutting in the testicles and penis. The erections are indeed powerful; but the act of coition is quickly terminated, and without great pleasurable sensation. Hence, after coition, various disorders ensue; such as weakness of thought, vertigo, lassitude, uneasiness, anxiety, dejection of spirits, fearfulness. The pollutions are imperfect and watery. Notwithstanding the apparent state of excitement, the depression which characterises Sepia is predominant. In women, the menses recur too early, in consequence of hyperæmia of the uterus. Even in those persons who have entered the climacteric age, Sepia is capable of inducing a single recurrence of the menstrual period. This anomaly occasions various disorders before and during the period, all of which are of a congestive nature; such as abdominal pain, toothache, drawing in the limbs, uneasiness, palpitation of the heart, sleeplessness, fainting. The state of hyperæmia of the uterus frequently attains such a degree, that a prolapse of the organ is dreaded, as clearly indicated in one of the symptoms.

2.—*Disorders of Digestive Organs.*

White tongue. *Coated tongue.* Tongue covered with mucus, hours after eating (one, two). Foul tasted mucus on the tongue. *Fœtid smell from the mouth.* A sweet taste in the mouth like sugar. *A sour taste in the mouth*, with constipation. Sour taste in the mouth on waking early in the morning. A disgusting bitter taste in the mouth early in the morning. A bitter taste in the mouth only when hawking. A strong bitter taste in the mouth when eating. A nasty taste early in the morning, and the mouth dry and shiny. A foulish taste after drinking beer. *No appetite;* everything was without taste. Little appetite, but great thirst. Little appetite, but yet can taste the food. Diminished appetite; everything tastes too salt. Feeling of satiety, with disgust and lassitude. Tolerable appetite, but not at all for meat, which was entirely refused for many days. Eructations of food, as if surfeited. *Very frequent eructations.* Eructations in the evening, continuing some time, and violent, preceded by great abdominal distension. Eructations of air alone, after

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eating. A deal of eructation after eating and drinking. Eructation with retching. Bitter eructation after breakfast. Bitter eructation early in the morning, with bitter taste in the mouth and throat: food has its proper taste, and removes the bitterness. Some eructations after supper. Eructations like rotten eggs. During the eructations early in the morning, there was a pinching in the stomach as if something would tear away. During the eructation, shooting in the epigastrium, in the left side, and between the shoulder blades. Burning in the stomach after the eructation. *Burning in the stomach, and scrobiculus cordis.* Burning from the stomach upwards. Heartburn in the fore and afternoon for several hours, from the epigastrium to the throat, with a soreness and roughness. Hiccough for a quarter of an hour after eating. Hiccough when smoking tobacco as usual, with contraction in the œsophagus, with the sensation as if it contained a piece of wool, which excited nausea, followed by a flow of water to the mouth. The mouth filled with a quantity of water in the night, as in pyrosis, and which ceased on eating. Fulness of the stomach at noon. Aversion to all food, especially meat. *Nausea early in the morning, fasting, for several days.* Nausea early on awaking, towards evening and night. Nausea early in the evening, as if turned round in his inside. Nausea and weakness. Nausea, followed immediately by drawing in all his limbs. Nausea, with bitterness in the throat, without vomiting. Nausea the whole day, likewise after eating, with a discharge of watery saliva, a constant sour bitter taste in the mouth, without appetite, yet without a depraved taste of food. Retching on rinsing the mouth in the morning. Spasmodic pain in the stomach and abdomen. Contraction in the gastric region. Pressure in the stomach for three nights together. Pressure in the stomach, as if sore. Pressure in the stomach in the evening, followed by headache. Pressure in the stomach like a stone. A hard pressure like a stone while fasting; more severe after eating bread. A tearing pressure around the epigastrium. A drawing pain in the stomach, extending to the back, after eating, with great lassitude and debility. Pressure and sensibility in the stomach. The slightest pressure in the gastric region causes great pain. Two attacks of one hour of contractions in the hypochondriac regions, with nausea daily, with shootings to the back, accompanied with shootings in the breast, and yawning, with vomiting of bile and food. Shooting pain in the stomach, and in the distended abdomen, in the afternoon. *Stitches in the epigastrium.* Intermitting action of the heart after dinner. Febrile flushes imme-

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diately after eating. Digestion excites heat, and palpitation of the heart. Profuse and general perspiration, with feeling of heat after dinner. Confusion of the head after eating. Dry cough after eating. Dull tearing in the forehead immediately after eating. Immediately after eating at noon and evening, a tearing in the whole of the thigh, especially in the knees. Immediately after eating a soreness in the throat, and in the inside of the cervical column. A very distended abdomen after dinner. A frequent distension of the abdomen, with hardness, attended with cutting in the intestines. A hard and distended abdomen, especially in the evening; the vessels of the abdominal coverings are likewise distended, with shooting pain in the abdomen. Distended abdomen, with diarrhœa and griping. Pain in the abdomen in the afternoon, as if the intestines would be torn out. Belly-ache early in bed. *Pressure in the abdomen* removed by going to stool. Pressure in the abdomen for several days, increased after eating, with confusion of the head, with relaxation of the scalp. Violent pressure on the left side below the ribs, disappearing on lying down. Shooting and intermitting pinching in the bowels, occurring in attacks of ten minutes duration. Griping pains, with frequent nausea. Griping in the abdomen at night, with strangury. Griping in the abdomen almost every morning, for an hour, with nausea, squeamishness, and salivation. Constant tenesmus, with but slight evacuations. Evacuation not at all hard, though passed with great effort. Great weakness in the abdomen, with entire loss of appetite after two hard stools. Gripings before a natural stool. Nausea before each fluid stool. Headache after a papescent stool. Stomach-ache after a thin stool. A soreness in the belly, with a fœtid, sour stool. Soft papescent stool, with a very offensive sour smell, suddenly and at once expelled. Stool of a whitish colour. Many mucus stools with gripings. Diarrhœa. Diarrhœa after taking milk. Exhausting diarrhœa the first few days. Slimy diarrhœa, with distended abdomen. A stiffness and hardness in the back after a stool; a feeling as if strained in the scrobiculus cordis, with oppression of breathing. *Expulsion of ascarides.* Abundant serous urine. Pale yellow urine, without deposit. *Offensive urine, with an abundant white sediment.* Urine becoming turbid on standing, offensive smelling, with white sediment. Urine often becoming thick and turbid directly after voiding, as if mixed with mucus. *Turbid chalky urine* with a reddish deposit on the urinal. Turbid urine, with a red sandy sediment.

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This gastric affection is attended with much flatulent disorder, as it will appear from the following symptoms :—

Pressure in the scrobiculus cordis, passing off with a motion like fermentation, downwards. Rumbling in the stomach. After eating, a pressure, as if from flatulence, on the right side, deep in the hypogastrium, and subsequently in the side, only perceptible on moving the part, and bending forwards. Abdominal distension after dinner diminished by eructations, lasting until evening, when it subsided, without any discharge of flatulency. At first, great abdominal distension, then great rumbling and motion in the abdomen. Frequent attacks of a contractive pain in the right side of the abdomen ; worse in the morning, followed by a bad constrictive pain in the stomach, which then passed into the chest ; removed by eructations. Great pressure and tension in the hypogastrium, at times alleviated by internal fermentation ; at the same time, pressure and shooting in the umbilical region. A stitch round the lowest rib of the right side extends to the scrobiculus cordis, lasting for a minute, passing off with empty eructation. A tensive, shooting pain around the hypochondria, preventing any motion ; worse in walking. Violent squeezing in the region of the liver, lessened by eructation, and discharge of flatulency. Violent gripings, extending to the chest, with revolving flatus, which can find no outlet. Violent cutting across the body, as if from flatulency, passing off on moving, with cutting at the same time in the left testicle. Daily pinching in the abdomen, without diarrhœa, at the same time as flatus arose, alleviated by eructation. Digging and contraction in the abdomen, with discharge of much flatus. *Rumbling in the abdomen.* Rumbling and movement of flatus in abdomen, as in diarrhœa. Collection of flatus in abdomen on going out in the open air. Abdominal distension when walking, with discharge of flatus. Before stool, a commencement of flatulent cholic, with sighing and groaning. After an unusual evacuation in the forenoon, the fæces light coloured, in thin streaks, looking almost like groats. There was a severe drawing pain in the right side, directly over the hips, extending to the ribs, and upwards more to the forehead, passing off with discharge of flatus.

(*To be continued.*)

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REVIEWS.

L'Art Médical, Journal de Médecine Générale et de Médecine Pratique. J. Chararay, 53, Rue de Seine Saint-Germain. Paris, 1855.

The Medical Art: a Journal of General and Practical Medicine.

Hitherto, it was to us a subject of regret and disappointment, that the periodicals which have appeared in France, however excellent in themselves, and useful in introducing homœopathy to the notice of the public, were nevertheless deficient in originality, and not calculated to advance the cause of homœopathy, in the degree that might be expected from a country generally in the foremost rank in the advance of science. We have now much pleasure in introducing to our readers a journal which promises to place homœopathy in the position which it ought to hold in medical literature. Among the editors of this journal, at the head of whom is M. Tessier, we find the names of men to whose high character and ability favourable testimony is borne by the leading medical journals of the day. Most of these, while they express dissent from its doctrines, make honourable mention of it, and seem to look upon its appearance as an event of no small importance: one which shows that homœopathy has succeeded in its struggle against ignorance and calumny, and has taken its place in the field of science. Even those who affect to treat the subject with disdain, betray by their anxiety the fear which they would gladly persuade themselves is groundless.

The journal before us is not exclusively devoted to homœopathy; but while giving the homœopathic doctrine its proper place in therapeutics, it treats also of the various subjects relating to the medical art. Thus we find articles on the Scientific Constitution of Surgery; on Pathological Anatomy; on Etiology; on Semeiology; on Chemistry; and other subjects. Some of these we hope soon to present to our readers.

The articles which M. Tessier has contributed as yet, are to us of little interest, being in great part devoted to the discussion of the peculiar views which he holds concerning the reform that is demanded in medical instruction. These he has already brought before the notice of the public in some letters published in the *Univers*.

Rejecting as unsound "the materialism of the school of Paris, the

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Pantheism of Germany, the Vitalism of the school of Montpellier, and Hippocratic Manicheism," he declares that a firm foundation for medical science is to be found only in its union with Christianity; that this Christianity is in fact Romanism appears very plainly, when he further remarks, "What, shall the church decide on the most important question, and shall we reject as physicians what is true for us as men?" And again he says—"The Catholic church has not only defined the moral law; it has also defined all that is indispensable for man to know concerning himself, concerning his nature." In his view, therefore, a direct opposition exists between rationalism, "which submits divine truths to human reason," and Christianity, "which submits opinions purely human to divine truths, interpreted by the infallible authority of the head of the church." We, however, have learned to disbelieve in infallibility altogether; and for us, therefore, the controversy on this subject was virtually set at rest three centuries ago. Nor can we agree in M. Tessier's view that the materialist tendency of the present day forms an obstacle to the progress of homœopathy, which he considers necessarily united with spiritualism. In this country, at least, this union and this opposition do not exist; and yet homœopathy is probably not received with more favour here than in France.

Respecting the general tone of this new journal, we are happy to find, that while the homœopathic principle is adopted and defended in an uncompromising manner, there is no tendency to sectarianism in medicine. On the contrary, far from showing any desire of encouraging any party spirit, or favouring any peculiar views, this journal exhibits the greatest liberality of sentiment; and while giving due importance to the remarks of Hahnemann, of whose writings a portion has been translated in each of the numbers before us, like him, it does not disdain to seek for truth in the writings of former days, professing the principle which no one will disavow, "salus ægrotantis suprema lex esto." It would be well if it met with similar liberality; but as usual, "the faculty" seem determined to show that they will do nothing to encourage the advance of knowledge or enquiry; nor even, so far as is in their power, allow others to do so. The *Art Médical* was rejected in an insulting manner at the Imperial Academy of Medicine: thus a supposed error on one point, renders a book, however otherwise excellent, unworthy of the immaculate purity of the Academy. We would strongly recommend to this Academy the publication of an index expurgatorius. It would be

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interesting to know what books would escape their censure, if all are to be treated with equal rigour.

Notwithstanding the disapprobation of this dignified Academy, we augur most favourably for the advance of medical knowledge from the appearance of this journal, which we strongly recommend to the notice of our readers. It appears in monthly parts, each containing 80 pages. The terms of subscription are 20 francs per annum for this country.

