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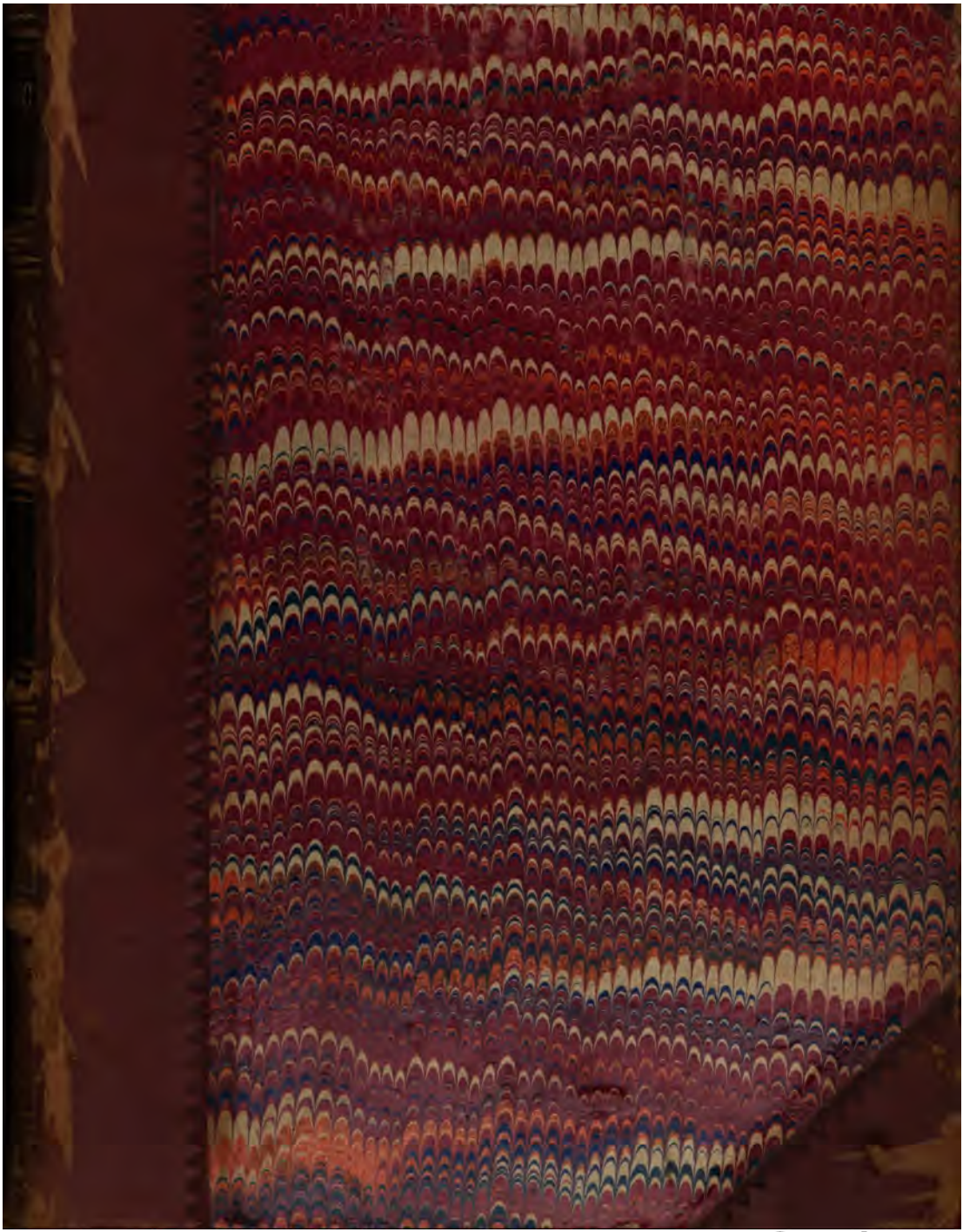
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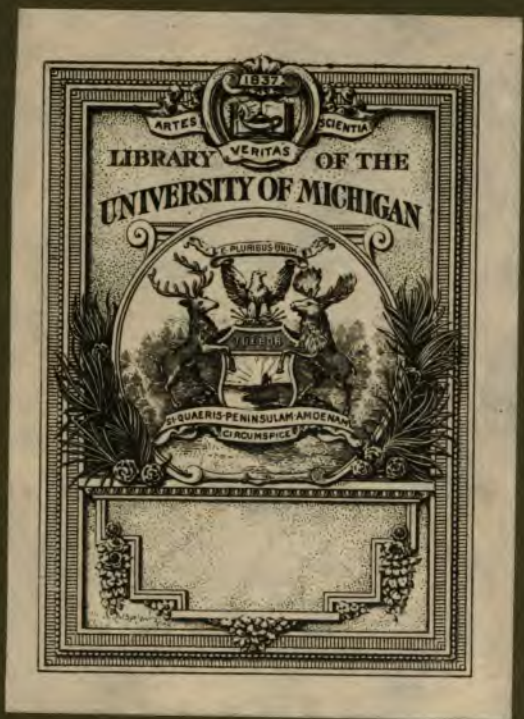
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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

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CONTENTS OF No. LV.

PAGE

PROFESSOR HENDERSON ON BRIGHT'S DISEASE OF THE KIDNEY... 1
A CONTRIBUTION TO THE HISTORY OF HOMŒOPATHY, BY DR. FLEISCHMANN 23
REMARKS ON HOOPING COUGH, BY DR. BLACK 34
ON THE LEGITIMATE POSITION OF HOMŒOPATHY, BY DR. TESSIER..... 51
CONTRIBUTIONS FROM THE HOMŒOPATHIC HOSPITAL IN LEOPOLDSTADT, BY DR. WURMB 75
ON SEPIA, BY DR. MEYER 82

REVIEWS.

REPORT OF THE COMMITTEE ON CHOLERA 102
COMPRESSED AIR BATHS 124
KNAGGS ON HOMŒOPATHY..... 137

CLINICAL RECORD.

SARCOMATOUS TUMOUR, BY DR. TUCKEY 138
DISEASE OF KIDNEY, BY DR. FEARON 140
PICA, BY DR. BLACK 143
INFLAMMATION OF URINARY ORGANS, BY DR. OEHME 145
MASTITIS NEONATORUM, BY DR. TELLER 147
SWEET SALIVA, BY DR. TELLER..... 148

MISCELLANEOUS.

ON TRITURATIONS, BY MR. TURNER 149
ALLOPATHIC JOURNALISM AND JUSTICE..... 154
MEETING OF THE GERMAN CENTRAL SOCIETY AT VIENNA 160
POISONING BY TINCTURE OF ACONITE..... 163
HAHNEMANN'S CORRESPONDENCE..... 164
ALLOPATHIC PETTY LARCENIES..... 166
ON NITRO-GLYCERINE, OR GLONOINE 171
FAS EST AB HOSTE DOCERI 174
HOMŒOPATHY AND THE EMPRESS EUGENIE ..... ib.
THE NORTH AMERICAN HOMŒOPATHIC JOURNAL ..... ib.
PULSE MACHINE 175
CARBO VEGETABILIS IN GASTRALGIA..... ib.
WONDERFUL ALLOPATHIC DISCOVERY ..... ib.
PROGRESS TOWARDS HOMŒOPATHY 176

BOOKS RECEIVED ..... ib.

CONTENTS OF No. LVI.

EPIDEMIC DYSPEPSIA, BY S. YELDHAM 177
THE PAST, PRESENT, AND FUTURE OF HOMŒOPATHY..... 190
OUR HOSPITAL SYSTEM..... 209
ON CATARRHAL PNEUMONIA OF INFANTS, BY DR. TRINKS 258
SPONTANEOUS CURE OF EMPYEMA, BY DR. ACWORTH..... 266

REVIEWS.

SIR H. HOLLAND'S MEDICAL NOTES AND MENTAL PHYSIOLOGY 269
DR. S. COCKBURN'S MEDICAL REFORM 302
DR. HELMUTH'S HOMŒOPATHIC SURGERY..... 303
DR. FRANK'S THERAPEUTIC MAGAZINE ..... ib.

OBITUARY.

DR. WILLIAM R. BEILBY 305

MISCELLANEOUS.

TRIAL OF HOMŒOPATHY AT NAPLES..... 308
HOMŒOPATHIC CONTROVERSY IN GERMANY 316
DR. PEACOCK ON THE TREATMENT OF FEVER BY QUININE..... 327
RHUS VENENATA, BY MR. H. THOMAS 346
SUICIDAL POISONING BY NUX VOMICA 350
A COMMINATION 351

BOOKS RECEIVED 352

Digitized by Google

CONTENTS OF No. LVII.

PAGE.

INTRODUCTORY ADDRESS, BY DR. SCOTT 359
ON SOME AFFECTIONS OF CERTAIN NERVES, BY DR. RUSSELL 370
CASE OF EXTRA-UTERINE CONCEPTION, BY DR. KING 394
ALLOPATHIC HOMŒOPATHY 397
THE POISONOUS PROPERTIES OF THE YEW, BY DR. STOKES 415
GYMNASTICS, BY DR. CHAPMAN 441

REVIEW.

PHYSICIANS AND PHYSIC, BY DR. SIMPSON 470

MISCELLANEOUS.

SIXTH REPORT OF THE LONDON HOMŒOPATHIC HOSPITAL 479
EXPULSION OF HOMŒOPATHISTS FROM THE ANATOMICAL SOCIETY OF PARIS 490
APHORISTIC NOTES ON SANITARY STATISTICS, BY DR. ROTH 499
REPORT OF THE HOMŒOPATHIC CONGRESS 502
STRYCHNINE POISONING 506
DISCUSSION ON THE ADULTERATION OF DRUGS 522
GLYCOGENIC FUNCTION OF THE LIVER 523
CASE OF POISONING BY STRYCHNINE, BY DR. DUNN 525
QUESTION RELATIVE TO CHENOPODIUM, BY DR. THOMAS 526
RHUS VENENATA, NOTE BY DR. THOMAS 527

OBITUARY.

DR. J. ATTOMYR ..... ib.
DR. DEL RIO 528
DR. J. J. MACH ..... ib.

BOOKS RECEIVED ..... ib.

CONTENTS OF No. LVIII.

DR. RUSSELL ON SOME DISEASES OF THE CENTRAL NERVOUS SYSTEM 529
PRACTICAL OBSERVATIONS, BY DR. HALE 551
DR. CHAPMAN ON MANUAL MAGNETISM 564
DR. HITCHMAN ON MELÆNA 603
DR. SCHNEIDER ON ACUTE CEREBRAL DISEASE FROM INTERNAL CAUSES 621
DR. C. MULLER ON DIET 632
WHY WE OBJECT TO BEING CALLED HOMŒOPATHISTS, BY DR. TESSIER 640

REVIEWS.

THE MONTHLY HOMŒOPATHIC REVIEW 658
GERMAN HOMŒOPATHIC DIRECTORY 663

MISCELLANEOUS.

CRUVEILHIER ON SIMPLE ULCER OF THE STOMACH 664
CHLOROFORM IN STRANGULATED HERNIA 665
REVACCINATION IN THE PRUSSIAN ARMY 666
DR. JACKSON ON ACONITE ..... ib.
SEUX AND ROGER ON THE PULSE OF INFANTS 675
THE NEW MEDICAL BILL 677
VACCINATION IN RELATION TO BLINDNESS 691
PROGRESS 692
PRIZE ..... ib.
CINNAMON IN METRORRHAGIA 693
DEATH OF DR. SAMUEL BROWN 694

BOOKS RECEIVED 694

INDEX 695

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

ON BRIGHT'S DISEASE OF THE KIDNEYS.

By William Henderson, M.D.,

Professor of General Pathology in the University of Edinburgh.

Bright's disease of the kidneys has often appeared to me one of the most discouraging, and difficult to deal with profitably, of the maladies commonly encountered in practice; and I confess to having entertained so little hope of being homœopathically serviceable in that affliction, that I have not generally taken much pains to endeavour to be so. I believe much of this hopelessness to have been due to the habitual failure during my years of allopathic practice, most of which in this disease was hospital practice, to do more than palliate for the time—to lessen or remove the attendant dropsy perhaps, to give a temporary fillip to the digestive organs, or to mitigate a rheumatic pain. The dissection-room, too, ministered very pointedly towards repressing any tendency (if it ever occurred) to anticipate an epoch when the progress of therapeutics would enable physic to add this lately-discovered (I speak of some fifteen years ago) region of morbid anatomy to its subjugated domains. What hope of raising a kidney from the size of a chesnut up to its original dimensions of five inches by two and a half? Or what hope of broadening again the cortical mass which had shrunk into a

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narrow border around the medullary cones? Or what hope of purging away the granular debris, the waxy, fatty, or fibrinous accumulations that deformed, discoloured, and overwhelmed the delicate texture? In the still recent and acute form of the malady, it is true, a judicious abstinence from aggravating diuretics, the "antiphlogistic" regimen, hot baths, repose, and some topical applications, sufficed in mild cases, especially those consequent on scarlet fever, to allow of, if not in any serious degree to produce, a considerable proportion of recoveries; but these and other more "active" measures were too often in the severer instances frivolous impediments to the destructive march of the disorder, whether it tended to a prompt mortality, or chose with dogged pertinacity to proceed step by step through its several stages.

I have begun of late to hold more cheerful opinions regarding the power of medicines over this disease; and if I cannot look forward to a time when remedies shall be discovered capable of rebuilding structures which have been taken down, and removed,—I see nothing to forbid the hope that homœopathic physicians will yet be able to arrest the progress of dilapidation in a large proportion of cases that have in past times yielded to remedies but a temporary and delusive obedience, or none at all; and that in a still larger proportion of cases they will find themselves able, by stopping the action which feeds them, to clear away the morbid accumulations, whose obstructive presence it is that mainly occasions the wasting of the proper tissues by suspending their functional uses.