Address by W. E. PAYNE, M.D., *and Poem by* HENRY C. PRESTON, M.D. *Delivered before the Massachusett's Homœopathic Medical Society, on the Centennial Birthday of* SAMUEL HAHNEMANN, *April* 10, 1855. Boston, Otis Clapp.

We have just received this Address and this Poem. In the Address occurs the following passage, which claims for Hahnemann not only the first instance of homœopathic treatment, but also the origination of the moral treatment of the insane.

"Almost the first of Hahnemann's practice after his discovery (of the homœopathic law), was at the Insane Asylum at Georgenthal, founded by Duke Ernest of Gotha. The recovery, in this asylum, and under his treatment, of Klockenbring, privy secretary of the chancery—a man of extensive scientific and literary attainments, who had been for a long time a raving maniac, and who had been unsuccessfully treated, for a period of six months, by the most celebrated physicians of the age, gave to Hahnemann and his treatment great notoriety. In this asylum originated with Hahnemann the present moral treatment of the insane; the superiority of which over the old mode of chains and corporeal punishments was so evident, that Pinel was induced to adopt it with the maniacs under his care in the hospitals of Paris."

If it was through Hahnemann's instrumentality that the moral treatment of the insane was introduced, it is the greenest and most charming leaf in his immortal chaplet of renown. We doubt however if Pinel and others did derive the practice from our founder.

The author shows the absence of any law in the heterogeneous practice of the allopaths, and the possession of a definite law, of general applicability, in the more homogeneous practice of the ho-

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mœopathists. He says—"We learn from a recent letter from France, that, by order of the Emperor, a homœopathic physician was sent to a district in the south of France, to attend upon the poor villagers, who were rapidly dying off with sweating sickness and cholera. The mortality under his treatment is reported at 7 per cent.; while the mortality under the old treatment ran up to the fearful amount of 90 per cent."

One of our contributors, several years ago, called our attention to the analogy between the Asiatic cholera of this century, and the "*sweating sickness*" of a past age.

Dr. Payne's address is a very good summary of what can be said for homœopathy, in a brief popular address. We do not like the word *homœopathia*, instead of homœopathy, which itself is too ancient, in any of its forms, for modern use; but as it has been introduced, and become universally used, we must abide by it. Nor do we like such expressions as the "sun of the new dispensation:" it smacks of irreverence, which we are sure Dr. Payne is guiltless of; nor do we know what he means by it.

We come now to Dr. Preston's poem. The importance of his theme has induced him to use the six foot verse, instead of the usual English heroic verse. We do not find that he has caught the rapture of Pindar, nor the harmony of Dryden.

> "A hundred years ago this very day, was born
> The gifted mind that came to bless a race forlorn;
> That first to Nature's broad foundation went,
> And grasped it's one great healing-law omnipotent."

This is a sad specimen of a so-called poem. What and where is Nature's broad foundation? And where, in Hahnemann's writings, does Dr. Preston find that he calls the law of healing by drugs the only possible law of healing? and where does he call it omnipotent? Our founder speaks of his law as the only one for healing by drugs. We quote one other passage, which will, we think, be *quantum sufficit* for our readers.

> "What he foresaw on Fact's materialistic shore,
> We hasten now to gain through Psyche's open door;
> And mounting up her cloud-capped hill æthereal,
> We breathe the *pneuma* of the visionary Stahl.
> There soul alone combats death's devastating damps,
> And yields or conquers by its *atony* or *cramps*.
> Soon e'en the soul is lost in *excitation*,
> And the *pneuma* is condensed to *irritation*:

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Then into view spring up those wondrous things, the *nerves*,
Which, like the forked lightnings, make fantastic curves,
Mapping all nature with their streams of varied course,
Bearing the *vital spirits* to their central source.
In the dim distance seen, two rival domes arise,
And lift their towering heads in grandeur to the skies!
The one—great Cullen's classic storehouse, wide and free,
The other—Brown's convivial fare of *stimuli:*
Where with *sthenic* whisky he *asthenia* plied,
And the *vis medicatrix naturæ* denied."

Ye gods and goddesses, and little fish! Surely this must have come from the inspiration of spirit-rapping. We are sorry we cannot be complimentary to this unfortunate muse.

MISCELLANEOUS.

Report of the Proceedings of the Congress of Homœopathic Practitioners.

The Congress for 1855 was held on the 4th of July last, at 32, Sackville Street, London.

The following gentlemen were present:—Drs. Bell, Drury, Dudgeon, Epps, Gwillim, Hamilton, Hartmann, Henriques, Kidd, W. Laurie, Leadam, Madden, Petrosky, Pope, Quin, Rogers, Roth, Russell, Süss-Hahnemann, Tuckey, Wielobycki, Wilkinson, Wyld; and Messrs. Allshorn, Engall, Epps, Frith, Gillow, Hering, Hinxman, Mackern, de Michele, Morgan, Pearce, Reynolds.

Dr. Quin, who had officiated as chairman at the last Congress, stated, that as was usual, he, along with the secretary of the previous year, would now vacate their offices, on the appointment by the Congress of another chairman, and another secretary.

Dr. Madden and Dr. Wyld were respectively elected by the meeting to hold the offices vacated by the retirement of Drs. Quin and Russell.

Dr. Madden, on taking the chair, said, that the first business of the Congress would be to determine whether they should have two days of meeting, or only one; and to make arrangements for a dinner or a supper, according as they adopted one or other of these plans.

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Dr. Hartmann moved, and Dr. Bell seconded the motion, that there should be but one day of meeting.

This motion was carried unanimously; and Dr. Roth and Mr. Mackern were appointed a committee to make arrangements for the supper.

The Chairman then said, the next point to be determined was the place and time of meeting of next Congress.

Dr. Wyld proposed that the next Congress should be held next July, in London.

Dr. Russell proposed, as an amendment, that it would be a better plan to empower their secretary to ascertain the feelings of the country practitioners relative to the place of meeting of next Congress.

This motion was seconded by Dr. Kidd.

The amendment being put to the vote, was lost. The original motion, that the Congress should be held next year in London, was carried by a majority.

It was also resolved that the meeting should take place in the first week of July.

Dr. Wilkinson then delivered the annual address (vide p. 529).

He was followed by Mr. Gillow, who read a paper on the proper objects of Congresses.

Dr. Kidd then read a paper on Bright's Disease of the Kidney. (vide p. 560).

Dr. Hartmann observed, that he had found *argentum metallicum* of much use in allaying the obstinate vomiting occurring in Bright's Disease.

Dr. Henriques stated that *argentum* had also been found of great service in subduing the vomiting incident to the yellow fever of the West Indies. He would like to know if Dr. Kidd had had any experience of the treatment of diabetes.

Mr. Gillow said that cases of Bright's Disease sometimes got rapidly well; and that shortly after their apparent cure, the patient would die suddenly. He mentioned the case of a very distinguished inhabitant of Bath, who was treated for this disease, and rapidly cured by two homœopathic practitioners. He went off to Paris, caught cold during the journey, and died in a very few days. He would like to know from Dr. Kidd if he could suggest any probable explanation of such sudden deaths.

Dr. Kidd thought, that in such cases the patients died in consequence of no vent being provided for carrying off the secretion which had been suppressed. It was necessary, in order to effect a

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permanent and safe cure, to induce a very powerful action of the skin and lungs, by vapour baths, and exercise, otherwise the patient would run considerable risk. He had not had any success in the treatment of diabetes mellitus: he believed that was a disease depending on some morbid action in a certain part of the brain and until we discovered some remedy that acted specifically on the corpora quadrigemina, he did not think we should cure diabetes. If we could find a remedy capable of carrying the fermentation a step beyond the saccharine state, we might cure the disease.

Dr. Tuckey read a paper on a case of tumour of the face, which had been condemned as incurable by the allopaths, but which he had cured completely by means of arsenicum and a ligature.

Dr. Kidd mentioned the case of a woman affected with cauliflower excrescence of the womb, under the care of Mr. Joce, of Barnstaple, who was long treated by him and Dr. Black with internal remedies, without effect. She was persuaded to go again under allopathic treatment: she, however, derived no good from the change. She had one night a curious dream, which induced her to recal Mr. Joce. This time he applied arsen. to the tumour, which soon cured it. He thought that in Mr. Tuckey's case it was the ligature, and not the arsenicum that cured the disease.

Dr. Epps, reverting to the subject of Dr. Kidd's paper, stated, that in cases of albuminuria, cantharis generally effected a cure; but when it failed, tinctura acris succeeded. He thought that the higher dilutions acted better than the lower; and he wished to know the reason why Dr. Kidd gave drop doses of pure turpentine in the cases he had detailed. He himself had seen excellent effects from the 30th dilution of terebinthina.

Dr. Kidd replied, that he had previously tried the higher dilutions without any result; and believing terebinthina to be the remedy indicated, he gave it in the pure form, with perfect success. He considered that larger doses were necessary where there was any organic obstruction to be overcome. He considered Hahnemann to have been the greatest medical philosopher of any age, and the discoverer of a truth of the greatest importance to humanity; but he could not accept the statements, even of such a great man, without examination. Now he had observed while he was house surgeon in the Hanover Square Homœopathic Hospital, that the practice of Dr. Curie, who was in the habit of prescribing high dilutions at long intervals, was six times less successful than that of Dr. Epps' brother,

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Mr. G. N. Epps, who gave lower dilutions, more frequently repeated. The test of the value of any practice was the number of cases cured; and it was entirely owing to the greater results obtained from using stronger doses, that he had been led to adopt them in his practice as a rule.

Dr. Epps believed his experience was more extensive than Dr. Kidd's. Now he had often found the most desperate cases recover on the administration of a higher dilution, when the lower ones proved quite unavailing. He thought we should not put ourselves above Hahnemann; and Hahnemann had, in his Materia Medica, distinctly stated the most appropriate doses of each remedy; and those doses he (Dr. Epps) considered were the best.

After a little further discussion on this point between Dr. Kidd and Dr. Epps, the subject dropped; and

Mr. Morgan read a paper on Neuralgia (vide p. 574), which terminated the proceedings of the Congress.

A number of the members of Congress afterwards supped together at Hatchett's hotel.

Observations on the Reform of the Central Homœopathic Association. By Dr. Trinks, of Dresden.

Abridged from the "Zeitschrift für Homœop. Klinik," of July 1st, 1855.

When, in the year 1830, the Central Association of Homœopathic Physicians was founded, a keenly felt, and often expressed necessity for a closer connection, and a combined effort of all such associates, received its fulfilment. The resolution of the meeting, held at that time, that there should be such an annual congress required the appointment of a director, secretary, and other officials; and the Central Association was formed on a plan quite suitable to those times.

But the times and our relations have greatly changed in the course of these years. The internal and external development of homœopathy as a science and art, has made rapid progress: the position it holds in public estimation is much more favourable; while its aspect towards allopathy is of a more sharply hostile character than it was then. The allopathic school, from the extensive diffusion of numerous exoteric denominations, has got into the position of an ecclesia pressa,

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which must be prepared every moment to defend itself against attacks; so that it only occupies its present place by tolerance, on account of its services, and the favour of the public.

On the other side, we must admit, that among the adherents of homœopathy, certain tendencies have gradually developed themselves, which, if allowed to extend, would not only hinder the progress of the science, but vitally imperil its very existence. When we closely examine what these dangers are, we shall see how much may be done to arrest them by a reformed Central Association.

Hitherto, all that the Central Association did, was to hold a meeting of its members, and of other friends and adherents, at the place determined by the majority of votes. The president of the meeting felt himself called upon to give a concise review of the external history of homœopathy; of its development in a scientific and practical point of view; of its literary efforts; and also to conduct the general business of the meeting. A *resumé* of the whole proceedings was prepared, and published in the journals. After the dispersion of this annual assembly, the members were scattered like sheep in a wilderness, where they continued to live in absolute anarchy, exactly as those who were not members, till the recurrence of the period when the yearly meeting took place, or, as has frequently happened since 1848, could not take place.

If we carefully observe what is required for the scientific and practical development of homœopathy in regard to its recognition by the state, so that it shall be properly represented in educational institutions and medical literature, we come to the conclusion that the loose constitution of the Central Association does not suffice to give expression to our present interests; but a re-construction is required, by which these objects may be pursued with greater energy and continuance.