Should the hope I have expressed be realized in the general experience of homœopathic physicians, the results of their practice will present a most interesting and remarkable contrast to those of other methods of treatment; for the negative character of my own attempts to cure Bright's disease in any of its more confirmed or decided forms, by other than homœopathic means, accord but too completely with the published results of the ordinary treatment by the best writers on the malady in this country. Dr. Johnson (on the Diseases of the Kidney), while he regards "acute desquamative nephritis"—the name he gives to the ordinary acute form of the disease—as "always a serious

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malady," believes that "we may commonly give a more hopeful and favourable progress in such a case, than in any other form of renal disease;" and this opinion is amply justified by the cases narrated, in his work, of the chronic forms, not one of which presents evidences of recovery having taken place. Dr. Christison too, (On Granular Degeneration of the Kidneys), referring to the disease when "clearly recent," observes that recovery "is certainly not uncommon in the cases which succeed scarlatina, especially in young persons; and I have also repeatedly met with the same apparent success where the disease had no connection with scarlatina." But, he adds, "in other cases every symptom has disappeared except coagulability of the urine, and the individuals have continued for a long time afterwards to follow a laborious occupation in the enjoyment of tolerable health, and without any material uneasiness; * * * all cases of the latter kind must be regarded with jealousy." This doubtful prognosis is also justified by the cases which are recorded in the work from which these words are extracted, for in not a single example of the more chronic form of the malady did the symptoms of renal disease disappear; and even of the cases in the "early" and "middle" stages, amounting to eight, which are marked as recoveries, only four appear to have deserved that distinction,—if, indeed, two of these did not rather deserve to be distinguished as merely probable recoveries. For of one of the four it is only said at the end of the narrative, "the coagulability of the urine ceased, nor did it reappear during twelve additional days that he remained under my observation." And of another it is said, "at his departure there was scarcely any œdema, but distinct leucophlegmatia * * * the urine was abundant, nor did it ever recover its coagulability during the last five weeks of his residence in the hospital"—particulars which are far too scanty to warrant the conclusion that an actual cure had been effected. The remaining four cases of "recovery" are still less satisfactory. Of one it is said, at the conclusion of the narrative, "the urine was rather more copious than natural, 1013 in density, and somewhat, though much less, coagulable" (p. 55). Of another, the last detailed account of the urine is, "that about twelve pounds were passed

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daily, of the density of 1016, and moderately coagulable." Nor is the final notice of the case more conclusive as to the cure of the disease, for when the patient was "dismissed at his own desire," he was only "nearly well," and the "urine continued never less than nine pounds" (p. 258). A third case of "recovery under the use of blood-letting, laxatives, and diuretics," was seen by the author annually for a time during three successive years. At the end of the first of these periods, the urine "had a density of 1014, and was moderately coagulable;" at the next examination of the urine, a year afterwards, it was "1010 in density, and strongly coagulable;" and the last report of the case, a year later still, informs us that the urine was "1013·5 in density, and coagulable to the same degree as in the previous year" (p. 282). Of a fourth case, the last mention of the state of the urine, says that it "presented less coagulability, and varied in density from 1005 to 1008, accord to its quantity." A week or two afterwards the patient was dismissed from the hospital at his own "urgent entreaty," while it is stated in general terms that "there was no part of his complaint left, except very trivial œdema of the feet," but nothing is added regarding the coagulability or density of the urine (p. 287).

The late Dr. James Craufurd Gregory, in the second of his two articles "On Diseased States of the Kidney connected during life with Albuminous Urine," in the Edinburgh Medical and Surgical Journal for 1832, publishes thirty-four "cases in which the patients were either relieved or restored to apparent health at the time of their dismissal." Of these cases only two, the fifty-seventh and the seventy-fifth, were even so much as probable recoveries. In all the other cases the urine either remained more or less coagulable when the patients left the hospital, or when the coagulability is not mentioned, other particulars regarding the urine lead to the conclusion that the disease was still in existence; or, lastly, nothing satisfactory is recorded regarding the state of the secretion in the latest account of the patients. All this is the more significant regarding the inadequacy of the ordinary treatment, that contributions to the series of cases intended to illustrate the occasional benefits derived

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from the remedies that were employed, were furnished by Professors Alison and Graham, who, of course, would select such as would seem to them the best calculated to serve the purpose in view. It is unnecessary to adduce additional evidence of the insufficiency of the common means and rules of practice for the successful treatment of this formidable malady when it has taken root for but a short time. I believe that the experience of the authors I have adverted to, is at one with the universal experience on the subject.

I have neither known, nor read of, any cases of Bright's disease of so long a duration, and of so much apparent intensity, as the second case reported by Dr. Kidd in the last number of this Journal, and one of the cases to be detailed in this article, having recovered so completely under the employment of allopathic remedies. No doubt many instances have occurred, and perhaps daily occur, of relief from distressing secondary affections, and particularly from extensive dropsy, following the use of those remedies; but such relief, important and of long duration as it may sometimes happen to be, is, in the end, unfortunate for the patient, as it renders him contented with his improved condition, and with the treatment which produced it, at a stage of his disorder which may not yet have got beyond the reach of remedies capable of effecting a recovery, in the proper sense of the term. While, however, some, perhaps many, instances of relief from the secondary sufferings of this disease are to be deplored for the reason that has been given, others, I have no doubt, occur, and perhaps frequently, in which the temporary benefits in question are all that they admit of, and the allopathic means which bestow these benefits are the only means that are capable of doing so. Those who are acquainted with the morbid anatomy of this disease of the kidneys know that in very advanced stages of it the secreting texture of the organs is greatly reduced in amount, owing to the removal of such parts of the cortical matter as had been irretrievably ruined by the protracted obstruction of its tubes and obliteration of its nutrient and secreting vessels; so much reduced, indeed, that what may remain of both kidneys does not equal, in the bulk of still effective organization, a single healthy kidney, or

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perhaps the half of one. In such circumstances it must be obvious that more than the normal activity of the secreting process will be necessary in the parts which remain still capable of that function, in order to compensate the absence of functional action due by those which have been disorganized or lost. Such excited functional activity in the former can be produced only by the physiological or pathogenetic action of the drugs which are known among allopathic physicians as diuretics —drugs which, when proved on healthy persons, are capable of causing an excessive flow of urine.

Accordingly, one of the ordinary modes of relieving the dropsy dependent on Bright's disease is the employment of diuretics; and, with the exception of such cases as give evidence of being in a state of acute inflammation, generally without regard to the probable stage of the malady or actual condition of the kidneys, provided that the urine be scanty, or at least not abundant. Nor is it surprising that those medicines should, considering what has been said above of the state of the kidneys in the advanced stages of the disease, have the effect frequently of improving the condition of the patient, and especially in reference to the discomfort arising from dropsy. But it *is* surprising that the class of diuretic medicines has not been found, in the experience of allopathic physicians, more frequently to cure or to aggravate the malady. Diuretic medicines include some substances which have unquestionably the power of producing a disease, either identical with the early stage of that which is known, in its various forms, by the name at the head of this article, or very closely resembling it, while all of them have the property, more or less, of "stimulating" or "irritating" the kidneys; and we should, therefore, have anticipated on homœopathic principles that cures or aggravations would be common results of their employment even by allopathic hands. The latter of these two anticipated or possible consequences would be naturally expected to result the most frequently on account of the magnitude of the doses in which the diuretics are given; and perhaps for the same reason, the occurrence of the other of the consequences referred to would be a result that ought not to be expected at all. The explanation of the general absence of

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either aggravation or cure as a consequence of the use of diuretics, is probably to be found in the circumstance that the diuretics which are almost invariably employed, have little or nothing of what may be regarded as specific in their medicinal relations to the kidneys, but, when admitted into the blood, are to be looked upon as very much, if not altogether, on the same footing in respect to those organs that other adventitious and certain normal though effete substances are, which it is the province of the kidneys as purifiers of the blood to select and expel, along with an excess of the water in which they are dissolved. It is thus with the sugar of the blood in diabetes; it is thus, in ordinary circumstances, with urea and the saline ingredients proper to the urine;—and it is probably also thus with the bitartrate, the acetate, and the nitrate of potash, and some other diuretics, which are found sometimes of service in encreasing the amount of the urine without occasioning any corresponding disadvantage by excess of irritation. That it should sometimes happen that the gentle stimulus afforded by diuretics of this description, though given in large doses, should operate, not merely in the way of encreasing the secretion, but also in the other and still more desirable way of lessening or removing the morbid condition itself with which the living tissues of the kidneys are affected, is not, therefore, to be held as improbable. Dr. Christison relates an instance of recovery seemingly due, in part, to this kind of stimulant action on the kidneys, in a recent case of the disease, exerted by the bitartrate of potash. On the result of the case he makes the following observations, so very nearly, if indeed not entirely, homœopathic in their signification:—"May it not be inferred from this and other cases, that the irritation produced by diuretics is different in kind from that which attends granular deposition (in the kidneys)? May it not even be plausibly reasoned that the one species of irritation is in some circumstances incompatible with the existence of the other?"—(Op. cit., p. 247.)

If it were true, as averred by Dr. Osborne (On the Nature and Treatment of Dropsical Diseases, p. 33), that diuretic medicines are "a frequent cause" of Bright's disease, or of a condition of the kidneys closely resembling it, we should certainly be entitled

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to anticipate that, when that disease arose from other causes, those medicines, by virtue of their thus standing in a homœopathic relation to it, should be found to be the specific remedies for the malady. The assertion seems, however, to be too general and indiscriminate. The accuracy of it is regarded by Dr. Christison as "very questionable," and the absence of injurious consequences of the employment of the saline diuretics in this disease, even when given in large doses, would seem to imply that they at least can scarcely rank among the causes of its occurrence in healthy persons. But the same conclusion would certainly be unjust in reference to some other medicines which are included in the allopathic list of diuretics. In particular, Cantharis and Turpentine unquestionably produce inflammation of the urinary organs; the former exerting its pathogenetic properties more, perhaps, upon the mucous surfaces, the latter more upon the kidneys. Some diuretics, therefore, do produce effects on the kidneys closely resembling the disease in question, or, in other words, a form of Bright's disease; and in them we should expect to meet with a homœopathic remedy for that disease, in some, at least, of its various stages or forms. The effects of turpentine on the kidneys are, perhaps, less generally known than those of Cantharis, and I, therefore, make no apology for introducing here the following case from Dr. Johnson's work on the kidneys:—

"John Harvey, æt. 27, a porter, of temperate habits; never had dropsy or any symptom of renal disease. On the 21st of March, 1847, he took Olei terebinth., Olei ricini, āā ʒ ss, for tapeworm. Soon afterwards his head felt confused; he vomited once and was purged two or three times. In about eight hours he had frequent, almost incessant, desire to pass water, passing only a few drops at a time, The water scalded him very much, and contained coagulated blood.

"On the 22nd, he first came to me at the public dispensary. He said he had passed water fourteen or fifteen times during the night, and as often in the course of the morning; the pain and irritation were now less than yesterday. The urine was deeply tinged with blood, and contained a large quantity of

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albumen. Under the microscope numerous "blood-casts" of the renal tubes were seen. A few small inflammation cells and some crystals of oxalate of lime were entangled in the casts; no epithelium; much of the blood was not moulded in the tubes. * * * On the 25th there was still a considerable quantity of blood in the urine. * * * On the 27th the urine contained less blood and albumen; the casts of tubes were still visible, and contained, besides the blood corpuscles, a large proportion of inflammatory cells, about twice the size of blood corpuscles. On the 29th the urine had nearly the natural colour; no cloud with heat or nitric acid; it contained a few blood and inflammation corpuscles, and a very few casts of tubes. * * * On the 6th of April the urine was pale, free from blood and albumen, but it still contained oxalate of lime."

This narrative affords the most satisfactory evidence of the action of the turpentine on the cortical part of the kidneys, and though the effusion of blood into the tubes appears to have been the principal effect, yet the presence of "a large proportion of inflammation cells," as well as of blood corpuscles, in the casts of the tubes, distinctly proves that the drug produced not merely congestion of the Malpighian or other capillaries, but a true inflammatory action in the tubes and the contiguous blood vessels—the very essence of Bright's disease in its acute or early stage. Having been for some time convinced of this truth, I had determined to have recourse to turpentine in the treatment of the first recent example of the disease that should occur to me, and in October last the following case presented itself, and afforded me an opportunity of testing the efficacy of the medicine.

CASE I.—*Recent disease of the kidneys, cured by turpentine.*

M. F., a girl, aged 6 years. She had been affected with scarlet fever in an ordinary way in March, 1855, and had recovered in the most favourable manner, without any urinary disorder having followed, as was ascertained by attention to the character of the secretion during the period of convalescence

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and desquamation. Towards the end of April hooping cough occurred, in a smart enough, but not severe form. She was removed to the country in the end of May. The hooping cough gradually disappeared during the summer, and the child appeared tolerably well, though she never quite regained the look of health she had had previous to the fever. About the middle of August she had a somewhat lingering feverish attack, with obscure symptoms of pleurisy, and from that time till the illness described in the sequel attracted notice, she was pale and delicate looking, though able to be out of doors, and taking her ordinary food, by the second week in September.

On the 23rd of October, her face was observed to be considerably swollen, while it retained its previously pale colour, and it was then remembered that for several days before, she had appeared fatter in the face than she had been since Spring. The more decided swelling noticed on the 23rd was then and for three days after, ascribed to a cold with which she was affected, but as it increased, instead of diminishing, and was particularly remarkable about the eyelids, I made enquiry on the evening of the 26th regarding the state of the urine.

About five ounces of urine had been passed in the course of the afternoon. It was of the colour of small beer, and had deposited a dingy brownish sediment in moderate quantity. Its specific gravity was 1013; and it coagulated very considerably by heat, somewhat less so by nitric acid and alcohol. The sediment exhibited under the microscope blood corpuscles, glandular epithelium in greater abundance, and a few fibrinous casts of the tubes. There were also numerous nucleated cells containing granules, and much smaller than the epithelium cells. Pulse 80, of moderate size and force. No pain anywhere, and no complaint but of being tired. It could not be learnt with certainty how long the altered colour of the urine had existed, but it had attracted the particular notice of the attendant on the 20th instant.

A warm bath was ordered, and Aconite No. 1, in alternation every two hours with a teaspoonful of a mixture containing four drops of Spir. Terebinth. to two ounces of fluid. The first dose of the latter at 8 P.M.

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27th.—Passed no urine since bed-time yesterday till four this morning, soon after the third dose of turpentine. It amounted to five ounces, was paler, and had a little brownish sediment; was of specific gravity 1012, coagulated less abundantly, and had very perceptibly the odour of violets. Altogether the quantity of urine during the twenty-four hours, ending at 10 A.M. to-day amounted to about fourteen ounces.

On visiting at half-past five P.M. I found that since 10 o'clock in the morning, altogether two ounces and a half of urine had been passed, and at five different times; the last (or fifth) dose of turpentine having been given at noon. This urine was of density 1020, and a little more, strongly coagulable (more so than before), the flocculi of albumen being very dingy, and the fluid itself of a reddish hue. Pulse 84. Hands hot; no pain. Has had no Aconite since early morning.

Conceiving that an aggravation of the disease had been caused by the turpentine, I gave a drop of the common chloroform solution of camphor; and recommended soon afterwards Aconite No. 2, to be given every hour till midnight, and a warm bath at 7 P.M.

The next specimen of urine, amounting to ℥ 2¾ was passed at half-past eight in the evening. Its density was 1016; it coagulated decidedly less, was of a palish cherry red, and quite clear. It had no violaceous odour, while the last urine had it very faintly. She had perspired some, and the pulse was 76.

Aconite 2, every two hours.

28th. At six this morning, passed at once, and the first time since last evening, six ounces of urine, and one ounce an hour after. Density 1017, and coagulability inconsiderable; the flocculi on subsiding made only one-ninth of the contents of the test-tube, while those of the urine passed yesterday afternoon amounted to one-fifth. A brownish-red sediment subsided from the urine, of the same microscopic characters as formerly. Pulse this morning (8 o'clock) 72. She perspired pretty freely part of the night. Bowels have been moved naturally. Swelling of the face has been gradually decreasing, and is now almost gone.

At 10 A.M. having breakfasted an hour and a half before on

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weak tea, bread and butter, passed three ounces of urine, pale, with a faint dash of pink, density 1006, without a trace of albumen, and without odour. Altogether fourteen ounces and a quarter of urine had been passed in the twenty-four hours.

Between 10 A.M. and half-past 8 in the evening, when the last quantity was made, nearly six ounces of urine were passed, and at four different times. The density varied from 1017 to 1018; the colour was mostly of a smoky amber, and the coagulability feeble—one-eighth to one-tenth of the contents of the tube. Aconite had been continued.

To take at night one dose of a solution of turpentine containing $^1/_{24}$th of a drop of the essential oil; and during the night Aconite 1, every two hours.

29th, 10 A.M.—About 6 A.M. passed ℥ ivss of urine, of density 1020; colour, darkish smoky amber; very moderately coagulable, the albumen on settling making $^1/_8$th of the contents of the tube. Perspired very little. A little swelling of one eyelid. Pulse 74. At 9 passed ℥ ss of urine, clearer, and lighter in colour, density 1016, slightly coagulable, and of strong urinous odour. Got another dose of turpentine at 8 A.M. of same strength as last. Urine of last 24 hours ℥ 12.

8 P.M.—Has passed seven ounces more of urine, and on two separate occasions. Density of the first 1020, of the last 1015; colour lighter; coagulability slight in both, and but a very few blood corpuscles, a good deal of epithelium, and only a few shreds of casts. Bowels regular. Pulse natural.

Aconite, 1 decimal, every four hours.

30th, 10 A.M.—Between 6 and 7 this morning passed eight ounces of urine at once, of nearly natural colour, though paler and somewhat opaque, and depositing a brownish sediment. Density 1020, albumen scarcely occupies $^1/_9$th of the tube. At half-past 9 passed two ounces more, of density 1019, and not affected by heat or nitric acid. The quantity in the last twenty-four hours is seventeen ounces.

10 P.M.—Urine in the course of the day five ounces and a quarter; density from 1016 to 1018, slightly coagulable; same colour as last; a little dingy sediment. No swelling of face. Bowels regular. Has had no medicine all day. Pulse 80.

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To have $^1/_{60}$th of a drop of Turpentine now, to be repeated in six hours. Two doses of Aconite, 1st decimal, between.

31st, 10 A.M.—At 4 A.M. passed ℥ vii of urine, of nearly natural colour and odour, depositing a little brownish sediment, redissolved by heat; density 1020; coagulability feeble. At 7, three ounces more, same colour; density 1018, merely hazy by heat. Perspired freely in the night. Pulse 72. Urine of last 24 hours above fifteen ounces.

Repeat the dose of Turpentine. Between this time and 7 in the evening passed ten ounces of urine. The first specimen, amounting to six ounces, occurred an hour and a half after the dose of Turpentine, was pale sherry coloured; transparent, of density 1010, and unaffected by heat or acid. Two hours after two ounces were passed; of density 1010; darker than natural and smoky looking, and slightly coagulable.

Another dose of Turpentine was given at half-past 4, and about two hours after, an ounce of urine was passed, at two separate times, a little ruddy in colour, and, though but moderately coagulable, still more so than any specimen during the day. The Turpentine was now finally omitted, and Aconite 2 ordered for two or three doses during the night.

Nov. 1st, 10 A.M.—At half-past 1 A.M. six and a half ounces of urine. Density 1017; colour almost natural, a little less yellow, and slightly smoky; hazy by heat, and not cleared by acid; a little light brownish sediment. At 7 o'clock, four and a half ounces more; density 1018, and very slight haze by heat. Microscopic examination discovers no distinct casts; a good many globular nucleated cells, about twice the size of blood globules, and containing granules (probably inflammation cells, or altered glandular epithelium—these bodies were noticed in former specimens also); glandular epithelium of ordinary appearance pretty abundant; a very few blood corpuscles; and a little pavement epithelium. Urine of the last twenty-four hours, twenty-one ounces. Pulse 72. Bowels moved spontaneously three times, and stools of natural appearance.

In the course of the day eight ounces more of urine were passed, of density from 1016 to 1020; of same colour, and hazy by heat. Had Aconite three times. Omit medicine. A warm bath as usual at night.

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2nd.—Early this morning passed at once eight ounces of urine; of density 1019; clear and pale, yellowish in colour; a smoky brownish sediment in small quantity, consisting chiefly of glandular epithelium of ordinary aspect, and no casts; not affected by heat or acid. Altogether sixteen ounces in the twenty-four hours. Eleven ounces more were made in the course of the day, of same density; slightly hazy by heat, and not cleared by acid.

3rd.—Between early morning and night made nineteen ounces and a half of urine. Density 1020. The slightest opalescence by heat. Bowels a little loose, and tongue foul.

Mercurius solubilis, 3rd decimal, every four hours.

4th.—At half-past 7 A.M. passed at once above twelve ounces of urine; the clearest and most healthy looking yet observed; a palish yellow without trace of dinginess; no sediment; density 1019; no effect by heat or acid. Bowels and tongue improved.

During the day passed sixteen ounces of urine more; density 1018; some yellowish sediment; a haze by heat, dispelled by a drop of nitric acid. The Mercurius was continued; omitted in the evening.

5th.—Urine twenty-four ounces; density 1019; clear pale yellow colour; no effect by heat or acid; a little yellowish sediment. Has been out of bed most of yesterday and to-day. Tongue clean. Bowels regular. No medicine. Farinaceous food as formerly.

During a week longer that the urine was regularly examined, its quantity amounted to twenty-six or twenty-eight ounces daily; the density continued steadily 1020; no trace of albumen was discoverable; and the colour gradually improved to the clear yellow of health.

The last report is dated the 23rd November, and is to the following effect. Urine twenty-three ounces in the last twenty-four hours, perfectly healthy in appearance; density 1018; no sediment of any kind, and no albumen. She is looking well, though pale, and has had animal food daily for a week past.

At present (3rd December) she continues well in every respect, and has gained flesh and colour.

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Since the preceding case occurred to me I have been informed by a country surgeon, to whom the employment of Turpentine had been recommended indirectly by me for the treatment of Bright's disease, that he had lately succeeded in removing from the urine of a chronic case every trace of the disease, and by doses which he had been obliged to reduce from two or three drops to half-a-drop. Long previously I had had occasion to mark the powerful effect of the same remedy on what seemed to be hæmaturia from the kidneys. Unfortunately I neglected to examine the urine with the microscope, and therefore details that would probably have been full of interest are necessarily wanting; still as the case is not without its value in reference to the remedial properties of turpentine in a somewhat threatening and obstinate disorder of the kidneys, I subjoin an account of it.

CASE II.—*Hæmaturia from the Kidneys of two or three months' duration, cured by Turpentine.*

March 10th, 1853.—Mrs. F., aged between 40 and 50, a stout, flabby-looking, pale woman, says she has not been well since she had gastric fever in the beginning of winter. About the first of the year she observed a sediment in her urine like coffee-grounds, and says that the fluid has never been of its former healthy appearance since, being always more or less dark and grumous-looking. On the 7th instant, she noticed the urine of its present colour, and at the same time became affected with a dull pain in the lumbar region, and across the middle of the abdomen, which she frequently had before.

Her pulse is 100; firm, not large. The urine is not passed oftener than when in health, and comes away in full quantity. In colour it resembles port wine when a little of it is in a spoon, and is quite clear; almost black on looking down upon it in the chamber utensil; it coagulates very strongly by heat; the tongue is foul, and has long been so; bowels pretty regular; has had no appetite for a long time, and sleeps little.

To have a warm bath, and Aconite, 1 decimal, every two hours.

11th.—Urine is unchanged in appearance, and in large

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quantity, filling half an ordinary chamber utensil; perspired little; pulse 80, moderate.

Terebinth, 1st decimal solution in Alcohol, twelve drops to two ounces of water; a teaspoonful every four hours, shaking the vial.

12th, 10 A.M.—Took the first dose at half-past one yesterday soon after having made water, and made none again till 10, P.M.; the latter quantity is much altered from the previous colour of the scretion; the hue is no longer sanguineous, but brownish, like opaque ale; very scantily coagulable by heat, and the amount is said to be less than that usually passed: urine has been passed twice since, and it exhibits scarcely a trace of coagulability; the whole quantity is much less than before in the same time; it smells strongly of violets; has some pain in the region of the bladder after micturition, and some shootings from the loins down to the thighs; tongue still foul. Omit medicine.

13th.—Urine perfectly healthy in colour, and does not coagulate in the least; no pains anywhere; tongue foul; no appetite.

Nux vomica.

16th.—Urine has continued free from coagulability, and is normal in colour; she expresses herself as feeling in better health than for years past.

Continue Nux vomica, a dose every second day.

24th.—Two days after last report she had indulged in meat, soup, and malt liquor; the day following (19th), the urine had become again of a bloody colour, but much less deeply than during last attack; she had at the same time much pain in the loins; was ordered Terebinth., No. 1, every six hours; to-day only a slight opalescence by heat; colour of urine brownish, transparent. Cont. Terebinth., 1, every six hours.

26th.—Urine perfectly normal; frequent inclination to micturate, often when no urine in the bladder. Omit medicine.

31st.—Is in every respect well.

The last notice of this patient is dated May 25th, of the same year, and states that she had continued quite well.

Reverting to the first case for a little, it is specially worthy of notice that the solidifiable contents of the urine underwent, very soon after the remedies were begun, a change much more

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significant of a favourable effect having been produced on the disease than any other apparent result of the treatment. The amount of those contents is easily calculated with tolerable accuracy from the combined *data* of the specific gravity, and the quantity of the fluid; and, making a small allowance for the effect of the albumen in raising the density, the following results of the treatment on the amount of the urea, saline, and colouring matters of the urine may be regarded as a close approximation to the truth:—During the first twenty-four hours of treatment the quantity of these matters was 177 grains; during the second period of the same duration it was 198 grains; during the third 214 grains; during the fourth 315 grains; during the fifth 316; during the sixth 323; during the eighth 388; during the ninth (4th Nov.) 516,—when all trace of the disease had finally disappeared from the urine. Repeatedly during the succeeding week the solids of the urine amounted to 520 grains in a day, while ten days later they had fallen to nearly 400; the excessive quantity excreted during the period of established convalescence having probably arisen from an accumulation of excrementitious matters having taken place in the blood during the unchecked persistence of the disease.

Before quitting the consideration of turpentine, it would be very satisfactory to me were I able to point out the various circumstances which specially indicate the employment of that remedy in preference to others. I believe, however, that our experience is as yet too limited to entitle anyone to dogmatise on the subject. The cases published by Dr. Kidd prove that it is not only in recent cases of Bright's disease that turpentine may be used with the happiest results; yet the provings of that substance, whether accidental or otherwise, show clearly that it is specially suitable, on homœopathic principles, to examples of the disease which are distinguished by the presence of blood in the urine, whatever may be the distinguishing symptoms of other examples in which it may be equally efficacious as a remedy. Judging, therefore, from such provings as we yet have, I think we are entitled to regard one point as determined, namely, that turpentine is peculiarly adapted to the early stage of the disease, at which period it is that blood is the most liable to

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appear in the urine, at least in any notable quantity. Perhaps those provings would justify us in anticipating that the virtues of the remedy will be the most signally displayed in such recent and acute cases as are characterized by excessive hæmaturia,—a remark which brings to my mind the sad recollection of a case of that description which was rapidly fatal. A fine youth of fourteen or fifteen years of age, after recovering from scarlet fever, had the ordinary symptoms of a slight affection of the kidneys, and in this state was exposed to cold, very soon after which he perceived that his urine was of a bloody colour. The disease made rapid progress, insomuch that the day after the exposure nothing but pure blood, and that in large quantity, was voided from the bladder; the pulse soon rose to a great frequency, reaching 140 beats in the minute by the afternoon of the second day; the breathing was hurried and oppressed, and there were nausea and vomiting. As cases of such extreme severity are rare, I give in full the notes that were taken on the third and last day of the illness:—"Twelve, noon. Has been very restless during the night; has vomited repeatedly, and complained of pain under the right hypochondrium, where there is tenderness on pressure; pulse between 150 and 160, feeble; skin hot and dry; respirations 60 in the minute, and checked by the pain under the hypochondrium; no stethoscopic signs of disease in the chest; he appears much distressed; passes blood, apparently pure, from the urinary passages, and in considerable quantity, without pain, and not very frequently." Without material change, these symptoms continued till night, when he began to sink rapidly. He died before morning, his mind having been clear almost to the last. Aconite, Belladonna, Ipecacuanha, Cantharides, all in low dilutions, were employed, and without the slightest apparent effect. The case occurred several years ago, and before my attention had been particularly attracted by the properties of turpentine.

Among the other medicines which deserve to be specially studied as remedies for Bright's disease, are Cantharides, Mercury, and Arsenic. The first of these will probably give place in general to turpentine in such cases as might be regarded as likely to be more or less within the remedial sphere of the former also; for of the two turpentine appears to act more

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particularly on the kidneys. Two cases of renal disease following scarlet fever, which were treated by me with Cantharides, were published in a former number of this Journal. Of Mercury there is good reason to think that it may be serviceable in some cases, peculiar either from the nature of the morbid state, or from the stage which the disease may have reached. It is long since Dr. Wells remarked that coagulable urine sometimes followed the administration of Mercury; and the older writers, who had opportunities of witnessing the pathogenetic effects of Mercury more frequently than their successors have—in consequence of the more general abuse of that drug in former times than is now, happily, the case—mention various particulars from among them which appear to show that Mercury has the power of producing a disease very like some form of Bright's disease. The vomiting, cachectic look, and anasarca, noticed by them as consequences of repeated and prolonged courses of Mercury, taken in connection with such appearances in the kidneys as have been noticed by Dr. Blackall when death happened to occur in persons who had been subjected to the slow poisoning in question, concur in rendering it highly probable that among the effects of Mercury diseased kidneys should be reckoned. Of one case of this kind, Dr. Blackall remarks that "the kidneys were unusually firm, the left containing one hydatid, the right two"—conditions which are common in advanced examples of Bright's disease. Of another he says, that the kidneys were remarkably loaded with blood "as if injected."