It was, therefore, with great pleasure that those who assembled on the 11th of April, at Meissen, to celebrate the 100th anniversary of the birthday of Hahnemann, were informed of a resolution of the Vienna Homœopathic Association, communicated to them by the representative of that body, Dr. Streinz, to the following effect:—

"The Vienna Association of Homœopathic Physicians had resolved, along with the petition for a permission to hold their assembly there on the 10th of August, to combine a request for the establishment of a Central Association, which should be recognized by the state as a corporate body, with all the privileges of such." If the Austrian

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government, which was the first to favour the development of homœopathy, comply with the request, not only would the Austrian homœopathic physicians acquire a firmer position, but the adherents of the system through all Germany would thereby obtain a recognized judicial position; and thus a general Central Association would arise of the greatest importance for the internal and external development of homœopathy as a science and art; for at present, wandering about from land to land, without a permanent seat, it is merely an ephemeral appearance, without any power of enforcing its resolutions. At the same time, we must acknowledge, that in this association lay the germs of a larger development; and that it was of the greatest advantage, by enabling distant homœopathic physicians to become acquainted.

A continued established action on the part of government, would have many salutary results for the common weal. It is not to be expected that governments—at best, little inclined to do anything for medicine—shall pour their favours upon a medical novelty which has only existed for fifty years, and is opposed by so much influence, we do not expect that they will make over professorial chairs and hospitals to us. All that we have a right to look for is, that we shall not be hindered in our future development. Governments may then require that we shall establish, by statistical documents, our superiority over other systems; and we have no doubt, that if this opportunity were given, we should be in a position to attain all we want in the shortest way.

In the next place, the Central Association would direct its attention to the state of the enemy's camp. It exhibits to us the spectacle of spontaneous dissolution, by the secession of the most intelligent, and best informed, who perceive scepticism to be an important part of the medical character, but that it does nothing. It yields no healing medicines; it cures no sick; and its triumph would be the total prostitution of our art. They perceive, moreover, that the only possible science of medicine must consist in an accurate and extensive knowledge of the powers of remedial agents; and they will at length arrive at the way which Hahnemann pursued for the attainment of this essential object; and it will be less difficult for them to do so on account of the numerous thefts which the old school are not ashamed to make from homœopathy, and to bring into currency as the result of their own observation and experience.

The question is, how are we to get useful results from such an

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association? The refutation of attacks—of course only those made in a scientific spirit—should be one of its objects. But the most important ought to be, the elevation and development of homœopathy itself. All homœopathic physicians who consider the truth as being something higher than a cloud out of which dreamers and mystics may proclaim their own wonderful cures, will readily admit that there is yet many a hiatus in our materia medica which will never be filled by any effort of speculation: they all know too well that there are many cases of disease for which we have as yet no specific remedy. Idle expectation will do nothing: the future will not fill up these gaps in our knowledge and efficiency; but the only way in which this can be done, is by determined use of, and labour in the discovery made by Hahnemann, which he worked with such astonishing results, as long as his bodily and mental vigour permitted.

It is the duty of every homœopathic physician to strive to advance the internal development of our system by adding to the number of our medicines; for only by so doing, can we with confidence encounter our opponent, allopathy, in the struggle. If we now ask the question, whether this duty has been discharged, we are compelled to acknowledge with shame, that only a very small number, in comparison with our number—a mere nothing—have complied with the urgent requisitions of Hahnemann; that this "augmentum scientiæ" must be admitted to be very insignificant since the death of our master; and that in this, as in many other respects, a more lively and energetic activity requires not only to be stimulated, but expressly developed. If all the homœopathic physicians in Germany would unite for the attainment of this great object, we might have every year some really important addition; especially if the necessary funds were supplied.

Provings of medicines could be best made in university towns. Hahnemann would not have done so much, and so perfectly, had he not been assisted by the small circle of his pupils in Leipsic, and Jörg's proving society afforded results so astonishing to himself, and in such direct opposition to the dogmas of his school, that he did not dare to prosecute them.

This important object—the proving of medicines—should not be left to individual effort, but should be striven after with earnestness and zeal, in every possible way; for they are, and must ever be, the life-fountain of our art, from which alone it can derive ever fresh vital vigour. In this, such an association can do much: for individuals, it is only

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possible to furnish fragments, which require completion before they can be turned to practical use. For the last ten years little has been done to proceed with the continuation of the provings of Hahnemann, which appeared in the early numbers of the Archives, from a notion that we now had a sufficient stock of medicines; but this is a great mistake; and it is a matter of surprise and regret that Hirschel's attempt to found a proving society should have come to nothing.

It might, indeed, have been expected that in other countries a determined effort should have been made to prove the medicines upon persons in health; but it is only in England that the homœopathic physicians have in this, as in so many other respects, contributed to the advancement of our science; while from our colleagues on the other side of the Rhine, we have got nothing but empty froth. Nor can we say much of the provings made by Hering, ushered into the world with such imposing pomp. And yet here, surely, there is work for all of us. In the first place, all the provings in Hahnemann's Chronic Diseases, must be made over again, without any exception, for there is not one of them which was proved throughout upon persons in health; but most of their effects were observed by Hahnemann as so called Nebenwirkungen (accessory symptoms), upon patients who had taken the medicines. Hence the great uncertainty and untrustworthiness of their effects on disease: hence the great difficulty of making the proper selection in practice: hence the absence of a sharply defined diagnostic character of their peculiar action. What we know about them we have all had first to learn ab usu in morbis; and that is admitted to be a turbid and uncertain source, so long as we have not the positive foundation which the proving of those in health alone supplies.

It will not do to work this great field of exhaustless treasure in a careless style; it will not do to leave it to accident: it demands our unceasing toil. All our hunting after causes and appearances of disease will never give us one specific medicine: this can only be done by proving them on the healthy, as Hahnemann has shewn in his Materia Medica, with conscientious carefulness. We cannot stamp them out of the earth with our feet; but must dig them up, as the miner does the golden ore. How small is our knowledge in relation to the immeasurable treasures which the great Creator has spread over the whole earth for the use and benefit of his creatures. How great, on the other hand, the range of diseases for which we have no specific

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remedy; but as the great poet, himself a diligent investigator, has said, "Nature opens herself to the earnest will and labour of the honest searchers."

Another object should be the defence of the fundamental principles of homœopathy, as set forth by Hahnemann in his Organon. It is not to be denied that the fantastic notions of numerous homœopathic physicians have done much injury to the cause in the eyes of the scientific part of the public. In this category we reckon the theory of potentization propounded by the horse breaker of Mecklenburg, which was accepted as the acme of homœopathy by so many enthusiasts.

Lastly, the defence of homœopathy against attacks and aspersions of all kinds, whether appearing in scientific journals, or other publications. Somewhat like the following should be the plan of the organization of the Central Association, according to my notion. A director or president should be chosen for the year, or longer, whose duty should be,—

1st,—On the day of assembly he would give a condensed review of all occurrences affecting the internal development of homœopathy as science and art, as well as its external relations to its opponents and the state, which would include a notice of its literature, controversial and general. With such an address the assembly would be opened, and then—

2nd,—He would be expected to select the medicines which were to be proved, and bring them before the meeting, which should decide upon them by a majority of votes.

3rd,—It would be of great consequence if he could collect the results of all the homœopathic institutions.

4th,—He would point out what had occurred in the internal constitution of homœopathy towards the development of its fundamental principles; or what, on the other hand, might give occasion to a departure from them.

5th,—It would be his duty to take care that all attacks upon homœopathy, from whatever quarter, should be specifically repelled; its advantages placed in the best light; and its dignity as science and art assisted in the most fitting manner.

6th, and lastly,—He should propose the place of its next meeting, and bring it to a vote.

Besides this president, a secretary should be chosen to conduct the

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correspondence; and in any emergency should have the power of taking legal advice; and further, a treasurer should be appointed to attend to all money matters.

Hitherto, the time of the meetings, which should have been devoted to these questions of internal policy, has been taken up by practical communications, and thus these important matters have been dispatched with insufficient care. This should no longer be done; and only after the primary object has been completed, should the president bring before the congress such scientific papers as he may deem proper; for the journals afford an obvious and suitable medium for communicating such matters to the medical public.

But we must also procure the means: we must have money. We must have money for prizes; for new provings; money to pay the secretary and treasury; money to pay for the insertion of notices in homœopathic and political journals; and also for good popular treatises.

The vast majority of homœopathic physicians are not in a position, from the demands upon their time, and many other causes, to take a direct part in the theoretical or practical development of our science; but, feeling as we all do, the importance of combined effort, it will be a satisfaction to know that each can make a contribution to this desired end by a subscription.

[We have given thus fully an abridgment of this paper, because the name of Dr. Trinks—second to that of no living homœopathist—commands attention from all Germany for anything which comes from his pen; and also because there are many of his suggestions which are applicable to the condition of homœopathy among ourselves. We may naturally hesitate to attribute so much importance as he does to the effort to obtain recognition by the state; for living as we do in the reign of the *Times*—a popular despotism tempered by *Punch*—we may be satisfied, that while on the one hand we have nothing to hope from the powers that be, in the way of encouragement and support, on the other hand, beyond the negative injustice of ignoring us, and all our doings, we have nothing to fear. As individuals, with few exceptions, any attempt at persecution is in this country impossible. Each may work in his own sphere, for the promotion of his own and the common good, without anxiety, for the efforts of our opponents to pass measures of a restrictive nature, have been hitherto, and will be in the future, attended with failure mortifying to them. No Medical Reform Bill will ever pass which directly or indirectly limits our freedom of action; and it is this very immunity from all personal hardships of a political character, which makes it so difficult to organize permanent and effective associations among us. If we felt ourselves a persecuted sect, the very instinct of self-preservation would bind us together as one man. But without this girding force, our only reliance for securing

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harmony, unity, and consentaneous effort, rests upon individual zeal, and a sense of the grandeur of the great truth committed to our keeping. How ineffectual such a bond is, the teaching of every page of history testifies; and to expect from us the devotion of martyrs, without the terrors of the stake, is to believe in the return of a greater miracle than any on record. Shall we then altogether despair of the value of all organization, and attempts at combination for the development of our cause? By no means. We may be disappointed that the fruits of our societies and congresses have as yet been so insignificant; but something has already been achieved: we are better acquainted with one another, and have more *esprit de corps* than if we had had no associations; and much more is possible, and may be attained without requiring miracles. Every year adds to our numbers; and among our new converts we shall naturally find more of the zeal and self-devotion of a first love, not yet perverted by personal success into channels of private aggrandizement. Could we but divert this, by any form of association, to the great object for which Dr. Trinks pleads so earnestly—the proving of medicines—how great would be our gain, and how much higher our common position and mutual respect! Suppose a prize, offered to all graduates of a certain year, for the best experimental essay upon any new medicine! How certainly would it stimulate the interest of students and noviciates in homœopathy, and augment the treasures of our art! This might be done, and could only be done properly by an association; and there is no reason that some of the existing ones might not at once take it up. Again, as Dr. Trinks observes, the value of collected statistics is enormous; and this, too, is a proper work for a society. That it can be done by a voluntary association, even better than by the efforts of government in this country, is shewn by the success of the Highland Society in collecting agricultural facts of the highest national importance. We believe most of our readers will agree with our author, that we cannot expect so much from any form of association in the production of practical essays. Periodical literature has now-a-days almost entirely superseded the learned societies in this function; and no person who reads an essay before any of these bodies, of any value, thinks of confining it to them: it is always published, either in their own organ, or some other journal. With these few observations, we commend the recommendations of Dr. Trinks to the earnest attention of our readers.—EDS.]

Homœopathy in Iceland.

To the Editor of the British Journal of Homœopathy.