In regard to Arsenic, its existence in the urine of man and the lower animals, when it has been swallowed in considerable doses, proves that it comes in contact with the tissues of the kidneys; and the suppression of urine, hæmaturia, and congested state of the kidneys found after death, in cases of poisoning, prove that the contact is not without its special effects upon the vital condition of these glands. Whether the swelling of the face, the general anasarca, and other dropsical effusions, consequent sometimes upon its prolonged employment, are the secondary effects of diseased kidneys, or due to the action of the poison on the affected membranes primarily, we must regard

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at present as undetermined, or, at least, that it is not determined that these effusions are not sometimes the consequences of a primary effect upon the kidneys. However this may be, the following case may be adduced in proof of a specifically curative action of Arsenic on kidney disease in its confirmed state. The circumstances in which the case presented itself to me, and the very unfavourable opinion I had formed of it, concurred to prevent me from collecting all the details which are necessary to make an instance of this kind so interesting in a pathological and so important in a therapeutic point of view as it would otherwise be, yet, defective as the particulars I have to relate are, they are not destitute of either interest or importance.

CASE III.—*Disease of the kidneys, with great general anasarca, ascites, and hydrothorax, cured by Arsenic.*

On the 17th of July last, I was requested to visit a boy between 9 and 10 years of age, at a distance of fifty miles in the country. I found him in the following condition:—The face, body, and extremities were anasarcous to the utmost degree; the abdomen was also distended by a large peritoneal effusion, and the right side of the chest was two-thirds full of fluid, as was evinced by the dulness of percussion and absence of stethoscopic sounds over that extent. His breathing was accelerated and short, yet he could lie down in bed; he spoke like one in want of breath, as in fact he was, though he was cheerful and did not complain of suffering from his breathing. The urine was reported to be very scanty, and the specimen that had been preserved for examination appeared clear, pale, and coagulated very strongly by heat. The bowels were loose four or five times a day, and the pulse was 100.

The history of the case was this:—About the beginning of May, or the latter part of April, 1855, a servant had noticed the boy somewhat swelled about the body and limbs, though how long the swelling had existed could not be ascertained, as he was very desirous of concealing his ailment. In consequence of his injunctions to let no one know of his illness, the attendant did not mention it till the 16th of May, at which period the swelling had increased so as to alarm her. The family medical

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attendant, a highly intelligent allopathic surgeon, saw the boy on that day, for the first time under this disease. The usual means were employed, but without any effect, the dropsy continuing to encrease, and the urine to become scantier. For five or six weeks matters went on in this way, the disease and its effects advancing unchecked by the expedients which were employed; and on the 28th of June Dr. Christison, of this city, was sent for. The boy had the advantage, therefore, of the most enlightened allopathic practice, but all in vain; the dropsy encreased, the urine did not,—in a word, to use the language of the family surgeon, "nothing that we could think of ever touched the case."

With such a history, and with the very grave symptoms that were present, I felt very little hope that anything I could suggest would produce a material effect on the disease. Arsenic occurred to me as the remedy most likely to be of service if anything could be of service; and, partly because I had come unprovided with any of my own, partly because I was desirous of enlisting as much as possible the earnest perseverance of the allopathic medical attendant in the superintendence of the treatment, I recommended the Arsenical solution of the old school to be employed, and in the dose of one drop three times a-day. (Each drop contains a fifth less of arsenious acid than a drop of our Arsenicum album, 1st dilution, does.)

August 25th.—On the 7th inst., the family surgeon wrote to me stating that the boy continued much the same, though his friends thought that the urine was encreased in quantity. He stated also that a friend of the family, a homœopathic physician, had advised the trial of another medicine, which I was requested to send if I thought proper. I did send the medicine in question, and heard no more of the case till to-day, when the surgeon writes me in the following terms, the letter being dated the 24th:—"I am happy to be able to report a total change in the case of ——. Shortly after I wrote you we observed he was passing a little more water (in the first letter he said this had been observed previously), which steadily encreased to a full flow. At the same time the quantity of albumen steadily decreased, and now there is no trace of it in the urine. All swelling

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has disappeared, and he is now pretty well, but very much emaciated. I gave him your medicine (that is, the medicine last sent,) for two days, but finding he did not do so well I returned to the Arsenic." I now advised all medicine to be stopped, and generous diet allowed.

Oct. 6th.—I learn from a relative of the boy that he is perfectly well, and "looking better than ever he did."

26th.—He is reported to be continuing quite well. A specimen of the urine sent to me is of the usual healthy colour; of density 1018; becomes slightly hazy by heat, and is immediately cleared again by a drop of nitric acid; the haze, therefore, is from the phosphates.

Although the length of time during which the disease may have lasted furnishes, of itself, no reliable criterion of the actual state of the kidneys, in regard to the extent or stage of the malady, yet it may be safely concluded that, in a case like that whose history has just been detailed, a large amount of fibrinous infiltration of the convoluted tubes must have been present at the time the successful treatment was begun. Scantiness and great coagulability of the urine are sure evidences of very considerable intensity in the morbid conditions affecting the kidneys, and as these had been characteristics of this case for nearly three months at least, it cannot be reasonably doubted that fibrinous casts filled the cortical tubes, obstructed the transit of fluid through them, and compressed the intertubular vessels. When death occurs in cases of an intensity and duration similar to what this case presented (and death would in all probability have occurred in the course of three months in this case also, but for the removal of urea from the blood by the frequent daily discharges from the intestines) the kidneys are usually found enlarged; their exterior covering rather loosely adhering, the cortical substance on being divided broader or deeper than in health, and the surface of the section of a pale yellowish colour, either mottled with "granular deposition," or coarsely striated from centre to circumference by the yellowish plastic effusion that distends the tubes, or smooth, glistening, slippery and homogeneous, like the cut surface of a mass of dense and decolorised fibrine; and when coloured injection

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matters are attempted to be thrown into the blood-vessels, they penetrate but a small distance, or make their way at a few places only into the infiltrated structures, or in narrow and imperfect lines serve to display more fully the breadth acquired by the distended and thickened tubes. In this condition of the kidneys, however, no essential part of their structure is as yet destroyed. The tubes and blood-vessels are obstructed and compressed, they are not obliterated, or atrophied. By and by, if the disease proceed in its usual course, the obstructed tubes and compressed vessels waste away where the interruption of their normal functions is the most complete; effused fibrine may become organized in and around the tubes and a new areolar tissue make its appearance more or less extensively, destined in the course of time to harden the cortical matter, and compress the structure within its ever tightening embrace, leading slowly yet surely to irremediable disorganization and atrophy; or the fibrinous accumulation, maintaining its place in the over-burdened tissues, gradually alters, by slow chemical changes in its constitution, into fat, and, that having been accomplished, the affected glands are as much lost to their normal uses, in so far as we yet know, as if they had been disorganized after the fashion already noticed. It is a great matter to possess the means, when timeously employed, of hindering this calamitous procession of changes, and of dispersing harmlessly materials fraught, otherwise, with inevitable destruction.

A CONTRIBUTION TO THE HISTORY OF HOMŒOPATHY.

By Dr. Fleischmann, of Vienna,

Being an Address delivered at that city before the Homœopathic Congress of 1855.*

Gentlemen!—I request your attention for a few minutes, not that I may entertain you with flowery expressions, nor with hypotheses and learned researches, for such I consider out of

* From the Allgem. Hom. Zeitung, vol. 50, p. 156.

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place at so short a meeting, but that I may answer the question which each of you will naturally require at my hands. You are here assembled at Vienna, for the first time, and you will naturally ask how goes it with homœopathy at Vienna, and what has here taken place in regard to it? This is the question which I shall set myself to answer in part—in part, because I do not, nor am I so presumptuous as to wish to represent Vienna, where much has taken place in relation to homœopathy in which I have taken no share or a very slight one; so that what I have to say is confined to an account of the Hospital of the Sisters of Charity at Gumpendorf, and my connection with that institution. In the year 1831, the late Count Coudenhove, Prebendary of the Cathedral of St. Stephen, formed the noble resolution to transplant to Vienna the order of the Sisters of Charity, to confer upon the sick poor of the capital the benefit of their beneficent care. This resolution met with so ready an encouragement from all classes of the community, especially from the imperial court, and the highest nobility, that by their united efforts an hospital was established, and ready for the reception of cholera-patients in July, 1832. Dr. Mayerhofer was appointed physician, and conducted the treatment according to the usual method of practice. By the advice of the Count, however, some homœopathic medicines were given sub rosa; for since the year 1818 the practice of homœopathy had been legally interdicted to Austrian physicians; and at the time I speak of, when a very influential man was at the head of the medical direction, it was no trifling act of daring to propose homœopathic treatment in a public institution. Yet by these experiments was admitted the first leaven of homœopathy into a public hospital. This mixed treatment continued till July, 1833, when an accomplished homœopathist, Dr. Schmid, undertook the charge. He, indeed, treated the patients homœopathically; but each of them had, in deference to the existing state of affairs, a bottle or box of allopathic medicine by his bed-side, and over his head there hung a prescription more or less long and complex. Although a patient might now and then, *proprio motu*, gulp down an allopathic medicine at his hand, yet the treatment was *de facto* homœopathic. In

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January, 1835, I undertook the management of the hospital. For the first fourteen days I pursued the old custom; but disgusted with a proceeding opposed to my views and convictions, I then threw the superflous ballast overboard, in order to attain the ultimate decision. But it did not take place, for the cholera broke out in 1836, and the hospital was required by the government to be opened for cholera-patients, and a requisition was made to me to undertake their treatment. I gladly accepted the charge, but previously obtained from Count Kolowrat, the minister of the day for home affairs, a permission to employ homœopathy openly in the hospital. Out of 732 patients 488 were cured, and 244 died. When the epidemic was over I prepared a report upon its course, and the plan I had followed in its treatment, presented it to the minister, and petitioned at the same time for the abolition of the prohibitions against the practice of homœopathy which had very much fallen into disuse. In a very short time there appeared an ordinance, signed by the Emperor, granting to every duly qualified physician the right of freely practising according to the homœopathic method. Thus, at one blow, the fetters which had for eighteen years confined the homœopathic physicians in Austria were struck off. This concession had a beneficial influence, not only upon those already in practice, but had even more important consequences; for from that time young physicians began to study the new system more, and to attend the hospital. This, however, rendered my position more difficult. Irrespective of the many serious obstacles I had to overcome in order to obtain admission for young physicians into a nunnery, the most extraordinary requirements were made of me. It was the wish of many to engage me in controversy with those who differed; but as I had not been attacked, I had neither the occasion nor the desire to be an assailant, the more so as I held the surest conquests to be made by the path of peace, and I procured external respect at least for homœopathy by a quiet, unexacting demeanour. Others wished to be turned out perfect homœopathists in three or four weeks; but as I unfortunately did not possess the magic funnel of Nurnberg, I could not satisfy this desire. But most looked upon me in the capacity of a teacher:

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not that they thought the task so light, but because they themselves had not to discharge it. Yet for this duty I had neither the right, the time, nor the calling. As to this chair for teaching homœopathy, of which we hear so much talk, it is my opinion that the difficulties have not been duly weighed, certainly not experimentally tried. To us there come not students who have to be instructed in anatomy, physiology, pathology, and diagnosis, but there come physicians who know all these things as well as we do. Shall we lecture to them upon the Materia Medica? But this is to be learned, not by books or by lectures, but by clinical observations. And how are we to lecture about it? As we find it put down in our books? No! Shall we adopt the newest mode and divide medicines according to their relation to the blood, nerves, head, heart, and other parts? No!—still more. It is my opinion that the only useful way of instructing is by ascertaining, with the aid of all scientific appliances, the exact image of the disease by the bed-side of the patient, then naming the appropriate medicines, and giving the reasons for the choice that is made; and this method I partially pursued. The number of pupils so increased, that, on account of want of room, they had often to be limited; and there is scarcely a province in Europe where there is not some one homœopathic physician now in practice who first learned to appreciate the truth by seeing its results in my hospital. On the other side I directed my attention to hospitals, and through my efforts and influence it came about that homœopathic hospitals, superintended by efficient homœopathic physicians, were organized at Linz, Kremsier, and in Styria. Even the hospital established with the assistance of the State by Drs. Watzke and Wurmb, required my intervention to come so quickly into existence; and in Jerusalem there flourishes a homœopathic hospital, which has arisen by my exertions alone. In this way has the hospital, at the head of which I am, become a propaganda of homœopathic physicians, and the parent stock for affiliated institutions.

In regard to the patients that I have treated I must divide them into two classes:—those treated out of the hospital, and those treated in its wards. I wished to bring homœopathy among the people, for theories are for the learned, b ut practic

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is for the people. With this view I arranged hours for prescribing when the poor might have gratuitous medicine and advice. At first there came some 10 or 12, then about 40 or 50, but now we have as many as 200 and upwards at one time; and the total number who have thus been treated exceeds *sixty thousand*. I have made the observation by the evidence thus supplied me that so strict a diet as is commonly insisted on, is not necessary, at all events in the treatment of chronic diseases. The class which comes is so poor that no change of diet is possible for them, and yet many excellent cures are effected. Within the hospital itself there were treated 1,202 cases of cholera; of these 793 were cured and 409 died. In the treatment of this disease, at least as we have it in an hospital, even for us homœopathists, much remains to wish for. Every medicine which has been recommended has been tried and tried again by me, but I have little to say in praise of any of them. According to my experience Veratrum still keeps its place as the best medicine, while for the cramps Secale is most useful; and for restoring the secretion of urine Nux vomica. Of all other diseases there were admitted 17,313 cases; of these 15,734 were cured, 447 dismissed uncured, and 1,087 died; there remains 45. Thus there died about 6 per cent., although out of the 1,087 deaths 466 were of altogether incurable cases. I will not weary you by the recital of all the forms of disease, but select a few of the larger number, and mention, without comment, the medicines employed.

Erysipelas, 514 cases, cured 510, died of gangrene 4. In these cases I found nothing but Belladonna and Rhus necessary.

Diarrhœa, of different kinds, 323; cured 319, died 3, remaining 1. The medicines chiefly used were Ipec., Acid. Phos., Pulsat., Merc. sol., and Veratr.

Opthalmias of different kinds 130; cured 129, dismissed uncured 1. Hepar. and Sulph. were more efficacious in scrophulous ophthalmia than any other medicines.