Sir,—During a recent visit in Copenhagen, I learnt the following particulars concerning the introduction of homœopathy into Iceland. By inserting them in your Journal, you may perhaps help the cause in a district hallowed by long associations, and which, to the scholar and antiquarian will always be classic ground: a land also which is peculiarly in want of the resources of the New Medicine, to arrest

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the epidemics which periodically devastate it: and thus to increase its hardly-reared population. On some future occasion I may perhaps have the honour of drawing your attention to the remarkable sanitary condition of this Northern island. In the meantime, I would prepare your readers for some interest in it, by stating the following facts respecting the lay-homœopaths of Iceland,

And remain, your obedient servant,

J. J. GARTH WILKINSON.

It is only within the last few years that homœopathy has begun to spread in Iceland, and principally, or, as far as I know, exclusively, in the Northern division of the country. The first person who, by chance, became acquainted with this system, and who was also the first to apply it in practice, was Sira Magnus Jónsson, then pastor in Garth, in Keldu Hverfi, in Axarfiördth. Subsequently he was appointed to another living in the Eastern division, As i Fellum, where, however, on account of his successful cures, he soon came into such serious collision with the district doctor of the Eastern division, Gisli Hjalmarsson, that he was induced last summer to return to the North, where he is now acting as curate to his father, Sira Jon Jónsson, in Grenjadarstad. Sira Magnus is undoubtedly not only the first in date among the homœopathic practitioners in Iceland, but also the first in ability. His father, who is now upwards of eighty years of age, was also at one time a very skilful physician, though he was but self-taught, and the medical art seems thus to be innate in the family.

Gisli Hjalmarsson, the district doctor mentioned above, is considered one of the ablest and most enlightened medical practitioners in Iceland, and as long as Sira Magnus remained in the North country, and consequently within the district of another doctor, Gisli Hjalmarsson is said to have consulted him in dangerous cases, although he knew that he was only self-taught; but when Sira Magnus moved down to the East country, and people applied to him for medical help instead of to the district doctor, open enmity ensued.

Before Sira Magnus left the North country, he gave another clergyman some insight into the homœopathic method, and the latter continued his practice in those parts. The name of this clergyman is Sira Thorsteinn Pálsson, of Háls in Fujókadal. A third practitioner has arisen very recently: a man of low estate,

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by name August Jónsson, at Hrisey, in Eyjafjördth; but of the two latter I know no more than that they are said to have been very successful in their cures, and that in consequence a considerable falling off in the sale of allopathic medicines has been experienced in the Apothek or drug-store at Akreyri. The homœopaths probably get their medicines from Copenhagen with much trouble, and it would no doubt be very beneficial if a connexion, as regards this matter, could be established between England and Reykjavik, a connexion which would probably lead to the spread of homœopathy in the South country also, where, as yet, it seems to be quite unknown, although this is the part of Iceland that is most accessible to strangers.

Electicism among Homœopathists.

[In an article entitled "Du Mouvement des Homœopathes vers l'Eclectisme Medical," in the number of the *Jour. de la Soc. Gallicane* for July 1855, by Dr. Gabalda, we find the following extract from an editorial article by Dr. Nunez in the annals of the Hahnemannian Society of Madrid, published January 1855. The rest of the article of Dr. Gabalda, is chiefly composed of verbatim extracts from the German Vierteljahrschrift and Dr. Perry's letter, which our readers are already acquainted with, accompanied by comments in the same sense by the author.]—Eds.

Hitherto the columns of our journal have been exclusively consecrated to the defence and the propagation of the principles on which the immortal Hahnemann has constructed the edifice of homœopathy; hitherto we have not been satisfied with merely retaining and maintaining those principles in all their purity, but we have also explained all the facts of our practice in subordinating them to the theories of our illustrious master; hitherto in a word we have confined ourselves to the circle of *pure Hahnemannic ideas.*

If we have acted in this manner, it is not because we hold that the *Organon* is to be considered as the *ultimatum* of medical progress; nor is it that we think that homœopathy, such as we have received it from the hand of Hahnemann, is the *absolute truth* in medicine; but because we are convinced that when it is our task to promulgate *a truth* our first duty is to maintain it on the same basis on which the revealing genius of the founder has placed it; the second is to assemble the facts in great number, so as to demonstrate

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the fundamental principle which flows from them; the third, finally, to carry the war into the camp of the enemy, and show the defects of their scientific and practical objections. Such has been our conduct for eight years.

But now that our school, after innumerable vicissitudes and vexations, after so many struggles and discussions, after overcoming so many prejudices, reckons such a host of illustrious adepts; and that the principle on which it stands so firmly is acknowledged and proclaimed by our adversaries themselves, now begins our task; a task not less difficult than important. This consists—

1st. In analysing all that is doubtful or controvertible.

2nd. In recording *without conditions or reserve*, all that is irrevocable, indefeasible, or really acquired by said doctrine.

3rd. In stating with the greatest candour, the desiderata which remain to be realized.

4th, In appropriating whatever other scientific schools possess of evident certainty, and make it serve our own.

To the foregoing testimonies, borrowed from not the least imposing authorities among the distinguished defenders and propagators of Homœopathy, we will add that of Dr. Perry. This gentleman in his recent letter to Dr. Nunez, on Cholera, has treated this question in a manner too remarkable for us to forego the wish to lay before our readers the preface to his pamphlet.

"If some of the opinions advanced in this letter appear to deviate from the rules hitherto considered fundamental in homœopathy, their true bearing would nevertheless be mistaken if it were supposed that they involve an abandonment of our sound doctrines.

"As to the use of massive doses, I will not dwell on the considerations that might here be indulged on the nature of disease, its rapid progress, or the too frequent impotence of attenuated doses, but taking only a general view of the question, I will remind you that the massive dose was Hahnemann's starting point for the demonstration of the law of similars, for his first applications of that law, and for a great part of the experiments on which his Materia Medica Pura is constructed. The admirable discovery of the dynamisation of medicines is certainly a vast gain to therapeutics, but it does not necessarily exclude for ever medicines in their crude state. That would be to ignore the services they have rendered to homœopathy, and needlessly reject those they can and ought to render still.

"To be seduced by the marvellous effects of infinitesimal doses, so

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ridiculously disputed, and to give all our attention and use all our efforts in the direction of this discovery, and to seek in it the full development of therapeutics, was the natural bent of the human mind. But, having reached the farthest limits of attenuation, and having nothing to gain, apparently, in that direction, let us return towards our starting point, and examine without prejudice the claims of non-dynamised medicines. Already the practice of a large school of homœopaths offers us useful information on this point, and if we will candidly consider how often we fail with dynamised medicines, we must acknowledge to more than blindness in keeping on systematically within the circle of our dynamisation, and in repudiating as unworthy of the title of homœopaths, those who do not always use them.

"A more serious question is that of the simultaneous employment of several medicines. In order to form a correct opinion of it we should reduce it to its most simple terms, and enquire: 1st, whether the action of attenuated medicines is necessarily compromised by the simultaneous operation of every internal or external modifying agent; 2nd, whether on the contrary this action may not be aided or completed by one of these agents fulfilling indications for which the attenuated medicine is not suited.

"As regards homœopathic attenuations, Hahnemann and his disciples have persuaded themselves that the least influence was capable of annihilating the effects of such infinitely small doses. Under this idea we, mistrusting everything that was suspected of possessing medicinal qualities, have forbidden our patients the usual vegetables and meats; the orange on account of its acidity, and the smallest flower for its perfume. We ought a fortiori to forbid every drink that could do more than quench thirst, every fomentation, every enema if only of water, because the homœopathic medicine should suffice for every need, and ought to be left to act alone, under penalty of hazarding everything. It is true that growing bold by degrees we have softened this rigour by concessions which at first might have seemed imcompatible with homœopathic treatment.

"Some persons, and among them our best minds, have doubted the utility of all these dietetic precautions, and have quoted numerous facts tending to prove that they had obtained all the desirable effects from their medicines, not only when patients had not observed the homœopathic dietary during treatment, but when they had taken substances of undoubted medicinal properties.

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"Is it not sufficient for us to consider, without other testimony, that in multitudes of cases our patients are exposed to absorb medicinal emanations and odours, which, by our hypothesis, ought to make homœopathic treatment impossible?

"And how often are we not called to attend patients saturated with musk, opium, camphor, iodine, or mercury, &c.: and nevertheless our medicines, given sometimes only by olfaction, have acted immediately, and worked the marvellous cures which are the glory and triumph of homœopathy!

"In many of these cases it is remarkable that the same substance has been used in the crude and also in the dynamized state; the massive dose having in no wise interfered with the infinitesimal, but each having preserved its sphere of action. To this kind of facts belong the cases of smokers and drinkers of coffee, to whom we successfully give tobacco and coffee dynamized. Moreover we can employ the higher dynamizations of such medicines as Sulphur, Bark, or Mercury, to obviate the bad effects produced by large doses of the crude drugs themselves. Here the attenuations, far from being neutralized, do actually neutralize to a certain degree the effects of massive doses.

"What then is the ground of those fears which have caused every modifying agent to be considered as necessarily neutralizing the homœopathic remedies, and have prescribed the so-called Homœopathic Regimen—a purely negative regimen, conceived in reference to medicines rather than to patients, and which excludes most of the materials of hygiene, instead of utilising them for the treatment of patients.

"But it must not be concealed that Hahnemann himself departed from his principle by admitting as auxiliaries to dynamic medicines the electric and magnetic forces, hydrotherapy, topical applications of Arnica, Thuja, and Soap; and especially by having recourse to the association of several homœopathic medicines, given indeed alternately or intercurrently, but which notwithstanding this subtle distinction, have really a simultaneous action on the organism.

"Far from us, then, be those prejudices which fetter our practice, and can only be got rid of by expedients unworthy of science and of truth: let us tread openly the path in which our master unwittingly perhaps, has directed our first steps; it promises to be fertile, if explored with prudence and discernment, but would be fatal to homœopathy were we to plunge into it without rule or criterion.

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The fear of this has long withheld the free expression of my thoughts on this subject, and has on several occasions caused me to raise my voice against the more liberal tendencies of some of my brethren. Homœopathy had scarcely advanced beyond the phase of self assertion, self-isolation, and exclusion. Its adherents could not forego its exclusiveness and accept other methods without compromising homœopathy by appearing to doubt its value, and weakening the practice of young adherents, by shaking their faith in the certainty of its principles. But in a very few years things have changed, and homœopathy has rapidly entered into a transition state, or rather has overflowed and invaded physicians of every school, embracing a number of new elements which were more or less assimilated to it. Then were heard appeals to *tolerance*, to *tradition*; and then it was understood that it was not, as had been thought, a question of the overthrow but of the *regeneration* of old medicine by Homœopathy.

"The considerations which would have arrested us formerly exist no more, and in the grand progress of mind towards medical reform, we are free to contribute our share of effort to develope the grand truths bequeathed to us by Hahnemann, and unite them to the temporal inheritance of medicine."

Parliamentary Return of the Homœopathic Treatment of Cholera.

Return to an Address of the Honourable The House of Commons, dated 17th May, 1855;- for,

"COPIES of any Letters which have been addressed to the General Board of Health, complaining of the omission of any Notice of certain Returns in relation to the treatment of Cholera, which returns were sent to the General Board of Health, in pursuance of a Circular dated September last, and issued by the Board; and of any Correspondence which has passed between the President of the Board and the Medical Council; together with Copies of the Returns which have been rejected by the Medical Council."

London Homœopathic Hospital, Golden Square,
Sir, 20 April 1855.

The Committee of Management of the London Homœopathic Hospital who were actively engaged in the reception of the poor suffering from the cholera epidemic of last year, have observed with much pain and surprise, that in the Report furnished by you to Her Majesty's Secretary of State, and recently presented to Parliament, on the results of the different methods of treatment pursued in epidemic cholera, the Returns

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prepared and delivered to your Board in the month of November last by them, are not included in the Analysis prepared under your sanction.

In the Report issued from the Board of Health it is stated that the whole of the returns made to that Board have been carefully analysed; but as this statement is completely at variance with the fact that the returns from this hospital were delivered at your office and yet remained unnoticed, the Committee of Management conceive that they have just cause of complaint that their labours in the cause of the indigent sick in that district of the Metropolis which was the most severely affected by the epidemic, have been thus entirely ignored.

Again, in the execution of the duty assigned to those charged by yourself with the preparation of the above-mentioned Report, it could not be forgotten that the object contemplated by yourself and declared, was the commencement of a system by which national medical statistics could be procured, a system not intended to produce opinions, but facts and materials on which opinions and practical deductions might hereafter be based; therefore the suppression of any duly authenticated returns which afforded positive information to the public relating to the cholera was not to have been expected; and the omission of which the Committee of Management complain, is one which they feel convinced you, as President of the Board of Health, will admit requires explanation, inasmuch as it not only affects the conduct of those officers of your Board to whose care the returns were entrusted, but it is at the same time calculated to throw doubt on the value of that Council which, under other circumstances, could not but impart additional confidence to the recommendations emanating from the Board of Health.

The Committee of Management, in addressing this complaint to you solely on public grounds, cannot at the same time refrain from bringing under your notice the circumstances connected with their proceedings in the crisis adverted to.

It may not be irrelevant to state, for your information, that the London Homœopathic Hospital numbers amongst its office bearers and supporters, Members of both Houses of the Legislature, officers of the army and navy, clergymen of the Established Church, and other ministers of religion, lawyers and merchants, and many individuals distinguished for their attainments in the different branches of science, literature, and art, whilst its medical staff is composed of graduates of universities, and members of recognized licensing schools of surgery and medicine, as you will perceive by the following list of the staff of the hospital:—

Patroness.—Her Royal Highness the Duchess of Cambridge.

Vice-Patron.—His Grace the Duke of Beaufort.

President.—Right Hon. the Earl of Wilton.

Vice-Presidents.—His Grace the Archbishop of Dublin; Right Hon. the Earl of Essex; Right Hon. the Earl of Albemarle; Right Hon. the Viscount Sydney; the Viscount Maldon; Lord Francis Gordon; Captain

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Lord C. Paget, R N., M.P.; Captain Lord M. Paget, M.P.; Colonel Lord G. Paget, M.P.; Right Hon. the Lord Robert Grosvenor, M.P.; Right Hon. the Lord Gray; Sir Charles Isham, Bart.; Charles Powel Leslie, Esq. M.P.; Colonel Wyndham; F. Foster Quin, Esq. M.D.; Marmaduke B. Sampson, Esq.

Chairman.—Right Hon. the Lord Robert Grosvenor, M.P.

Board of Management.—Nathaniel Barton, Esq.; Captain Branford, R.N.; John Broadhurst, Esq.; Ralph Buchan, Esq.; Captain William Caldwell; J. B. Crampern, Esq.; W. C. Dutton, Esq.; Edward Esdaile, Esq.; George Hallett, Esq.; Philip Hughes, Esq.; J. P. Knight, Esq., R.A.; William Pritchard, Esq.; R. T. Reep, Esq.; H. C. Robinson, Esq.; H. Rosher, Esq.; Sir John Smith, Bart.; Charles Snewin, Esq.; J. W. Tottie, Esq.; Thomas Uwins, Esq. R.A.; William Watkins, Esq.

Trustees.—George Hallett, Esq.; Philip Hughes, Esq.; William Watkins, Esq.; D. W. Witton, Esq.

Treasurer.—Sir John Dean Paul, Bart., 217 Strand.

Medical Council.—Frederick Foster Quin, M.D., President of the British Homœopathic Society; Edward Hamilton, M.D., Treasurer to the British Homœopathic Society; T. R. Leadam, M.R.C.S., Honorary Secretary to the British Homœopathic Society; S. T. Partridge, M.D.; Hugh Cameron, M.R.C.S.; Victor Massol, M.D.; J. Rutherfurd Russell, M.D.; George Newman, M.R.C.S.; George Hilbers, M.D.; D. Wielobycki, M.D.; F. W. Irvine, M.D.; George Dunn, M.D.; J. Ozanne, M.D.; J. B. Metcalfe, M.R.C.S.; Joseph Kidd, M.D. M.R.C.S.; W. Mayne, M.D.; R. D. Hale, M.D.; G. C. Holland, M.D.; John Moore, M.R.C.S.; Stephen Yeldham, M.R.C.S.; Henry Reynolds, M.R.C.S.; W. Watson, M.R.C.S.; T. Mackern, M.R.C.S.; W. Roche, M.D.; J. G. Young, M.R.C.S.; R. T. Massy, M.D.; J. L. Vardy, L.A.C.; Professor Macdonald, M.D.; S. Wielobycki, M.D.; J. Hutton Hill, L.R.C.P., M.R.C.S.; A. C. Edwards, M.R.C.S.; G. Wyld, M.D.; R. Baikie, M.D., M.R.C S.; D. Smith, M.R.C.S.; W. Morgan, M.R.C.S.

Medical Officers.—Dr. Quin, Consulting Physician; Dr. Hamilton; Dr. Partridge, Physician Accoucheur; Dr. J. Rutherfurd Russell; Dr. Wielobycki; Dr. Hill; Dr. Wyld; Dr. Baikie, Assistant Physician; Mr. Yeldham; Mr. Leadam, Surgeon Accoucheur; Mr. Mackern; Mr. Cameron; Mr. D. Smith; Mr. Edwards, Mr. Morgan, Assistant Surgeons.

During the five years of its existence, the London Homœopathic Hospital has received as in and out patients fully 14,000 of the poor, afflicted with nearly every variety of acute and chronic disease.

In the early part of last September, the Committee of Management of the London Homœopathic Hospital, from a desire to contribute, to the best of their ability, to the measures adopted by the parochial authorities of

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St. James's, Westminster, for the purpose of checking the ravages of the cholera in the Golden Square and neighbouring districts, gave directions for appropriating the wards of the hospital to the sole use of the poor attacked by the epidemic, the usual letters of recommendation being dispensed with. A visiting staff of medical officers was also organized for service amongst those who could not be received as in-patients, and supplies of medicines, preventive as well as remedial, were gratuitously dispensed at all hours of the day and night to the poor who applied.

To give as much publicity as was practicable to the proceedings of the Committee of Management, handbills containing directions to be followed for the prevention or arrest of the disorder in its earlier stages were extensively circulated, and notices were from time to time inserted in the daily journals, announcing that the hospital was ready to receive patients labouring under cholera.

The Committee of Management also forwarded an official intimation of their arrangements to the Board of Guardians of the parish, to whom application was likewise made for the use of any litter or means of conveyance the authorities might have provided in pursuance of the directions issued by yourself; but the application for assistance to remove cases of cholera to or from the hospital was refused, on the ground that they had no means of complying with the request.

Although the medical inspector appointed by the Board of Health for the Golden Square district could not be ignorant that many of the poor of the neighbourhood were received and treated in this hospital, the only medical institution in the district exclusively devoted to the reception of cholera patients, he never once visited the hospital, to examine into the nature of the cases received here, nor sought to enter the wards where their treatment was carried on. But the medical officers of the London Homœopathic Hospital, desirous that the severity and character of the cases received by them, as well as the treatment pursued, should be witnessed and recorded by a medical inspector appointed by the Board of Health, invited Dr. Macloughlin (who has always been strongly opposed to homœopathic treatment), the medical inspector of the districts of Stepney, Poplar, St. Andrew's, St. Giles' and St. George's Bloomsbury, to inspect the wards; and to him the Committee of Management can refer for corroborative evidence in support of the value of the results obtained and witnessed by him in his visits to this hospital.

A copy of a letter addressed by Dr. Macloughlin to one of the officers of the medical staff of this hospital is, by permission, enclosed herewith, and your attention is particularly directed to that passage in which it is stated by him, "That there may therefore be no misapprehension about the cases I saw in your hospital, I will add, that all I saw were true cases of cholera, in the various stages of the disease, and that I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any other."

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The care of the Committee of Management was not confined to the merely medical treatment of the poor who sought relief in the hospital. Through the liberality of some of the supporters of the institution, and of others anxious to assist in this charitable work, a fund was raised and placed at the disposal of the visiting staff, who humanely engaged lodgings at Hampstead and other places, to which several of the poor were removed during the period of their convalescence, and by this means, as well as by gifts of money and clothing distributed to those who were reduced to extreme poverty by their own illness, or death by cholera of their parents, the parish was relieved of any charge on their account.

The operations of this hospital, directed exclusively to cholera patients, were continued during the whole period of the epidemic in the district, and the results obtained in 61 cases of pure cholera, and in 331 cases of choleraic and simple diarrhœa, were recorded in the forms issued by the General Board of Health, and, as already stated, delivered by an officer of the institution at your office in the month of November following.

The utmost care was taken in adding the names, occupations, and addresses of the cases, the symptoms observed at the different stages of the attacks, and the remedies employed in accordance with the prominent symptoms detailed, as well as the names and degrees of the respective medical officers of the institution responsible for the accuracy of the returns.

The following is a summary of the returns thus furnished :—

CASES OF CHOLERA TREATED.	Admitted	Collapse.	Consecutive Fever.	Recovery.	Death.	Discontinued.
As In-patients - - -	33	23	5	25	7	1
By the Visiting Staff - -	18	13	3	13	3	2
Amongst the Out-patients -	10	—	—	10	—	—
TOTAL -	61	36	8	48	10	3

CASES OF DIARRHŒA TREATED.		No. of Cases.	Passed into Cholera.	Discontinued	Recovery.	Death.	Unknown.
As In-patients (Choleraic)		5	—	—	5	—	—
By the Visiting Staff (Choleraic)		5	—	—	5	—	—
As Out-patients	Choleraic	116	4	2	107	1	2
	Simple -	205	1	—	201	—	3
TOTAL - -		331	5	2	318	1	5

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From the circumstance that of these 61 cases of clearly ascertained cholera, including the three cases removed from the hospital by the friends of the patients before any result could be obtained, the cases of collapse equal 59 per cent., it will be observed that a very large proportion of the cases recorded presented features of the most severe and serious character.

And in further proof of the violence of the cases treated, it may be mentioned that one of the ten whose deaths are recorded expired whilst being removed from the conveyance in which he was brought to the hospital, and before any treatment could be commenced; whilst, in another case, the treatment was begun by the visiting staff of this hospital after the parish surgeons had pronounced recovery to be hopeless.

It forms no part of the immediate object of this letter to institute a comparison between the results obtained at this hospital and those recorded in your Report, but as the returns of this hospital prove that in an institution ill adapted from its want of space and the arrangements of its wards for the purposes of a cholera hospital the deaths *do not exceed* 16·4 per cent. in an epidemic in which, as the Report issued by you shows, the deaths in severe cases under the *most successful* treatment pursued in other metropolitan hospitals, were at the rate of 36·2 per cent., the Committee of Management must lament that the public, for whose benefit the Board of Health was instituted, is left, by the Report of that Board, in total ignorance of the results obtained by the treatment pursued in the London Homœopathic Hospital, and of the medicinal means by which these results were obtained; and they deem it their duty respectfully to request an investigation into the truth of the above statement, and into the cause of the suppression of their returns in the Report made by the Board over which you preside.

By order of the Committee of Management of the London Homœopathic Hospital, Golden Square.

I have, &c.
(signed) *Ralph Buchan*,
Hon. Sec.

The Right Honorable
Sir Benjamin Hall, Bart., M.P.,
&c. &c. &c.
The President of the General Board of Health.

Extract from a Letter dated 22nd February, 1855, from Dr. Macloughlin, one of the Medical Inspectors of the Board of Health, to Hugh Cameron, Esq., M.R.C.S., and one of the Surgeons to the London Homœopathic Hospital.

You are right. I did tell you that I would report to the General Board of Health the opinion I had formed of the manner the poor cholera patients were cared for in your hospital, and the success of your treatment; but finding that I could not enter into details relative to your hospital without entering also into details relative to the Allopathic Hos-

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pitals, which would lead me into considerations foreign to the sanitary question before me, I therefore merely give the result arrived at in yours, along with the result arrived at in other establishments, reserving to myself the liberty to say more in detail what is the impression on my mind as to your treatment of cholera cases, when I publish a monograph on cholera.

You are aware that I went to your hospital prepossessed against the homœopathic system; that you had in me, in your camp, an enemy rather than a friend, and that I must therefore have seen some cogent reason there, the first day I went, to come away so favourably disposed as to advise a friend to send a subscription to your charitable fund, and I need not tell you that I have taken some pains to make myself acquainted with the rise, progress, and medical treatment of cholera, and that I claim for myself some right to be able to recognise the disease, and to know something of what the medical treatment ought to be; and,

That there may be therefore no misapprehension about the cases I saw in your hospital, I will add, that all I saw were true cases of cholera, in the various stages of the disease; and that I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any other.

In conclusion, I must repeat to you, what I have already told you, and what I have told every one with whom I have conversed, that although an allopath by principle, education, and practice, yet was it the will of Providence to afflict me with cholera, and to deprive me of the power of prescribing for myself, I would rather be in the hands of a homœopathic than an allopathic adviser.

I cannot suppose that anything I have said above can be of value to the homœopathic system, but such as it is, you are at full liberty to make what use you please of this letter.