Inflammation of the joints, 888; cured 877, died by attacks of miliary fever (Friesel) 7, remaining 4. The best medicines against these diseases were Bry., Arn., Rhus, and Sulphur. The severe pains were relieved by nothing so well as by cold applications.

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Angina faucium, 920; cured 919, died 1 by gangrene. Belladonna and Mercurius were sufficient in all these cases.

Carditis, 57; cured 56, died 1. Spigelia was the only medicine employed.

Pneumonia, 1,058; cured 1,004, died 48, remaining 6. There is no medicine which has so specific and beneficial an action, according to my experience in pneumonia, as Phosphorus. Why it has become so distasteful to my colleagues so that they cannot endure it I don't know. If anyone will shew me a medicine which is equally useful as this, in both sexes, in all ages, and in every stage of the disease, I will, without making any fuss about it, diligently employ it, and rejoice to have made the acquaintance of a trustworthy remedy.

Gastric fever, 1,181; cured 1,173, uncured 1, died 7.

Rheumatic fever, 1,417; cured 1,416, remaining 1.

Typhus, 3,165; cured 2,779, uncured 3, died 368, remaining 15. After having tried various medicines, I have always come back to Arsenicum, from which I have derived the most satisfactory results: after Arsenicum stands Kreosote next in order.

Intermittent fever, 1,066; cured 1,056, died 9, remaining 1. Most frequently, and with the best results, I have given Ipecac. and Nux v.; to these follow Arsen., Quinine in trituration, China and Pulsatilla. In the dropsy, so frequent after intermittent fever, even in the severest forms, I have found Aurum of admirable service.

In this contribution to the history of homœopathy, I have not sought for applause, this I have never done, but at the same time I do not fear your blame, for I am satisfied of your kind disposition towards me; but I have felt it to be my duty to bring before your notice the results of the hospital, and the meritorious services the Sisters of Charity have rendered to homœopathy.

Since the year 1848, in which, owing to the external and internal disturbances and war, our journal for the proving of medicines ceased to appear, I have published no reports of the hospital. Neither homœopathy nor its supporters and adherents have by this sustained a loss. However, as I have been urged from many quarters to allow such a report to be made public, I accordingly do so now. It was my intention

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to have given it to the world, with numerous observations and speculations, but I feared lest it might be looked upon as constituting an era (epoche*), so I gave it up. If, however, any more creative mind, skilled in making great things out of nothing, find anything in it, I at least have no hand in the production.

* How many such eras have we not had since the time of Hahnemann in homœopathy? Have we not seen the Psora theory rejected? his Organon reorganized? instead of the 30th dilution the 1st or 6,000th prescribed? instead of being directed by symptoms as they are understood by all intelligent physicians, diagnosis adhered to? Truly there is none who holds in greater respect and esteem the surprising progress of later times in the diagnostic art than I do, but it has done nothing to advance the cure of disease. There are no more pneumonias, pleurisies, typhus or heart-diseases cured now, and no fewer die of their diseases than there did fifty years ago, before all these splendid and efficient aids to accurate diagnosis were known, and we homœopathists do not fare so well. For we must acknowledge that the elder homœopathists made more and better cures, especially in chronic diseases, because they devoted their study to the Materia Medica and knew it better, and in this respect we are left behind by them, because, while we have advanced in the natural sciences, we have not obtained blooming and fruitful medicines. The only way in which true eras can be made in homœopathy is by proceeding with the proving of medicines with united efforts which will give us something better than the fragmentary appearances we have of late obtained, not always attempting to introduce new medicines, although the perusal of all published cases shews only some twenty or thirty medicines to be in use, and these, too, most insufficiently known,—but what we require is, that all the symptoms, both subjective and objective in the order of their occurrence, and in their naturally related groups as they appear in both sexes, and also in the lower animals, as well as all the changes in the secretions and excretions noticed during the operation of the drug carefully experimented on with chemical aid, and placed in their proper relation to the symptoms, should be exhibited. This, and this only, will make an era in homœopathy.

[Although we are not disposed to accept the satirical challenge of our laconic colleague and make his most important communication the text for a sermon, yet we cannot refrain from directing special attention to that part of it which refers to the peculiar position of the hospital he superintends. When a youth, fresh from the Scotch schools, goes to Vienna, to prosecute his studies and undertakes to report about the famous propaganda hospital of homœopathy he is apt to misunderstand the thing altogether, from never having in his life before been in a hospital which, besides being devoted to the treatment of the sick was not also intended as a school for instructing students. Used as he is to hospitals supported by the public, and by fees derived from pupils, he cannot reconcile himself to one where patients are treated as if they were in their own homes, and where any clinical instruction is altogether uncontemplated by those who support the establishment. More-

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over, he is probably for the first time within the walls of a cloister, has he formed any idea of the peculiar delicacy of the duties discharged by the nuns? Is it any wonder that such an one, full of conceit—smelling, if not "of musk and insolence," at least of smoke and Edinburgh—should express his undisguised contempt of the quiet silent physician who moves without a word from bed to bed, and almost in a whisper, gives in a single sentence his directions to the attending Sister of Charity? Is it any wonder that, after the excitement of a large hospital, with its crowd of students, where the surgeons and physicians have all the airs of popular preachers and the pupils all the gratification of the most gossiping congregation, such a youth as we describe should look upon this hospital as little better than a swindle? He finds nobody to talk to, the physician will neither argue nor explain; he gets no encouragement to display his new acquirements in stethoscopic attainments; in short, by physician, by nurses, and by patients, he is ignored. Burning with resentment, after his fourth or fifth visit, he pens a long and indignant article to his Edinburgh idol, and this Scotch Samson, like his Hebrew prototype, employs the same weapon supplied by his correspondent as was so fatal to the Philistines, to make a savage onslaught upon the neighbouring homœopathists. After all there is nothing for felling a foe like the jaw of an ass. In future, when our young Edinburgh graduates proceed to Vienna to report upon this Gumpendorf Hospital, we should advise them to do two things—first, to acquire some knowledge of German; and, secondly, to read carefully over Dr. Fleischmann's reports, and then, perhaps, they will not be satisfied with dangling about his hospital for a couple of weeks, but will understand that if they are really to learn anything for themselves, or to give a true report of the institution, they must patiently observe the cases for months, and that without any encouragement or assistance from the physician. If they object to this, they had better stay away altogether, for otherwise their silly, ignorant, and superficial remarks will make them the laughing-stock of those they presume to criticise; and although for a short time they may be petted at home for their false evidence, the time will surely come when the falsehood will appear, and they will suffer the contempt of those they misled, and the certain retribution that falls upon the false witness.

Those who are already familiar with homœopathy, will be doubtless scandalized at the routine practice that seems to prevail in these wards, but we can hardly be surprised that a physician who can speak of his thousand cases of pneumonia saved and only forty lost, should have a firm confidence in his favourite medicine, amounting to exclusive partiality. The success of Dr. Fleischmann has contributed more than any other fact to advance and establish homœopathy; and if, instead of too curiously criticising his treatment, a general effort were made to obtain the means of rivalling it by giving a hearty support to similar establishments almost at death's door for want of funds in this our own opulent country, surely it would be a wiser use of our time and talents.—Eds.]

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Tabular view of the Patients Treated at the Homœopathic Hospital of the Sisters of Charity at Gumpendorf, from January 1835 *to January* 1855.

	Remaining.	Admitted.	Cured.	Dismissed uncured.	Died.	Remaining.
Abscess, brain	..	4	..	1	3	..
Aneurism of Heart	..	1	..	..	1	..
Angina faucium	1	920	918	..	1	2
Aphthæ	..	5	5	..	..	..
Aortitis	..	2	2	..	..	..
Apoplexy	..	15	9	3	3	..
Arachnitis	1	30	26	1	4	..
Ascites	1	15	9	2	5	..
Asthma	..	2	2	..	..	..
Bronchitis	..	35	33	..	2	..
Burns	.	64	64	..	..	..
Cancer	..	7	..	4	3	..
Carditis	..	57	56	..	1	..
Chlorosis	..	143	123	20	..	..
Cholera (Sporadic)	..	64	56	..	8	..
Chorea	..	4	3	1	..	..
Club-foot	..	8	6	2	..	..
Colic, lead	..	68	67	..	1	..
Colic of other kinds	..	92	92	..	..	..
Contortio manus (Verstauchung)	..	1	1	..	..	..
Cough, Acute and Chronic	..	593	570	6	17	..
Cough, Spasmodic	..	50	50	..	..	..
Cynanche	..	2	2	..	..	..
Cystitis	..	6	6	..	..	..
Diarrhœas	..	323	319	..	3	1
Distortions	..	2	2	..	..	..
Dropsy, General	..	41	31	..	9	1
Dropsy, Ovarian	..	2	..	2	..	..
Dropsy of Lungs	..	50	..	5	45	..
Dysentery	..	103	100	..	3	..
Effusion into Pleura	..	63	54	4	5	..
Emphysema of Lungs	..	5	..	..	5	.
Enteritis	..	9	6	..	3	..
Erysipelas	4	510	508	2	4	..
Epistaxis	..	3	2	..	1	..
Eczema capitis	..	14	14	..	..	..
Fever, Inflammatory	..	37	36	..	1	..
—— Catarrhal	..	424	419	..	5	..
—— Gastric	2	1179	1173	1	7	..
—— Typhus	..	3165	2779	3	368	15
—— Rheumatic	..	1417	1416	..	..	1
Carried forward	9	9535	8959	57	508	20

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	Remaining.	Admitted.	Cured.	Dismissed uncured.	Died.	Remaining.
Brought forward	9	9535	8959	57	508	20
Fever Intermittent	..	1066	1056	..	9	1
Fever Nits	..	15	15	..	..	..
Fractures	..	3	3	..	..	..
Gastric Disorder	..	89	89	..	..	..
Gastric Irritation	..	244	244	..	..	..
Gout, Acute and Chronic ..	2	175	166	2	7	2
Hæmatemesis	..	3	2	1	..	..
Hæmorrhage (Active)	..	3	..	.	3	..
Hæmorrhage (Passive)	..	69	65	3	1	..
Hæmoptysis	..	124	110	2	11	1
Hæmorrhoids	..	24	24	..	.	..
Heart, Organic Diseases....	..	50	..	24	26	..
Headache	..	125	125	..	..	..
Hepatitis	..	7	7	..	..	..
Hernia	..	84	82	2	..	..
Hæmorrhoids, Chronic	..	23	19	1	1	2
Hydrocephalus	..	17	..	..	17	..
Hydropericardium	..	3	1	..	2	..
Hydrothorax	..	7	1	1	5	..
Hypochondria and Hysteria..	..	10	10	..	..	..
Inflammation of Joints	1	887	877	..	7	4
Internal Breast ..	..	3	3	..	..	..
Pectoral Muscles.	..	3	3	.	..	..
Cellular Tissue ..	..	3	3	..	..	..
Spleen	..	2	2	..	..	..
Inflammation of Stomach	..	10	..	9	1	..
Influenza	..	68	67	..	1	..
Insanity (Fatuous) (Blödsinn)	..	2	..	2	..	..
Jaundice	1	87	87	1	..	..
Liver Disease	..	3	3	..	..	..
Leucorrhœa	..	2	2	..	..	..
Mammary Induration, milk (Milch-noten)	..	3	3	..	..	..
Marasmus	..	9	..	3	6	..
Marasmus Senilis	..	74	..	31	43	..
Mania, Acute	..	15	13	2	..	..
Menstruation, Anomalous ..	..	45	45	..	..	..
Metritis	..	2	2	..	..	..
Miliaria	..	8	5	..	3	..
Myelitis	..	2	2	..	..	..
Carried forward	13	13769	11960	141	651	30

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	Remaining.	Admitted.	Cured.	Dismissed uncured.	Died.	Remaining.
Brought forward..	13	12769	11960	141	651	30
Necrosis	..	7	7	..	..	..
Nervous Debility	..	4	4	..	..	..
Nephritis	..	3	3	..	..	..
Ophthalmia	1	98	98	1	..	..
——— Scrophulous	..	31	31	..	..	..
Otitis	..	21	20	1	..	..
Ovaritis	..	3	3	..	..	..
Paralysis	..	17	16	1	..	..
——— agitans, from Metals	..	2	2	..	..	..
Peritonitis	..	215	204	..	11	..
Pericarditis	..	15	15	..	..	..
Pneumonia	..	1058	1004	..	48	6
Phlebitis	..	3	..	..	3	..
Phthisis	1	366	..	127	237	3
Pleuritis	..	146	142	..	4	..
Purpura	..	2	2	..	..	..
Pterygium	..	1	1	..	..	..
Rheumatism, Acute & Chronic	..	759	756	..	2	1
Rheumatic Affection of Chest	1	47	47	..	1	..
Rubeola	..	109	107	..	2	..
Scabies	..	22	20	2	..	..
Scarlatina	2	89	84	..	7	..
Scorbutus	..	5	4	1	..	..
Scrophula	..	63	46	4	13	..
Strabismus	..	2	2	..	..	..
Schirrhus of various Organs	..	8	..	5	3	..
Softening of Stomach	..	2	..	.	2	..
Spasms	..	144	144	..	..	..
Tinea	..	2	..	2	..	..
Tuberculosis of various organs	1	212	..	130	82	1
Urticaria	..	12	12	..	..	..
Ulcers, various	..	150	147	1	2	..
Ulcers, various (of internal organs?)	..	332	320	4	6	2
Ulcer of Stomach	..	10	..	9	1	..
Variola	..	194	173	6	14	1
Varicella	..	169	168	..	1	..
Vomiting, various	..	63	62	..	..	1
Vertigo	..	4	4	..	..	..
Wounds	..	135	133	1	..	1
Zona	..	1	1	..	..	..
Totol..	19	17295	15742	436	1090	46

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REMARKS ON HOOPING COUGH.

By Dr. Black.

According to the London bills of mortality hooping cough is a very frequent cause of death; only six diseases produce a greater mortality, viz., phthisis, pneumonia, bronchitis, typhus, convulsions. This circumstance, coupled with the frequency of the disease, and the injurious effects it sometimes entails, suggests the importance of an examination, *first*, as to whether improvement in the medical art is likely to diminish the duration, the intensity, and the mortality; *secondly*, what assistance homœopathy brings to effect this desirable consummation.

The first question may be limited to the ordinary modes of healing.