P. S.—I forgot to tell you that the Imperial Institute of France will decide in July what is the best work published on cholera, and which has most contributed to the advance of our knowledge of the pathology and cure of the disease, and the award is 100,000 francs, or £ 4,000.

As I am the first in any country who has pointed out, by researches at the bedside, that cholera is invariably preceded by a diarrhœa for some hours, some days, or some weeks, and that the disease taken in this diarrhœal stage is easily cured, I have been desired to send in my claims, and in so doing I have mentioned that all the cases admitted in your hospital in 1854 have been preceded by a premonitory diarrhœa, so that your hospital is placed for accurate observation in the disease by the side of St. Thomas's, St. Bartholomew's, St. Mary's, the Westminster and the University College Hospitals.

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The General Board of Health, Whitehall,
Sir, 26 April 1855.

I am directed by the President of the General Board of Health to acknowledge the receipt of your letter of the 20th instant.

I am to forward copies of the correspondence which has passed between this office and the Committee of the Medical Council, to whom the preparation of the report on the treatment of cholera has been entrusted.

I am, &c.
(Signed) J. F. Campbell,
Assistant Secretary.

C. Buchan, Esq.,
Homœopathic Hospital.

Enclosure, No. 1.

The General Board of Health, Whitehall,
Sir, 11 [*qu.* 21 ?] April 1855.

I am directed by the President of the General Board of Health to inform you that inquiries have been made with regard to the course pursued by the Treatment Committee of the Medical Council, in dealing with the cholera returns sent in by homœopathic practitioners. It appears that the Medical Directory was followed in circulating the forms of return from this office, and that this directory does not distinguish homœopathic from other practitioners.

As the president finds on inquiry, that forms of return were sent to hemœopathic practitioners, and as these forms appear in several cases to have been filled up and returned to this office, and as a return was also made from the Homœopathic Hospital, I am to inquire why no notice has been taken of these returns by the Treatment Committee, their report containing no reference to them.

I have, &c.
(signed) J. F. Campbell,
Secretary.

John A. Paris, Esq., M.D.,
Chairman of the Treatment Committee of the
Medical Council, 27 Dover Street.

Enclosure, No. 2.

Sir, Dover Street, 21 April 1855.

For the information of Sir Benjamin Hall, I beg to enclose a resolution unanimously passed by the Treatment Committee of the Medical Council of the General Board of Health, which I trust will be a satisfactory answer to the enquiry addressed to me regarding the reasons which induced the Committee to pass over without notice the homœopathic returns of their treatment of cholera.

"*Resolved*, That by introducing the returns of homœopathic practitioners, they would not only compromise the value and utility of their averages of cure, as deduced from the operation of known remedies, but they would give an unjustifiable sanction to an empirical practice alike opposed to the maintenance of truth, and to the progress of science."

I have, &c.
(signed) John Ayrton Paris,
President.

T. Taylor, Esq.,
Secretary to the Board of Health.

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Enclosure, No. 3.

The General Board of Health, Whitehall,
Sir, 24 April 1855.

I am directed by the General Board of Health to acknowledge the receipt of your letter of the 21st instant, and of the resolution of the Treatment Committee as to the returns of cholera cases treated in the Homœopathic Hospital.

I am to state that your letter will be laid before the President for his consideration.

I have, &c.

J. A. Paris, Esq., M.D. &c. &c. &c. (signed) J. F. Campbell,
Dover Street. Assistant Secretary.

From R. Buchan, Honorary Secretary, London Homœopathic Hospital, 11 May 1855, to the Right Hon. Sir Benjamin Hall, Bart. M.P.

Sir,

The Committee of Management of this hospital have instructed me to acknowledge the receipt of Mr. Campbell's communication of the 26th ult., in reply to their letter of the 21st April, requesting an explanation of the omission in your Report of the Cholera Returns sent from this hospital in November last, in pursuance of your instructions, and which were prepared in the tabular forms furnished by your department.

The Committee of Management are fully sensible of the promptitude with which you have directed an inquiry to be made into the cause of the omission complained of. They deem it their duty, however, to protest against the injustice which has been done to a charitable institution over which they preside, and to express their surprise that the reason assigned for such omission is an abstract resolution of a body of gentlemen who, in violation of the objects set forth in your circular, have, under the apparent sanction of your authority, arbitrarily and without any examination, suppressed the returns of this hospital; not because they have been proved to be untrue, but because they are at variance with the preconceived opinions of those to whom the preparation of the Report was entrusted.

The Committee of Management feel confident that you, the appointed guardian of the public health, will still give practical effect to the declarations contained in your circular, dated September 1854, and not permit the benefits to the public therein anticipated by you, from the collection and systematic record of the results of treatment of choleraic disease pursued by *all* qualified practitioners, to be neutralized by any body of medical gentlemen limiting the field of inquiry to those returns only which communicate results obtained by what are termed "known remedies."

The Committee, therefore, again solicit your consideration of the statements contained in their letter of the 20th ultimo, and are desirous of impressing upon you the importance to the public, for whose benefit your Board was formed, of including in your forthcoming Report on the Golden Square District the results embodied in the returns furnished by the officers of this hospital in November last.

By order of the Committee of Management of the London Homœopathic hospital.

I have, &c.
(signed) R. Buchan, Hon. Sec.

[Note.—The Parliamentary returns being too voluminous for our columns, we have omitted the tables of the cases of diarrhœa, and also those relating to Mr. Anderson's cases of cholera, which have already appeared in our Journal.—Eds.]

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Returns of Choleraic Disease.—Return (B) Cholera. **General Return of the Number of Cases of Cholera observed.**

	Total Number of Cases.	Cases of Cholera not passing into complete Collapse.	Cases of complete Collapse.	Number of foregoing Cases in which Consecutive Fever supervened.
Patients treated in the wards of the Hospital...	33	11	22	5
House to house visiting	18	5	13	3
Out-patients attending at the Hospital	10	10	—	—
Totals	61	26	35	8

All Cases of Cholera, with Particulars of the Duration and Treatment of the several Stages in each Case.

No. of Case.	SEX. M.	SEX. F.	Age (last Birth-day.)	Rank & Occupation (If Master, write Master after the Name of Occupation.)	Degrees or Stages of the Disease.	Dates of their commencement. Day.	Dates of their commencement. Hour.	Termination of the Case. Death.	Termination of the Case. Recov.	Dates of Death or Recovery. Day.	Dates of Death or Recovery. Hour.	TREATMENT IN THE SEVERAL STAGES.
PATIENTS TREATED IN THE WARDS OF THE HOSPITAL:												
1	1	..	22	Brazier	Simple Diarrhœa ..	16 Aug...	..	..	..	..	..	No Treatment previous to his admission into the hospital.
					Choleraic Diarrhœa	Unknown	..	..	..	..	..	
					Cholera (without coll.	Unknown	..	..	..	..	..	
					Collapse	19 Aug...	1.30 p.m.	..	Recov.	23 Aug.	..	Sol. of Camphor,* gtt. ij, every five minutes for an hour and a half, followed by Veratrum album,+ and Cuprum aceticum, according to the indications, up to the time of recovery.
2	..	1	56	Nurse	Simple Diarrhœa....	About 22 Aug.	..	..	..	..	..	Had taken Sol. of Camphor at irregular intervals (her own administration).
					Choleraic Diarrhœa	Unknown	Unknown	..	..	..	..	
					Cholera (without col.)	29 Aug...	7 p.m. ..	..	..	..	..	Veratrum album every hour.
					Collapse	29 Aug...	9 p.m. ..	Death	..	1 Sept. ..	5 a.m.	Veratrum album and Cuprum aceticum, afterwards Arsenicum album; on the 31st, Camphor again for an hour, then Cuprum and Veratrum.
3	..	1	11	Schoolgirl	Simple diarrhœa	1 Sept. ..	..	..	..	..	..	Pulsatilla (anemone pratensis).
					Choleraic diarrhœa..	Unknown	Unknown					
					Cholera (without col.)	2 Sept. ..	2 Sept. ..	..	..	..	..	Alcohol. sol Camphor every five minutes, for an hour, then Cuprum and Veratrum.
					Collapse	3 Sept. ..	Evening	..	Recov.	28 Sept..	..	Seen at her own home on 3rd Sept. p.m. Had Sol. Camph. every five minutes, for an hour; then Veratrum; on the stools becoming more bilious, had Phosphoric acid; but an error in diet brought on a relapse. Was admitted into the hospital 7th Sept.; had Veratrum, followed

(*continued*)

* The solution of camphor is an alcoholic one, 1 part in 6.

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No. of Case.	SEX. M.	SEX. F.	Age (last Birth-day.)	Rank & Occupation (If Master, write Master after the Name of Occupation.)	Degrees or Stages of the Disease.	Dates of their commencement. Day.	Dates of their commencement. Hour.	Termination of the Case. Death.	Termination of the Case. Recov.	Dates of Death or Recovery. Day.	Dates of Death or Recovery. Hour.	TREATMENT IN THE SEVERAL STAGES.
Patients Treated in the Wards of the Hospital—*continued.*												
4	1	..	19	Labourer ..	Simple diarrhœa....	3 Sept. ..						
					Choleraic diarrhœa..	Unknown						
					Cholera (without col.)	4 Sept. ..	2 a.m....	..	..	..	..	Sol. of Camph. gtt. ij, every five minutes,
					Collapse	4 Sept. ..	4 a.m....	..	..	..	..	Sol. of Camph. every five minutes for an hour, then Cuprum and Veratrum; afterwards Phosphoric acid.
					Consecutive Fever ..	5 Sept. ..	7 p.m....	Death	..	9 Sept. ..	7 a.m.	Belladonna in the cerebral disturbance, afterwards Arsenicum album.
5	1	..	25	Labourer ..	Simple diarrhœa....	..	..	..	..	..	..	Treated in the first instance by the medical officer of the district; the diarrhœa was speedily arrested. *See* Remarks below.
					Choleraic diarrhœa..	2 Sept. ..						
					Cholera (without col.)	Unknown	Unknown	..	..	..	..	Sol. of Camphor.
					Collapse	4 Sept. ..	Morning	..	..	..	..	Sol. of Camph. gtt. ij, every five minutes for two hours, then Veratrum album and Cuprum aceticum; afterwards Phosphoric acid.
					Consecutive Fever..	7 Sept. ..	Morning	..	Recov.	30 Sept...	..	In this stage, Belladonna in cerebral congestion; Cantharides in suppression of urine; Arsenicum, Bryonia alba, Carbo vegetabilis, and Rhus toxicodendron in the typhoid state, according to the indications.
6	..	1	25	Servant	Simple diarrhœa ..	4 Sept. ..	Unknown	..	..	..	..	No Treatment previous to admission to the hospital. Came under treatment in a state of collapse.
					Choleraic diarrhœa..	Unknown	Unknown	..	..	..	..	
					Cholera (without col.)	4 Sept. ..	Midnight	..	..	..	..	
					Collapse	5 Sept. ..	6 a.m. ..	Death	..	6 Sept. ..	1 a.m.	Sol. Camph. every five minutes for an hour, followed by Cuprum and Veratrum album; returned to Camphor an hour before she sunk.
7	..	1	12	Schoolgirl ..	Simple diarrhœa....	Unknown	..	..	..	..	..	This patient had been under the treatment of the parish medical officer, by whom she had been considered in a hopeless condition. Was admitted in the consecutive fever, and had Belladonna in the cerebral excitement, Phosphorus in pulmonary congestion, Rhus toxicodendron in the typhoid state; afterwards Arsenicum album, indicated by the great prostration of the vital powers.
					Choleraic diarrhœa..	Unknown.						
					Cholera (without col.)	Unknown.						
					Collapse	Unknown.						
					Consecutive fever ..	4 Sept. ..	..	..	Recov.	17 Sept...		

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8	..	1	30	Servant	Simple diarrhœa....	Unknown	..	..	..	..	..	}	Had been seen by several medical men at different times.
					Choleraic diarrœa ..	Unknown	..	..	..	..	..		
					Cholera (without col.)	Unknown	..	..	..	..	..	}	Admitted in Collapse.
					Collapse	6 Sept. ..	Evening..	..	..	..	..		Sol. Camphor every five minutes for an hour, then Veratrum album, followed by Ipecacuanha in obstinate vomiting; Phosphoric acid in diarrhœa.
					Consecutive Fever ..	11 Sept...	3 p.m. ..	..	Recov.	20 Sept...	..		Cantharides in suppression of urine, and afterwards Rhus toxicod. and Arsenicum album.
9	..	1	16	..	Simple diarrhœa....	6 Sept. ..	Morning	..	..	..	..		No treatment previous to admission on 6th September, p.m.
					Choleraic diarrhœa..	Unknown.							
					Cholera (without col.)	6 Sept. ..	7.30 p.m.	..	Recov.	8 Sept. ..	..		Camphor every five minutes for one or two hours, followed by Phosphoric acid, and afterwards by Belladonna in severe cerebral excitement.
10	1	..	26	Shoemaker	Choleraic diarrhœa..	3 Sept. ..	Unknown	..	..	..	..	}	Had taken two or three doses of Castor oil without medical advice.
					Cholera (without col.)	6 Sept. ..	Unknown	..	..	..	..		
					Collapse	6 Sept. ..	3 p.m. ..	..	Recov.	9 Sept. ..	..		Was seized suddenly in Poland-street, and was brought to the hospital in collapse. Had Sol. Camph. every five minutes for two or three hours, then Phosphoric acid.
11	..	1	66	Fruit-woman	Simple diarrhœa....	3 Sept. ..	Unknown	..	..	..	..	}	No treatment before her admission, 5th September.
					Choleraic diarrhœa..	Unknown	..	..	..	..	..		
					Cholera (without col.)	5 Sept. ..	Morning	..	..	..	..		Sol. Camphor every five minutes, for one hour and a half, followed by Veratrum album.
					Collapse	6 Sept. ..	Evening..	..	Recov.	9 Sept. ..	..		Vomitings continuing very severe, Ipecacuanha.
12	1	..	35	Tailor	Simple diarrhœa....	4 Sept. ..	..	..	..	..	..		
					Choleraic diarrhœa	6 Sept. ..	Unknown	..	..	..	..	}	Treated by the parish medical officer.
					Cholera (without col.)	7 Sept. ..	Unknown	..	..	..	..	}	Came under treatment September 7, p.m.
					Collapse	7 Sept. ..	8 p.m. ..	Death	..	11 Sept...	2 p.m.		Sol. of Camph. every five minutes for two hours, followed by Veratrum and Cuprum aceticum. Had pulmonary symptoms, for which he had Phosphorus.

REMARKS.

Case 5.—After having been cured of severe diarrhœa, he committed great excesses in diet, which were followed by this attack of cholera.

Case 6.—This patient was resident in the neighbourhood of St. John's Wood, and came to Golden Square district a day or two previously to her attack to attend her brother, who was dangerously ill of cholera, under the care of the medical officer of the district. She was seized immediately before her brother's death.

Case 9.—Some of the symptoms of cholera were absent in this case.

Case 11.—Was attacked on the 20th, during convalescence from cholera, with fever and flatulent colic (having been retained in the hospital from charity); from this she recovered, and was dismissed on the 29th.

Case 12.—Habitually a great drunkard, and in the last stage of phthisis.

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No. of Case.	SEX. M.	SEX. F.	Age (last Birth-day.)	Rank & Occupation (If Master, write Master after the Name of Occupation.	Degrees or Stages of the Disease.	Dates of their Commencement. Day.	Dates of their Commencement. Hour.	Termination of the Case. Death.	Termination of the Case. Recov.	Dates of Death or Recovery. Day.	Dates of Death or Recovery. Hour.	TREATMENT IN THE SEVERAL STAGES.
Patients treated in the Wards of the Hospital—*continued.*												
13	1	..	17	Tailor	Simple diarrhœa....	4 Sept. ..	..	..	..	..	..	} Treated by the parish medical officer before his admission.
					Choleraic diarrhœa..	6 Sept. ..	Unknown	..	..	..	..	
					Cholera (without col.)	7 Sept. ..	Unknown	..	..	..	..	
					Collapse	7 Sept. ..	p.m. ..	..	Recov-	11 Sept...	..	Sol. of Camph. given every five minutes, followed by Veratrum.
14	1	..	50	Tailor	Simple diarrhœa....	Unknown						
					Choleraic diarrhœa..	6 Sept. ..	..	..	..	..	..	Sol. Camph. every five minutes.
					Cholera (without col.)	7 Sept. ..	Mane..	..	..	..	..	Veratrum every half hour.
					Collapse	7 Sept. ..	p.m. ..	..	Recov.	11 Sept...	..	Camphor repeated, and followed by Veratrum; Cantharides was administered for the suppression of urine.
15	..	1	40	Charwoman..	Simple diarrhœa....	8 Sept. ..	9 a.m. ..	..	..	..	..	} No treatment previous to her admission.
					Choleraic diarrhœa..	9 Sept. ..	Unknown	..	..	..	..	
					Cholera (without col.)	9 Sept. ..	9 a.m. ..	..	..	..	..	Sol. Camph. every five minutes for two hours, followed by Cuprum for the cramps of the extremities. Veratrum in the choleraic vomiting and purging.
					Collapse	9 Sept. ..	10 a.m. ..	Death	..	12 Sept...	11p.m	Arsenicum in extreme prostration.
16	..	1	18	Servant	Choleraic diarrhœa..	10 Sept. ..	..	..	..	..	..	Camphor every five minutes for an hour.
					Cholera (without col.)	11 Sept. ..	9 p.m. ..	..	..	..	..	Arsenicum, followed by Ipecacuanha for the Vomiting; Veratrum.
					Collapse	12 Sept. ..	10 a.m. ..	Death..	..	13 Sept...	4 p.m.	Carbo vegetabilis.
17	1	..	27	Potman	Simple diarrhœa....	7 Sept.						
					Choleraic diarrhœa..	10 Sept. ..	Morning	..	..	..	..	Camphor every five minutes for an hour.
					Cholera (without col.)	10 Sept. ..	10 p.m. ..	..	Recov.	14 Sept...	..	Arsenicum.
18	1	..	6	Schoolboy ..	Choleraic diarrhœa..	13 Sept. ..	6 a.m. ..	..	..	..	..	Choleraic diarrhœa during two hours before admission, immediately followed by severe collapse.
					Cholera (without col.)	Absent.						
					Collapse	13 Sept. ..	8 a.m. ..	Death..	..	13 Sept...	4 p.m.	Camphor every five minutes for two hours, then every quarter of an hour, and again every five minutes.
10	..	1	8	Father, turn-cock	Simple diarrhœa....	7 Sept. ..						
					Choleraic diarrhœa..	Unknown						
					Cholera	Unknown						
					Collapse	8 Sept. ..	7 a.m. ..	..	..	..	..	Camphor every five minutes for an hour and a half, followed by Veratrum.

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20	1	..	12	Schoolboy ..	Simple diarrhœa....	13 Sept...	..	..	..	..	..	No treatment before admission.
					Choleraic diarrhœa..	13 Sept.						Camphor every five minutes for an hour, and continued for two or three hours longer, less frequently administered; afterwards Phosphoric acid.
					Cholera (without col.)	14 Sept...	12 a.m. ..	..	Recov.	16 Sept...	..	
21	1	..	19	Shoemaker	Simple diarrhœa....	15 Sept...	8 a.m.....	..	..	..	..	No treatment previous to his admission.
					Choleraic diarrhœa..	15 Sept...	mid-day..	..	..	..	..	
					Cholera (without col.)	15 Sept...	11 p m. ..	..	Recov.	19 Sept...	..	Camphor every five minutes for an hour, followed by Phosphoric acid.
22	..	1	1	Father, fruit-seller	Choleraic diarrhœa..	16 Sept...	Mane.					
					Cholera (without col.)	16 Sept...	3 p.m. ..	..	Recov.	18 Sept...	..	Camphor every five minutes for an hour; followed by Acid phosph.
23	1	..	38	Printer	Choleraic diarrhœa..	18 Sept...	8 p.m.					
					Cholera (without col.)	19 Sept...	9. a.m. ..	..	Recov.	23 Sept...	..	Camphor every five minutes for an hour, and afterwards at longer intervals.
24	1	..	19	Cutter	Choleraic diarrhœa..	19 Sept...	2 a.m.					
					Cholera (without col.)	19 Sept...	3 p.m. ..	..	Recov.	22 Sept...	..	Camphor every five minutes for two or three hours, and then at longer intervals, followed by Phosphoric acid.
25	.	1	44	Housewife ..	Choleraic diarrhœa..	20 Sept...	mid-day.					
					Cholera (without col.)	21 Sept...	7 a.m.					
					Collapse	21 Sept...	8.30 a.m.	..	Recov.	27 Sept...	..	Camphor every five minutes for an hour; then at longer intervals, followed by Phosphoric acid.
26	..	1	14	Daughter of above.	Choleraic diarrhœa..	22 Sept...	3 p.m.					
					Cholera (without col.)	22 Sept...	7 p.m.	..	Recov.	26 Sept...	..	Camphor every five minutes for two hours; then less frequently, followed by Phosphoric acid.
27	..	1	19	Waistcoat-maker	Choleraic diarrhœa..	21 Sept...	7 a.m.					
					Cholera (without col.)	21 Sept...	6.30 p.m.	..	Recov.	23 Sept...	..	Camphor every five minutes for an hour; then less frequently, followed by Phosphoric acid.
28	..	1	50	Matron	Simple diarrhœa	18 Sept...	Unknown	..	..	..	..	Camphor at irregular intervals } before admission.
					Choleraic diarrhœa..	25 Sept...	9 p.m.	..	..	..	..	Ditto ditto }
					Cholera (without col.)	27 Sept...	8 a.m.	..	..	..	..	Camphor every five minutes for an hour; then less frequently; Phosphoric acid; afterwards Arsenicum.
					Collapse	27 Sept...	8 p.m.	..	Recov.	1 Oct. ..		

REMARKS.

Case 15.—This patient appeared to be rallying, all symptoms had abated, warmth was returning, when she suddenly awoke and sprang out of bed, and although immediately replaced, collapse rapidly returned, and she died in half an hour.

Case 16.—Had been in-patient 13 days with typhoid fever, when attacked with cholera, and rapidly sank with debility.

Case 17.—A great drunkard; rice-water stools not observed after admission; all other symptoms of cholera present.

Case 18.—Seemed to be steadily and perceptibly mending up to half an hour before his death, when he passed a scanty rice-water evacuation (the first since his admission), and then rapidly sank. Most rapid decomposition took place after death.

Case 19.—This patient was recovering rapidly, when she was removed by her mother, because she was not allowed to give her improper food.

Case 26.—States that in passing an open sewer the day before her admission, the smell caused her to vomit; this was followed speedily by purging and the rest of the train of cholera symptoms.

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No. of Case.	SEX. M.	SEX. F.	Age (last Birth day.)	Rank & Occupation (If Master, write Master after the Name of Occupation.)	Degrees or Stages of the Disease.	Dates of their commencement. Day.	Dates of their commencement. Hour.	Termination of the Case. Death.	Termination of the Case. Recov.	Dates of Death or Recovery Day.	Dates of Death or Recovery Hour.	TREATMENT IN THE SEVERAL STAGES.
Patients treated in the Wards of the Hospital—*continued.*												
29	..	1	19	Servant	Simple diarrhœa	25 Sept.						
					Choleraic diarrhœa..	26 Sept...	Unknown					
					Cholera (without col.)	27 Sept...	7.30 p.m.	..	..	..	..	Camphor every five minutes for 1½ hour.
					Collapse	28 Sept...	Mid-day..	..	Recov.	2 Oct. ..	..	Arsenicum in collapse.
30	1	..	15	Bricklayer's boy	Simple diarrhœa....	21 Sept...	..	..	..	..	..	Had been under the treatment of the medical officer of the district; was admitted when collapse was verging into consecutive fever.
					Choleraic diarrhœa..	Unknown	..	..	..	..	..	
					Cholera (without col.)	Unknown	..	..	..	..	..	
					Collapse	Unknown	..	..	..	..	..	
					Consecutive fever ..	27 Sept...	10 p.m. ..	..	Recov.	1 Oct. ..	..	Acid Phosphoric.
31	1	..	13	Errand boy	Simple diarrhœa....	25 Sept...	Unknown.					
					Choleraic diarrhœa..	28 Sept...	Unknown.					
					Cholera (without col.)	29 Sept...	4 p.m....	..	Recov.	2 Oct. ..	..	Camphor every five minutes for an hour then less frequently, followed by Acid. phosphoric.; then Arsenicum.
32	..	1	24	Servant	Choleraic diarrhœa..	7 Sept...	9 a.m....	..	..	..	..	Camphor every five minutes for an hour before admission.
					Cholera (without col.)	7 Sept...	4 p.m....	..	Recov.	9 Sept...	..	Camphor repeated for an hour, on admission, followed by Veratrum and Phosphoric acid.
33	..	1	56	Nurse	Choleraic diarrhœa..	7 Oct.						
					Cholera (without col.)	8 Oct. ..	..	..	..	..	..	Camphor every five minutes for two or three hours, and less frequently as the urgency of the symptoms diminished. Phosphoric acid followed.
					Collapse	8 Oct. ..	7 a.m. ..	..	Recov.	13 Oct.		