Few diseases have afforded more scope than hooping cough for theories as to its nature, and seat, but comparing later with earlier writers, there is now much less leaning to conjectural pathology as a basis of treatment. The error is still too prevalent of regarding the nature of the disease as the guide to treatment, and however pleasing such a plan may be to the mental powers, a system of pathological therapeutics based on imaginary and apparent explanations of their internal causes, must be ever changing and unsteady. It is adherence to this plan which has led and still leads to much of the mortality arising from hooping cough; this will be apparent in the following extracts, which are taken from an admirable clinical lecture lately delivered by Dr. Todd,* and from the last edition of the well known work of Barthez and Rilliet.†

Dr. Todd writes: "I am sure that the more hooping cough is treated as a spasmodic, rather than an inflammatory affection, the greater will be the success of our practice, and the less the mortality from that disease."

* * * * *

"That plan, [the antiphlogistic] indeed has had a fair trial; and if it had any real power over the disease, we should have, long ere this, accumulated abundant evidence to prove its supe-

* Medical Times and Gazette, March 4, 1854.

† Traité clinique et pratique des Maladies des Enfants. Tom. ii. Art. Coqueluche. 1854.

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riority. The tendency of all the usual antiphlogistic measures is to weaken the nutrition of the lungs and the nervous system, and to impoverish the blood; to reduce the quantity of its colouring matter, to favour the accession of convulsions, and, by the watery parts of the blood filtering through the walls of the blood-vessels, to promote the tendency to hydrocephalus." —p. 206.

* * * * *

"But you must bear in mind, that such remedies should be used with caution, especially opiates, which in infancy and childhood are at all times to be given with great care, and more particularly if the lungs have become congested. The drugs which I would recommend you to avoid are those which have a depressing and lowering tendency, such as Tartar emetic and Ipecacuanha. Many children, I am quite satisfied, while suffering from hooping cough, have died from the too free and slovenly exhibition of these emetics."—(p. 206.)

* * * * *

"Assuming hooping cough to be a disease depending on the presence of a morbid poison in the blood, [why the blood?] (which is the most reasonable view of its pathology,) to cure the affection perfectly, we ought to find an antidote for the poison, which produces it. If we could find some material which, when introduced into the system, after it had received the poison, would neutralise that poison, then we should have the same power over this malady, as we now possess over intermittent fever, which, as you know, is also a paroxysmal disease, depending on the presence of some morbid poison in the system, and for which an antidote has been found in Bark. But since, unfortunately, no antidote for hooping cough has as yet been discovered, it should not be our practice to look on in silence, and let the patient cough it out; but our aim should be to find the means of guarding him against the bad consequences of the cough, and to protect him from all those complications to which I referred in the commencement of the lecture."

The treatment recommended by Dr. Todd in uncomplicated hooping cough may justly be called expectant, it is one rather of prevention than of cure. He believes, that "in a large number of cases, one can get on very well without having

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recourse to drugs," and when drugs are used he recommends that they be administered with caution. There is one remedy which he feels inclined to recommend, in very severe cases, when the lungs are free from congestion, Chloroform, not so much from his personal experience of its efficacy, as from the recommendation of other physicians, and its utility in other convulsive diseases.

One other extract may be given where Dr. Todd very clearly explains the nature of the changes that take place in severe hooping cough. When the character of these changes are more generally recognized, it is to be hoped that they will favourably modify the practice which too often becomes most active where it is most destructive.

" Let me direct your attention to these secondary changes, which occur in the lungs and vascular system, after the disease has lasted for some time. At first the lungs are not at all affected: so that hooping cough can no more be considered a disease of these organs, than can an aneurismal or other tumour pressing upon the vagus nerve, and in this manner, exciting cough, be so regarded. After the cough has continued a long while, changes take place, as I just now stated, affecting the lungs, and the general appearance of the patient. The countenance becomes dull and bloated, and the capillaries distended, especially those of the conjunctivæ, which look watery and swollen; and some of these minute vessels often burst, giving rise to some chemosis. From this state of countenance, a practical eye can generally at once recognise the nature of the malady under which the patient labours.

" All these changes result from the circulation in the capillaries being retarded, in consequence of the violence of the cough. At the same time, and for a like reason, the pulmonary circulation becomes similarly affected; the secretion of the bronchial tubes becomes altered; these tubes pour forth more freely than natural a watery mucus; the lungs become congested and œdematous; more or less crepitation is heard in different parts of these organs, according to the amount of fluid in the tubes or œdema present, and this crepitation is usually most audible towards the lower part, being sometimes more distinct in one lung than in the other. Both the patients in the hospital exhibit these changes to a considerable extent. The sound on

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percussion over the base of the lungs is duller than natural; and this arises mainly from the œdematous state of these organs, but in part, also, from the quantity of mucus present in the bronchial tubes, and from the expiratory efforts having emptied some lobules of air more completely than others, (some lobules being, perhaps, perfectly emptied in this manner, and consequently quite collapsed). And lastly, from the altered bronchial secretion plugging up the entrance to one or more lobules, and in this way preventing the free ingress of air. This condition of lung, in which the ingress of air to certain portions is prevented, and in which certain other portions have also been completely emptied of the contained air, has been long known to pathologists under the name of 'carnification.' A carnified lung has a fleshy look, does not crepitate under pressure, and sinks in water; and this condition may be induced by anything which causes the complete expulsion of the air out of the lung, or which entirely prevents the ingress of air into a lung previously devoid of air, as one which has never respired, and it is best seen in the lung of a fœtus which has never breathed. The most common cause of it, and that which perhaps developes it most completely, is the accumulation of fluid in the pleural cavity, by the pressure which it exerts on the adjacent lung. Carnification of the lung is carefully to be distinguished from hepatization. The former has nothing to do with inflammation, but merely consists in a condensation of the original pulmonary structure; the latter results from the effusion or exudation of an albumino-fibrinous material into the air cells and finest bronchial tubes, by which the organ is rendered specifically heavier.

"It was formerly supposed that lobular pneumonia took place in hooping cough. That pneumonia, just as bronchitis, may occur in the course of hooping cough is certain; but the signs which used to be considered as produced by lobular pneumonia, are, in reality, due to the simple exclusion of air from one or more lobules." (p. 205.)

Barthez and Rilliet were among the first to fully recognise these changes, but this point will be again considered under the treatment of the cough.

The following extract from MM. Barthez and Rilliet is much

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to the same effect as those already given, and is especially valuable as indicating their views of the employment of drugs in this disease.

"We must inform the practitioner that he will often find hooping cough tedious and obstinate, under the best directed treatment. He ought not to expect to see the disease cut short [jugulée] by his remedies. Hooping cough in general follows its natural course whatever medicines are employed, and the differences which are observed in its duration are more truly to be attributed to variations in the intensity of the disease, according to various circumstances, than as results of the treatment employed. How often have we seen hooping cough when left entirely to itself, disappear more rapidly than under the most vaunted remedies; how often have we seen the same medicines followed by such dissimilar effects in apparently analogous circumstances. Thus we are not astonished when we often see parents and medical men leaving the disease to run its natural course, completing thus the analogy of this affection with simple eruptive fevers, subjected merely to hygienic prescriptions.

"If the absence of a specific remedy, and the unmodified course of hooping cough explain the preference of certain physicians for the expectant method, so the tediousness of the disease, the fatigue experienced by the little patients, the impatience of parents, the liability to complications; coupled with the little success of various treatments, explain the cause of the multitude of remedies which have been employed. In enumerating the means, we will repeat that the end to be fulfilled is not so much to attempt to cut short the duration of the disease, as to diminish its intensity, and to guard against complications." (p. 647.)

Frank writes—"Hooping cough offers this in common with exanthemata, that it runs its entire course. You may kill your patient before the term of his disease has expired, but you can never cure him." *

The second question may now be considered. Does homœopathy offer any remedy which has the power of cutting short hooping cough?

Hahnemann's eulogium on Drosera would appear to answer

* Quoted by Barthez and Rilliet.

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the question in the affirmative; but the results there related are much greater than are met with in the general experience of his followers. That Hahnemann succeeded, in some epidemic, to cure hooping cough in seven to nine days, is not doubted; but this does not much advance the point at issue, for other practitioners, who have in numerous instances repeated the experiment, though they may have diminished the intensity, have not been able to arrest rapidly, and with certainty, the cough. When the success is so exceptional in a disease, the natural history of which presents such varieties and such difficulties, it is at the least premature, if not incorrect, to regard Drosera as a remedy so certain and so powerful as Hahnemann describes it.*

The value of his evidence on this point is also diminished by his very decided statement as to the injurious effects of what he considers an overdose. †

Similar exaggerations of the powers of remedies are found in many allopathic authorities who have written on hooping cough, and their over-estimate, like Hahnemann's, may be justly attributed to their experience being confined to a certain epidemic, to a certain season, and to a too limited number of cases, and above all, to a neglect of the curability, and that sometimes speedy, of the disease, without any medicines.‡

* "A single such dose suffices for the complete cure [völligen Heilung] of epidemic hooping cough." In a note to this he states that "the cure will certainly take place in 7 to 9 days." [Die Heilung erfolgt sicher binnen 7 oder 9 Tagen.] To this end an unmedicated diet must be followed, and no second dose be administered, "lest it interfere with the good action of the first, or produce sad effects, as I know from experience."—(*R. A. M. L., Drosera, Sechster Theil*, 1827, p. 228.)

† The infinite power gained by this process is so great, that by this means a drop of Drosera 30, which at each dilution has received twenty shakes, endangers the life of a child suffering from hooping cough, while if each dilution is shaken only twice, a globule of the size of a poppy seed, imbibed with it, is sufficient to produce a speedy and easy cure."

‡ For example, Dr. Guyot, writing in 1849, states that coffee [café à l'eau] hot and well sweetened, cures the most obstinate and marked cases in two to four days! But Barthez and Rilliet have frequently employed it, and they have never by this means, or any other means, cut short the cough. They admit that coffee is often very valuable in diminishing or completely checking the vomiting which so often attends the cough (p. 651, loc. cit.). Belladonna

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Homœopathy has not as yet discovered a remedy, which, in any large number of cases, can with confidence be relied on as having the power of rapidly curing, that is, arresting the hooping cough. It has, however, led to the rational employment of various medicines which are often useful in diminishing the intensity, and in a less degree, the duration of the cough. But it is especially in the inflammatory complications that the remedies are most valuable. There are no statistics by which this can be established, but duly considering the natural history of so capricious a disease, the statements are valid, as resting on the experience of those who have first treated the disease in the ordinary, and afterwards in the homœopathic mode. The same opinion is expressed in a very excellent paper by Dr. Meyer, on the cases of hooping cough treated in 1854, at the Leipsic Poliklinik. Remarking on Veratrum, he observes: "Our literature contains many accounts of cures, where the hooping cough was cut short by one or a few doses of a suitable medicine. I have not as yet been so fortunate as to obtain such results, and I consider myself sufficiently content when I happily succeed, by a well chosen remedy, to change the condition, and shorten the duration, and to mitigate, if not remove, urgent symptoms.*

The narrative of the separate cases treated by Dr. Meyer, and so clearly detailed, affords greater evidence of the reality of the treatment, than the conclusion he draws from his tabular report. Twenty-seven cases were admitted; but as happens so often with dispensary patients, 3 did not return after several, and 11 after one prescription. Of the 13 cured, the shortest period was 13 days, the longest was 40; the average 24 and a fraction. But the cases are too few for the formation of an average, especially as the results of the irregular patients are not known, and in all the cases the disease had passed from its first or catarrhal stage, so that it leads to error to consider 24

has also been reckoned by many German physicians as an unfailing specific remedy. De Haen, in 1747, makes mention of a very prevalent and fatal epidemic hooping cough, which was often protracted to three, four, or even six months. In this epidemic he describes his success with Kermes mineral as most astonishing. But it has not proved so in the hands of others, and De Haen himself found it of much less service in an epidemic of 1751.

* Hom. Vierteljahrschrift, Leipzig, 1855, p. 334.

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days as the average duration under treatment. We feel well satisfied, if, on an average, the duration is limited within six weeks. It is exceedingly difficult to fix what is the duration of hooping cough left to nature, and treated in the ordinary mode. One to three months is the common period assigned; when it extends beyond that period, there is generally some serious complication.

The homœopathic law, as a means of discovering new remedies, is shewn in several of the drugs now employed in hooping cough. Drosera was, in very early times, occasionally used in chest affections, but the praise must be given to Hahnemann of having selected it, in virtue of his law, as a remedy in hooping cough. In the same list may be placed Nux, Carbo v., Cuprum, and Veratrum. With these exceptions, though homœopathy has employed, and marked the rational indication, yet it cannot be said to have first suggested the use of Bell., Con., Dulc., Cic., Lact. v., which had previously been given as sedatives; Ipec., Lob., Tart. e., as expectorants; Sul., Hep., Kali c., as alteratives. It is, however, very probable that the employment of Bell. has become much more general since its virtues have been described by homœopathic writers. Buchave appears to have been the first to give it in an epidemic at Copenhagen (1787): the slighter cases were cured in 8 to 14 days, and the more severe in 21 to 30 days.* But it is from about 1810 to 1825 that the first very favourable mentions are made of it in *Hufeland's Journal*, and by this time Hahnemann had already drawn much attention to the powers of Belladonna.

Treatment.—Hooping cough has generally been divided into three stages, and though these in practice are sometimes ill-defined, still they form a convenient and sufficiently common arrangement for considering the treatment. The disease generally commences as a slightly febrile and catarrhal disturbance. Remedies: *acon., ars., bry., cham., dul., merc., nux v.* Sometimes there is simply cough without catarrh. The cough is at first short and dry, and gradually becomes more violent and more paroxysmal. Sometimes in children liable to croup, the

* Bayle, Bibl. Thérap., t. ii, p. 387.

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disease commences with an attack of spasmodic croup: remedies, *apon., hep.* In a period varying from eight to fifteen days, and generally shorter in proportion to the youth of the patient, the cough assumes a decidedly spasmodic character. Soon presenting its peculiar character, a series of powerful rapid expiratory efforts, so violent as to expel the air largely from the lungs; these are followed by a long protracted inspiratory act, the inward rush of air through the constricted glottis producing the well-known hooping sound. Such attacks may vary from a few in the day up to as many as sixty or even seventy; but the latter number rarely. During the attack there are all the symptoms of impending suffocation: great agitation, the eyes starting, the head, face, and neck flushed, or even livid: remedies, *bell., dro., cup., nux, ver.* In some cases the small vessels of the conjunctiva, of the Schneiderian membrane, &c. give way, and chemosis, epistaxis, and hæmatemesis are produced. The paroxysm often terminates with vomiting of either the contents of the stomach, or of a quantity of mucus: remedies when excessive, *ipec., cup., tar. e., nux.* Sometimes the attacks are attended with involuntary discharges from the bowels or bladder: remedies, *cup., ver., nux.* Sometimes with a sort of general convulsive seizure: remedies, *bell., cup., nux, ver.*

During the interval between the paroxysms, the child appears perfectly well. This stage may last from ten days to six weeks, the symptoms becoming less and less marked, and drawing near the terminal stage the expectoration becomes freer: remedies, *carbo v., hep. s., sul., ipec.* But instead of leading to recovery, this terminal stage may become one of greater severity and danger; the paroxysms more frequent, the mucus in the chest much more copious, the face puffy and œdematous, the digestive organs fail, frequently diarrhœa exists, gradually complete exhaustion ensues, or a still more rapid sinking from collapse of the lungs: remedies, *cup., ver., tar. e., hep., carbo, sul., ars., rhus, kali c., kali b.*

For the treatment of the second stage, it is difficult to assign any particular indications from the cough itself so as to lead to a selection among the remedies already noted. These indica-

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tions are more to be drawn from the general and attendant circumstances, which often facilitate the choice.* When these are absent I generally commence with *bell.*, and if after four to six days the paroxysms are not abated or diminished, I try in the same manner *dros.*, then *nux* and *cupr.*, administering the dose from once a day to four or five times, according to the severity of the symptoms. When there is a tendency to much secretion of mucus in the bronchia, then *ipec.* and *tart. e.* are useful as intercurrents; and in some cases *scill.* has answered,

* The indications given by Dr. Meyer are drawn principally from attendant symptoms. *Ipec.* chosen in one case on account of gastric derangement with diarrhœa; in two others on account of violent vomiting, one of them attended with frequent hæmatemesis. The relief was soon evident in all. In another case there was a species of asthma, with scanty tenacious expectoration: this was lessened in four days. Dose—Five drops of the 2nd or 3rd decimal dil. morning and evening, and in one case three drops every four hours. In the cases where *tartar emetic* was given, the one was of an infant at the breast, when owing to the oppressed breathing and mucus in chest, the child could not suck, and was becoming very weak and suffering from diarrhœa. The 3rd trituration, a grain morning and evening, was given with success. In the two other cases, older children, there were signs of bronchitis, vomiting, and gastric derangement: dose—2nd trit., three times daily.

Veratrum. A little girl, aged 8 years, of a tubercular habit, had suffered from the cough from eight to ten days, and it had reduced the child to a shadow. After eight days of Ver. relief was very marked, especially in arresting the diarrhœa and the evening febrile symptoms. The cough remained unchanged, but yielded to a continuance of the remedy. In the second case, aged 1½ years, of a strumous habit, and in whom six months previously threatening atrophy had been arrested by Ars., the diarrhœa and weakness led to the employment of Ver. After twenty-two days the symptoms ameliorated, and then Cupr. completed the recovery. In the third case, 8 months old, when Ipec. and Cupr. had cured the hooping cough, but where slight catarrhal cough remained, but attended with involuntary emission of urine, Ver. checked this symptom in six days. Dose—2nd and 3rd dil. two or three times daily, 5 drops.

Cuprum. In this remedy Dr. Meyer has great confidence, and in the yearly report three cases are given where the cough was cured in 9, 11, and 13 days. Cupr. he considers most indicated where the spasmodic character of the cough is fully developed, and where the paroxysm is followed by no congestive symptoms, nor attended by febrile disturbance. *Belladonna* again in the less formed attacks, and where there is a degree of feverishness and congestive symptoms after the paroxysms. Dose of Cupr., three to five drops of 6th to 12th dil., morning and evening. Bell., 3rd to 6th dil, five drops morning and evening, or three drops three times a-day.

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senega and *lobelia* may also be used. There are various other medicines which excite spasmodic cough, such as *con.*, *hyos.*, *alm.*, *lact.*, but they have in their pathogenesis less of the suffocative character and vomiting, which characterise hooping cough; and experience has shewn them to be much less useful than the remedies previously mentioned.*

When the terminal stage is proceeding favourably, the medicines already named, with change of air if necessary, are to be resorted to. But when this stage is tedious, or showing unfavourable symptoms, two conditions of the lungs, besides general derangement of the system, have to be considered. The first, when more or less portions of the lungs are collapsed; the second, when tubercular deposits are forming. Under judicious homœopathic treatment, the first condition ought to be of rare occurrence, but it may be met with in the children of the poorer classes, where no hygienic measures can or will be carried out.

It is in the diminution of the intensity of hooping cough, and consequently the modifying and abridging of this terminal stage that homœopathic treatment is most evident. Results of private practice among isolated cases, are not so conclusive

* Arnica has been recommended, and Corallia, Alumina, and Mephitis putorius have been extolled as specifics, but to admit every medicine that has apparently been useful in a few cases, were to encumber, not to improve, our therapeutics. In estimating the value of a remedy it must be borne in mind that hooping cough occasionally disappears rapidly when left to itself. This point in its natural history demands therefore a very extended trial of a remedy to prove its utility.

Dr. Arnold, of Heidelberg, has lately given Sambucus with, he thinks, good effect. (Allgem. Hom. Zeitung. vol. xlix, p. 53.) His report of the symptoms is very carefully drawn up, with the hope that further observation will make the indication for the administration of this remedy more precise. I cannot from his paper point out any special indication; the description of the epidemic corresponds closely with the disease as ordinarily met with. In several of the cases there was an excessive flow of urine. Sambucus was as the rule the only medicine given, and in drop doses of the 1st decimal dilution. Generally in a few days improvement began, the attacks were less severe and less frequent, the vomiting subsided, the cough assumed a catarrhal character, and went away without leaving any effects. In the catarrhal stage, which shewed every symptom of being the forerunner of a regular attack, the curative action of Sambucus was very rapid.

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evidence as that drawn from among children less happily situated; and from this class we can adduce a very favourable example. In a late epidemic occurring among the children of the Orphan Asylum, Bristol, Mr. Trotman treated about forty-six cases, the children were of all ages, many of them of marked strumous habit; many of the cases were severe, yet not in one case was the terminal stage the least tedious, or attended with any sign of exhaustion.

At page 36 reference has already been made to this collapsed condition of the lung. An excellent report on it, by Dr. Hewitt, has lately been published; being the result of nineteen observations made at the Marylebone Workhouse, where, during this last spring the hooping cough has been the cause of considerable mortality.* The children, who are the subjects of this report, were all very young, from four years to one month, the average being eighteen months, so that a collapsed condition was more marked than it would be in older children, and even in children of the same age who were placed in better hygienic conditions than a workhouse offers. Dr. Hewitt states that this state of the lungs invariably coexists with a catarrhal inflammatory state of the bronchial mucous membrane. We doubt this very much, but have less objection to the term "inflammatory," as he considers that antiphlogistic treatment would, in such circumstances, tend to a fatal result (p. 16). In his report of the *post mortem* appearances, he says: "The mucous membrane of the bronchial tubes was, *in some cases, slightly injected.* In almost all, the tubes were filled more or less by a muco-purulent fluid, rather tenacious in consistence, and in the tubes leading to collapsed portions non-aërated."—(p. 14.) The symptoms present with this condition of the lungs are due, not simply to the direct action of the poison of hooping cough on the system, but also, and probably in the greater part, to the disorder excited by an undue aëration of the blood; hence the pallid bluish look, the puffy face, the exhausted brain, loss of appetite, and not unfrequently diarrhœa. The cough may still be paroxysmal, but more like an ordinary loose cough, with occasional hooping fits; the expectoration free. In proportion as

* The Pathology of Hooping Cough, by Graily Hewitt, M.B., &c., London, 1855.

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the breathing surface is diminished, and the child weak, so is the respiration increased in frequency; but, though often very quick, not nearly so laboured and distressed as observed in other acute pulmonary affections. The pulse quick but feeble. The physical signs are: absence more or less of vesicular murmur, and instead of it a fine subcrepitant ronchus; dulness on percussion over these parts, and a fact worthy of attention is the suddenness with which the dulness makes its appearance, and even disappearance, distinguishing it from the dulness produced by hepatization. The medicines best calculated to meet such a group of phenomena are, *ars.*, *tart. e.*, *phos.*, *iod.*, *carb. v.*, *sul.*, *fer.*, *kreos.*, *bromine:* the remedies are arranged according to the value attached to them. The treatment will also be assisted by the use of cold water (as recommended under the head of hygiene), and especially by change of air.

When tubercular deposit exists, whether in the lungs or in the bronchial glands, as is common with young children, the diagnosis between that and the advanced condition of lungs with tendency to collapse, is often very difficult; even the physical examination fails to decide, and the future course can alone determine the nature of the disease. The Materia Medica does not as yet possess any medicine which is known to have the power of exciting the tubercular dyscrasia; the choice must therefore be guided by experience; and in tubercular disease I have found greatest benefit from *phos.*, *hep.*, *kal. c.*, *brom.*, *iod.* If there is suspicion of tubercle, the prognosis will be less favourable than if the hectic symptoms are due to a chronic bronchitis, with even more or less collapse of lung. But if the latter is the result of an intercurrent attack of acute bronchitis, and the child young, the danger of a fatal issue is great.

Complications.—Cerebro-spinal. In hooping cough, attended with general excitability of the nervous system, terminating in convulsions, the principal remedies are, *acon.*, *bell.*, *cham.*, *nux*; and where there appears evident exhaustion of the nervous centres, *cup. ac.* and *ver.* are more indicated. Belladonna bears the same relation to Cup. ac. and Ver. that

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acute meningitis bears to the exhausted state of brain which Dr. Marshall Hall has described as hydrencephaloid.

The occurrence of hooping cough during dentition, is apt to increase the nervous disturbance excited by the latter: remedies, *acon.*, *bell.*, *cham.*, and I prefer a full dose of the lowest dilutions of Cham. and Acon. A tepid bath two or three times a day, and when the state of the cough and the weather permits of it, being much in the open air, are valuable sedatives.

In some cases, in addition to vomiting, there is a greater or less degree of nausea between the paroxysms: this marked irritability of the stomach, with a tongue nearly normal, is a symptom which should draw close attention to the brain, and here *bell.*, *cupr.*, and *lach.*, are more useful than *ipec.* or *tart. e.* Cerebral complications are much more dangerous than pulmonary.

Febrile disturbance. There is sometimes in the first stage more or less febrile disturbance, which is easily met by *acon.* This febrile state in the later stages sometimes presents the form of remittent fever, with its usual accompaniments of irritation of the mucous membrane of the bowels, and often also of the bronchi. This complication was more common in the epidemics of last century than now; it is no doubt sometimes caused by the administration of purgatives and expectorants, and is hence less likely to be met with in homœopathic practice. Remedies, *ipec.*, *ars.*, *merc.*, especially the former, which in ordinary infantile remittents is often a most valuable medicine.

Inflammations of the respiratory organs. These rarely accompany the first, but are met with in the second stage; so that the occurrence of marked fever at this stage ought at once to excite suspicion of some inflammatory complication, especially if the breathing between the paroxysms be hurried. The occurrence of pulmonic inflammatory affection has a marked effect in modifying the specific cough to a great extent, and of exciting a different cough between the paroxysms. Trousseau has drawn attention to this circumstance; Barthez and Rilliet consider that an inflammatory complication may be expected, if in a child, with well-formed hooping cough, there is a change, not in the decrease of the number of the paroxysms, for that

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happens not unfrequently without any cause, but in their character, *i. e.*, the hoop and suffocating cough ceasing. The inflammation may be either pneumonic or bronchitic, more generally the latter, and very rarely pleuritic. But in very young children the tendency is to attacks which have been variously described as capillary bronchitis, broncho-pneumonia, suffocative bronchitis; and in proportion as the seizures approach in character to this so are they more dangerous.

The suffocative bronchitis of children is a very rare disease, especially as a complication of hooping cough.* There is, however, in hooping cough, a liability, in young children more especially, to attacks of bronchitis, which assume somewhat the character of the disease described as suffocative bronchitis, but differing in this respect, that the seizure is more gradual. In such cases as described by Dr. Henderson, the attack is sudden, recovery or death must take place in thirty to forty-eight hours; but in the disease described as capillary bronchitis the invasion and course is more gradual. At first there may be cough, and slight fever; gradually in a few days the pulse becomes more rapid; the skin is hot, sometimes with occasional sweats; excessive thirst; frequent dry cough, often in paroxysms; in a few days the cough becomes looser; more or less pain in the chest; breathing quick, oppressed, and almost asthmatic. The symptoms have sometimes a remittent character. Percussion sounds normal, the respiratory murmur harsh; sibilant and subcrepitant ronchi heard.

This capillary bronchitis may however assume a different form, when the inflammation invades not only the capillary bronchi, but also more or less of the pulmonary parenchyma. It (broncho-pneumonia) is attended with as much fever and rapid respiration as in the variety last described; but the breathing, though difficult, has not the marked asthmatic character. The febrile symptoms are also less remittent. According as

* Dr. Henderson has published three cases, independent of hooping cough; two of these recovered. The remedies in the first case were *acon.*, *ipec.*, and *spon.*, with occasionally *bell.* and *cham.* In the second case, *acon.*, *spon.*, *hep.* In the fatal case, *acon.*, *cham.*, *bell.*, *phos.*, *spon.* The remedies were used in the first decimal dilution, and were frequently repeated.—*Brit. Jour. of Hom.*, vol. viii, p. 364, 1850.

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the parenchyma is involved, so does the clearness on percussion diminish, and the sibilant and subcrepitant ronchi become more or less masked by diffused bronchial respiration.

I have not met with, in practice, any complications of hooping cough which could be regarded as more than simple bronchitis. I have however treated various attacks of capillary bronchitis unconnected with hooping cough, and have found them very amenable to treatment, the disease being subdued in two to six days, and generally without any stage of expectoration. The youngest child was four, the eldest eight; four cases had a tendency to eczema. During a period of several years, each child had several attacks. The remedies were, at first *acon.* 3, in repeated doses, with one or two hot baths; then, generally in about six hours, the *acon.* was alternated with *ipec.* 1; about the second or third day (sometimes earlier, when the Ipec. failed) *ars.* 3 was given. The repetition of the doses was from every half-hour to three hours; Sometimes *acon.* 1 was used. In such attacks, should the above remedies fail, there are still several well worthy of trial, such as *kali bich., tart. e., brom., sul.*

In the second form, broncho-pneumonia, the remedies most to be relied on are, *acon., bry., phos., tart. e., brom., sul.*, with *ipec.* and *scil.* as intercurrents.