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Harvey and Homœopathy.

To the Editor of the "Medical Times and Gazette."

SIR,

The admirable leader in your journal of Saturday last, on the "Difficulties of Homœopathy," deserves the best thanks of the profession and the public. As you truly observe, "the genuine doctrines of homœopathy are utterly incompatible with the science of medicine as taught, believed, and practised, in all civilized countries, "inconsistent with all human knowledge," and "irreconcileable with all that science has done in the last sixty years."

That a system so absurd, useless, and, indeed, so mischievous, should be supported and admired by the credulous portion of the British public, need create no astonishment when we remember the flattering patronage bestowed upon St. John Long, Morison, Coffin, Holloway, the worthy fraternity of bone-setters, *et id genus omne*—

> "For sure the pleasure is as great,
> Of being cheated, as to cheat."

But is it not painfully surprising to every enlightened and high-minded lover of the noble art of healing, to find that this pernicious and delusive form of quackery is countenanced and encouraged by those from whose position and influence, as practitioners of the true science of medicine, the profession and the public might expect better things? At this, the second town in the kingdom, we hear of physicians meeting homœopathists in consultation for the purpose, it is said, of diagnosis only. PURE surgeons are reported to be at all times ready to lend their aid to the globulists in cases where chirurgical interference is needed, to overcome difficulties which even the two-hundredth dilution could not solve. Let us charitably hope that evil-tongued rumour, with her accustomed disregard of truth, has, without foundation, maligned our brethren on the shores of the Mersey. But I fear you will with me confess that appearances are against them, when you learn that the "Liverpool Medical Institution" —a society established with the avowed object of promoting the science of medicine, enjoys the unenviable notoriety of being one (I would fain believe the only one in England) of those institutions which admit the followers of Hahnemann to the full privileges of membership, placing them on an equality with regular practitioners,— is regularly supplied with the periodical literature of the pseudo-

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science; and has even gone the length—*proh pudor!*—"*heu prisca fides!*"—of permitting papers to be read, and discussions held within her walls upon homœopathic subjects; thus, in the eyes of the public, endorsing the principles of the system; and, in the eyes of the profession, exhibiting a pitiable specimen of pusillanimous inconsistency.

As an illustration of the feeling which pervades the institution as a body, on the subject of globulism, I give the following extracts from the minutes of an annual meeting of the members. It was proposed and seconded—

"That for the future no homœopathic works shall be admitted into the Institution; and if any such works now exist in the library, that the librarian be instructed to remove them forthwith."

An amendment was proposed, as follows, and *carried*:—

"That the time is gone by for the burning of books by the hangman; for the heresy of Harvey is the fundamental doctrine of our day; and only by free scope to the medical mind can its narrowness be overcome, and truth eventually reached."

I have been assured by those who have opportunities of observation, which enable them to form a tolerably correct prediction, that a similar fate would probably attend any attempt to elicit from the Society a declaration of opinion hurtful to the cause of homœopathy.

It is, however, consolatory to be able to state, that better success has at times attended other attempts to exclude the globulists and their lucubrations; for a paper, on the "Cure of Cancer by Infinitesimal Doses," was, after a warm debate, and by a *compromise*, withdrawn; and lately, a known homœopathic practitioner, who sought admission as a member, was, by a very narrow majority, refused.

The case, therefore, is not hopeless. There are among the members men who yield to none in their desire to promote the best interests of the Institution, and of the science of medicine; who, possessing the influence, only need to be roused from their apathy by a forcible appeal from a source more influential than any that such an humble individual as your correspondent can command; therefore it is that I lay the case before you, remembering that—

"Sera nunquam est ad bonos mores via,"

and hoping that a gentle chiding, and a little wholesome exhortation from your editorial pen, may rouse their dormant energies; and then we may hope that our Institution will cast off the obloquy at present

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hanging over: it will no longer own connexion with globulism, or any other of the many forms of the "Hydra-headed monster, Quackery;" and will for the future faithfully fulfil her noble mission.

I am, &c.,

"A MEMBER OF THE COUNCIL OF THE LIVERPOOL MEDICAL INSTITUTION."

Liverpool, August 14th, 1855.

We copy the above letter from a late number (18th August), of the *Medical Times*, because while displaying the too common spirit of a narrow-minded bigot, it makes the public acquainted with a fact that redounds to the credit of the provincial society alluded to, and is of interest in the history of homœopathy.

It is true that a different colouring is attempted to be given to the transaction by the secretary, in a subsequent letter; but we understand the latter, who is recently appointed, is quite a junior in the profession; and his letter, which is somewhat mean-spirited in its tone, displays an evident desire to curry favour with his superiors in age and bigotry.

This has led to a rejoinder from the anonymous bigot, insisting on his correctness; and again, to a reply from the secretary, giving in to such an extent, that the editor closes the correspondence, on the ground that he sees no difference between them; in which we agree, as the one simply abuses, while the other excuses, the majority in the society for an act of liberality and common sense.

The facts alluded to in the above letter that are of interest to us, are, as we have ascertained, simply, that a year or two ago, Dr. Hilbers brought forward a paper on the homœopathic treatment of a case of disease of the tongue, that had been pronounced cancerous by the late Mr. Bransby Cooper. It was not alleged that that was a proof of the power of homœopathic remedies to cure cancer, nor indeed was any opportunity given to know what were the contents of the paper; for a member of the society, immediately on its announcement, got up and proposed in general terms, that homœopathy was unworthy of the notice of the society, and that therefore the paper should not be read. To this motion the society distinctly refused to accede, as it did not approve of limiting the freedom of its members in entertaining or discussing any medical theory. But it was met by another motion, which was carried; viz., to constitute a committee for the selection of papers for the future; and in the meantime, in consequence of the party spirit displayed by some members, Dr. Hilbers withdrew the paper.

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On a subsequent occasion, an attempt was made to exclude all books favourable to homœopathy from the library, and this was met by the above resolution, and rejected in the spirit of it, and in consequence of it, as we have been informed.

We cannot but regard this as a somewhat notable circumstance in the history of homœopathy; and the conduct of the Liverpool Medical Society presents a favourable contrast to that of the French Academy, and to the Medical Society of Edinburgh, who have both disgraced the vaunted enlightenment of the age by their rejection of homœopathic works, written by men in every way their equals as respects education and position; and their superiors in knowledge of the subject.

We trust that the more liberal party in this society will persevere in this course, and steadily resist all attempts to exclude information and stifle discussion; and that their example will, ere long, be followed by all medical bodies; and they may be assured, that the principle of giving fair play to every subject, will meet with approval and sympathy from all right-minded men in and out of the profession. It is, in fact, the only safe course, as well as the right one; for to beg the question, and stifle discussion, when any alleged new truth is first presented, must in the end lead to a breach of truth and common honesty. And to this it has already come, we grieve to say, in respect to the great majority of those who refuse communion with homœopathic members of the profession. The plea that is generally put forward to justify their conduct, is the assertion, that homœopathy is nothing more than obedience to a cabalistic formula, that is complete in itself, and therefore can have no connexion with general medicine, and the collateral sciences. Now, though perhaps at first some few might have been so ignorant as to have believed that, we know now that all who have written against homœopathy, evidence by the books they quote, that they know better, and therefore their plea is wilfully and knowingly false. Likewise, as regards the great body of opponents to homœopathy, we accuse them also of knowing and wilful falsehood in the convenient plea put forward for rejecting the claims of homœopathic evidence to its proper place among medical literature.

We shall confine ourselves to two examples, as one or two instances in detail are more convincing than a host of deductions. If we take the lecturers as fair exponents of the state of medical opinion of the day, let us hear how they represent that. Nothing is now

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more common than to hear some second-rate provincial lecturer, after the usual flourish about the enlightenment of our age, and amazement at the blindness and ignorance of our forefathers, who rejected the discoveries of Harvey and Jenner, &c., proceed to garnish his second-rate lecture with jokes and facetious remarks about homœopathy; at the same time, giving a distorted representation of its nature, and winding up with the remark, that it is only on account of gross ignorance of physiology and pathology, that believers in, and practitioners of such a method can be found. Now at the moment he knows perfectly, and all his hearers know perfectly, that a professor in one of the most renowned universities in the world, and a much better pathologist and better lecturer than he is, both believes in, and practises homœopathy; therefore the plea of the incompatibility of homœopathy with knowledge of pathology, is palpably and wilfully false and dishonest. Again—we are told over and over again by the hireling writers in the weekly medical press, who pander to the prejudices of their readers, that homœopathic statistics of treatment are all false; and that, from ignorance or design, false names are given to diseases, for the purpose of gaining credit by fictitious cures; that this plan is well enough, and thrives in the secrecy of private practice; but that it would not stand the test of open day in hospital practice; nor are there men among us capable of taking charge of an hospital, &c. And this at the very time when they are perfectly aware that, not to go to the more inaccessible locality of Vienna, there is a small hospital in London; and there is also in Paris, near to the most frequented thoroughfare, an hospital (Beaujon) in which seventy beds are under the care of Dr. Tessier, where the patients have been treated homœopathically for years, and the results are patent to any who will take the trouble to enquire into them. In this instance, therefore, the plea is wilfully false and dishonest.

We trust, therefore, in conclusion, we shall ere long see an end of the system of begging the question, and then endeavouring to stifle discussion on false and dishonourable pleas. We wish no favour to homœopathy, nor do we require any. Let it be met with opposition, or the strictest sifting, or by experiment, or the strongest arguments, or even by ridicule, we care not; and are confident that in the end truth will prevail. But let us have no more mean evasions, and dishonourable pleas, which disgrace only those who employ such weapons, and never can injure those against whom they are directed.—[Eds.]

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Homœopathy in Denmark.

Although the introduction of homœopathy into Denmark dates from more than a quarter of a century ago, the number of homœopathic practitioners bears no proportion to the period during which homœopathy has been known there. The only town in Denmark that possesses homœopathic practitioners is the capital, Copenhagen. It boasts of three homœopathic doctors, viz: Drs. Pabst, Lund and Thomsen. Pabst is the oldest of them, and has practised in Copenhagen for upwards of twenty-five years. Dr. Thomsen, if we may judge from report, seems to enjoy a great reputation. Dr. Lund is stated to be a talented practitioner. There is actually no homœopathic literature in Denmark, not even a translation from the German. There is a good deal of amateur practice of homœopathy in the provinces, and as the German language is the proper language of one half of the Danish kingdom, and is generally perfectly understood by educated people in the other half, the German domestic works are used as guides by those favourable to our system. The utter dearth of any proper Danish homœopathic literature is the more remarkable, seeing that the neighbouring country of Sweden, which has no greater number of homœopathic practitioners, possesses, thanks to the zeal and assiduity of Dr. Liedbeck of Stockholm, a respectable list of original and translated homœopathic works.

If homœopathy has not made that progress in Denmark which we might have expected from the great intelligence of the people, hydropathy at least can boast a very large number of partisans. Both in Denmark and Sweden there are numerous hydropathic establishments, almost all in a very flourishing condition. We were surprised to learn that Denmark has no institution for the practice of Ling's system of regulated gymnastics, though it is in such close proximity to Sweden, where Ling's system is most extensively applied.

BOOKS RECEIVED.

Journal de la Société Gallicane.

The Fifth Annual Report of the London Homœopathic Hospital.

Homöopathiens närvarande ställning i främmande länder, af Dr. P. J. Liedbeck. Andra upplagan. Stockholm.

William Davy & Son, Printers, Gilbert Street, Oxford Street.

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