The action of the ordinary homœopathic remedies on the respiratory organs, as regards inflammation, may be thus arranged:—on the larynx and trachea, *acon., spon., hep., brom.*, in a less degree *kali bich.* and *iod. m.* On the trachea and bronchi, *acon., bry., ars., spon., kali. b., merc. c.;* when there is secretion of mucus or much dyspnœa, *ipec., ars., tart. e.;* in a less degree, *lob.* and *lach.* Second stage of bronchitis with expectoration, *ars., hep., ipec., tart. e., scil., seneg., sul.* Minuter bronchi, *acon., ipec., ars., spon., kali. b.* Capillary bronchi and parenchyma, *acon., bry., phos., tart. e., sul.;* in a less degree, *kali hydr., iod.* and *merc.*

Various other remedies could be mentioned, but these are the principal,

In addition to the hot baths, much assistance is rendered by keeping the sick-room more or less moistened by steam.

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Anasarca.—This is a rare form of complication, but has been described in some epidemics; probable remedies *ars. merc. dulc.* It is common to find slight œdema of face, especially about the eyelids; but this is a simple mechanical consequence of pressure on the veins owing to the suffocative fits. This puffing of eyelids has been described by Bœnninghausen as a marked indication of Kali carb., and he adduces it as an instance of the value of his repertory. I believe that the success of Kali c. was due to the fact of its power to produce a violent fatiguing suffocative cough, and not at all to the circumstance of the œdematous eyelids. There is no evidence in the Mat. Med., that the swelling of the upper eyelids, as there given, had any connection whatever with cough. This swelling is a mere mechanical consequence. Bœnninghausen has been unfortunate in his example; to quote such instances is to disparage his pains-taking repertory. Single disconnected symptoms are not to be used like letters, and by their junction any group extemporized. As Bœnninghausen states,—in a heading where there are many medicines, the concomitants aid in the selection: but then they must be in truth concomitants, and not such as he quotes in the instance of Kali c.

Hygienic Treatment.—Temperature. It is observed that the mortality of hooping-cough, and the temperature of the air, are in an inverse ratio, or nearly so; the mortality increasing with diminished temperature. There is one point in which hooping-cough differs from other seasonal affections, viz., that it is not increased in intensity by any intensity of hot weather, but on the contrary, rather diminished.*

It is of great consequence to guard against cold air, as the fertile source of inflammatory complications. As the child is young or delicate, so is there the greater need, in winter and spring, of confinement to rooms, the temperature of which is regulated. At other seasons this precaution is less necessary, especially after the first stage is well passed. As children advance in years more latitude may be given, even in cold weather. Over-confinement may produce weakness, and prolong the disease; the fresh air furnishes the best tonic. During the terminal

† English Statistics of Hooping Cough. Dr. T. Smith. Med. Chir. Trans., 2 series, vol. xix. 1854.

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stage, especially when tedious, change of air often establishes health when drugs have no effect.

Diet.—During the early stage, and especially when the children are confined to the house, the food ought to consist of milk, bread, fruits, and various farinaceous articles. As the disease becomes more formal, and more exercise taken, the ordinary diet may be resumed; but the meals ought to be more frequent than full. Whey has been much recommended.

In obstinate cases of vomiting where medicines fail (which will be a rare occurrence) coffee, as recommended by Barthez and Rilliet, may be tried.

Water appliances.—Allusion has already been made to the use of hot and tepid baths when there is nervous irritation, or commencing inflammation. As soon as the catarrhal stage has passed cold water may be used, either by sponging the chest morning or evening with cold water, or by having the water thrown quietly over the child, especially the chest and back. It may be safest not to wet the head. Dr. Todd recommends a fair trial of this means, as well calculated to diminish the severity of the paroxysms, and to ward off the occurrence of bronchitis and pneumonia. As early as 1768, Dr. de la Vallée recommended the cold water compress to the chest, as a means of arresting the paroxysm, long prior to the introduction of hydropathy. Dr. Hannay recommends the chest to be well rubbed thrice or four times a-day with very cold water; he adds vinegar or eau de cologne, which are unnecessary. The hand being wrapped in a towel, is dipped into cold water, the chest quickly rubbed with this, and then dried with a warm towel.

ON THE LEGITIMATE POSITION THAT HOMŒOPATHY SHOULD HOLD IN MEDICINE.

By Dr. Tessier.*

Ask an allopathic doctor what is homœopathy? he will unhesitatingly reply, "Nothing." Ask a disciple of Hahnemann

* From "L'Art Medical," tom. ii., p. 81.

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what it is, and he will answer, "Every thing." In medicine homœopathy is then nothing to the majority, but is every thing to the minority.

Apply the same test to allopathy, and the allopath will tell you it is truth, the homœopath will affirm it to be error; so that each being true in the eyes of its partizans, it is impossible to conceive of more decided opposites stated more positively.

These affirmations and denials we hold to be false on either side, for in our opinion neither homœopathy nor allopathy is all true or all false in medicine, but they are truths complementary of each other, and whose legitimate association, and even filiation, we hope to demonstrate. But as our opinion is shared by neither party, it is right that we should explain it in such a manner that the truth should be disengaged from both these extremes, to the satisfaction of those minds that honestly desire it.

I.

Is allopathy nothing but error, as Hahnemann affirms?

Let us hear what he says on the subject:—

"In order to give a general notion of the treatment of diseases pursued by the old school of medicine (allopathy), I may observe that it presupposes the existence sometimes of excess of blood *(plethora—which is never present)*, sometimes of morbid matters and acridities; hence it taps off the life's blood, and exerts itself either to clear away the imaginary morbid matter or to conduct it elsewhere (by emetics, purgatives, sialagogues, diaphoretics, diuretics, drawing plaisters, setons, issues, &c.), in the vain belief that the disease will thereby be weakened and substantially eradicated; in place of which the patient's sufferings are thereby increased, and by such and other painful appliances the forces and nutritious juices indispensable to the curative process are abstracted from the organism. It assails the body with large doses of powerful medicine, often repeated in rapid succession for a long time, whose long enduring, not unfrequently frightful, effects it knows not, and which it purposely, it would almost seem, makes unrecognizable by the commingling of several such unknown substances in one pre-

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scription, and by their long continued employment it developes in the body new and often ineradicable medicinal diseases. Whenever it can, too, it employs, in order to keep in favour with its patient,* remedies that immediately suppress and hide the morbid symptoms by opposition *(contraria contrariis)* for a short time (palliative treatment), but that leave the disposition to these symptoms (the disease itself) strengthened and aggravated. It considers the affection on the exterior of the body as purely local and existing there independently, and vainly supposes that it has cured it when it has driven it away by means of external remedies, so that the internal affection is thereby compelled to break out on a nobler and more important part. When it knows not what else to try with the disease, which will not yield or which grows worse, the old school of medicine undertakes to change it at random by means of an *alterative*—for example, by the life-undermining Calomel, Corrosive Sublimate, and other mercurial preparations, in large doses.

"To render, through ignorance, if not fatal, at all events incurable, the vast majority (99·100ths) of all diseases, those of a chronic character, by continually weakening and tormenting the debilitated patient, already suffering without that from his disease, and by adding new destructive drug diseases—this distinctly seems to be the unhallowed main business of the old school of medicine (allopathy); *and a very easy business it is,* when once one has become familiar with this pernicious practice, and is sufficiently insensible to the stings of conscience!

"And yet for all these mischievous operations the ordinary physician of the old school can assign his reasons, which, however, rest only on the foregone conclusions of his books and teachers, and on the authority of this or that distinguished physician of the old school. Even the most opposite and the most senseless modes of treatment find there their defence, their

* "For the same object the practical allopath delights to invent a fixed name, by preference a Greek one, for the malady, in order to make the patient believe that he has long known this disease, like an old acquaintance, and hence is the fittest person to cure it."

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authority, let their injurious effects speak ever so loudly against them. It is under the old physician, who has been at last gradually convinced of the mischievous nature of his so called art, after many years of misdeeds, and who only continues to treat the several diseases with Strawberry Syrup mixed with Plantain Water (*i. e.* with nothing), that the smallest number are injured and die.

"This non-healing art, which for many centuries has been in full possession of the power to dispose of the life and death of patients according to its own good will and pleasure, and in that period has shortened the lives of ten times as many human beings as the most destructive wars, and rendered many millions of patients more diseased and wretched than they were originally—this allopathy I shall first expose somewhat more minutely before teaching in detail its exact opposite, the newly discovered true healing art."

A man like this is not always deceived. Let us then see where he is wrong and where right in his judgment of old medicine and medical tradition before his day.

Hahnemann evidently considered the whole of practical medicine to lie in therapeutics, and this confusion of practical medicine with one of its branches is his fundamental error. It explains the excessive contempt he expressed for tradition, which represents the true constitution of the medical art, its division into the three great sciences of physiology, pathology, and therapeutics. Old physic possesses, then, truth in general, and an infinite number of particular truths. On this point Hahnemann is wrong.

On the other hand he is right on the subject of therapeutics in general, and has genius also in criticism, as we shall see that he has in invention. But let him explain himself and develope his thesis:—"The indications and medications of traditional therapeutics are hypothetical, and their relation arbitrary."

"The partisans of the old school of medicine flattered themselves that they could justly claim for it alone the title of '*rational medicine,*' because they alone sought for and strove to remove the *cause of disease, and were guided by nature in the treatment of diseases.*

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"*Tolle causam!* they cried incessantly. But they went no farther than this empty exclamation. *They only fancied* that they could discover the cause of disease; they did not discover it, however, as it is not perceptible and not discoverable. For as far the greatest number of diseases are of dynamic (spiritual) origin, and dynamic (spiritual) nature, their cause is therefore not perceptible to the senses; so they exerted themselves to imagine one.

"But this sublime problem, the discovery, namely, *à priori*, of an internal invisible cause of disease, resolved itself, at least with the more astute physicians of the old school, into a search —under the guidance of the symptoms, it is true—as to what might be held to be the probable general *character* of the case of disease before them;* whether it was spasm, or debility, or paralysis, or fever, or inflammation, or induration, or obstruction of this or that part, or excess of blood (plethora), deficiency or excess of oxygen, carbon, hydrogen, or nitrogen in the juices, exaltation or depression of the functions of the arterial, venous, or capillary system, change in the relative proportion of the factors of sensibility, irritability, or reproduction—conjectures that have been dignified by the followers of the old school with the title of casual indication, and considered to be the only possible rationality in medicine, but which were assumptions too fallacious and hypothetical to prove of any practical utility.

"However, perceiving that it was more consistent with reason to seek out a straight path, where that was possible, than to take a circuitous course, the old school of medicine believed it might cure diseases in a direct manner by the *removal of the* (imaginary) *material cause of disease.*

"A favourite idea of the ordinary school of medicine until recent (would that I could not say the most recent) times, was that of morbific matters and acridities, excessively subtile though they might be thought to be.

* "Every physician who treats disease according to such general characters, however he may affect to claim the name of homœopathist, is, and ever will remain, in fact a generalizing allopath; for without the most minute individualization, homœopathy is not conceivable."

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"Did any nosologist ever see with corporeal eyes such a morbific matter, to warrant him in speaking so confidently about it, and in constructing a system of medical treatment upon it? Has any one ever succeeded in displaying to view the matter of gout or the poison of scrofula?"—*Organon.*

Hahnemann has clearly hit upon the weak point of therapeutics, namely, hypothetical medication, and has, if possible, still better exposed these defective treatments in the prolegomena of his Mat. Med. Pura, § 1, entitled "Review of the sources of the ordinary Materia Medica." The whole of that critique is true and striking; in it he vigorously attacks what he thinks wrong, and exposes and destroys error, so that, as regards the hypothetical or allopathic method of therapeutics, it may be said of him what was said of Cicero in regard of Epicurus: "*he has suppressed it.*"

Thus traditional medicine is a mixture of great truths and great errors. It is neither all true nor all false. It constitutes the art of medicine in its entirety, and calls for a radical reform in therapeutics, one of its essential parts; but as it is impossible that this reform shall not affect it in every part, we shall see pathology freed from physiological dreams, opening fruitful sources of real therapeutic indications.

In order to be equally just towards homœopathy and allopathy, I must say a few words in answer to the reproach of bad faith continually thrown by Hahnemann against his predecessors.

We may imagine how observers now-a-days, who have never understood either ancient or modern therapeutics, should despise all antiquity or even all medical tradition, because physicians built therapeutics on hypotheses and founded systems; but that a mind like Hahnemann's should have done so is surprising. "It was time," says he, "that the wisdom of the Divine Creator should put an end to such abominations." I ask how a religious man who believes in Providence could persuade himself that the human race was delivered over from the earliest times to an abominable art? We think that Hahnemann, instead of complaining of Providence and attacking the doctors, would have done better to inquire why therapeutics were for

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more than twenty centuries based on hypotheses. Leibnitz has said "Hypothesis is often the shortest cut to truth," and physicians have practised what he said until now, and could do no other. What *could* they do at a time when the nature of disease was almost unknown and when remedies scarcely existed? Some have bravely endeavoured to imitate natural processes for the cure of diseases. They have gathered a vast fund of therapeutical knowledge, which is now a mass of confusion, but out of the materials a skilful hand will one day raise a noble edifice. Let us then honour the past. Let us honour tradition for having made a new science possible.

II.

Is homœopathy only a delusion, as most doctors declare?

Hahnemann was very hard on medical tradition, and the *lex talionis* has been applied to him. He opposed error too fiercely; his opponents have repulsed truth with extreme violence. But we will only notice the attacks of the more competent men, such as Professor Requin, who begins thus:—*

"HOMŒOPATHY, (ὅμοιον, similar; πάθος, disease).

"Let us acknowledge that homœopathy is a nicely coined word, nicely adapted to please hellenists and impose on the public. But what a pity that it is only a false passport for a German dream, which, under the mask of science, is really nothing but deception and lying!

"§ 1. *Preliminary considerations.*—Homœopathy, homœotherapeia, homœodynamia, homœo-sympathy, Hahnemannism, dynamopathy—these are some of the names under which is pedantically advanced as serious one of the most laughable and wicked pseudo-scientific mystifications that has ever duped or victimised the poor human race!

"But let us restrain the smile on our lips and the indignation in our hearts. It is a difficult task, for I am not one of those who can be a sanctimonious trimmer between truth and error, superstition and philosophy, between the panaceas of quackery and hippocratic medicine, call it Baconian or positive, if you

* Article "Homœopathy," in the "Supplement to the Dictionary of Medical Dictionaries."

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will. I boast a robust hatred of every evident juggle or absurdity. Let us, however, try to fulfil our task coolly, abstaining as much as possible from abuse or lamentation. Let us tell our readers frankly what homœopathy pretends to be, and then what it is in fact.

"In order to fulfil conscientiously my task, I have submitted to the penance of reading, for the first or second time, the chief monuments of homœopathic literature."

He concludes thus:—

"This article is perhaps longer than the importance of the subject would warrant. Is there in homœopathy any new truth, anything remarkable, to save it from contempt? No; a hundred times, no. There is nothing but error, expectant practice, and quackery; nothing more!"

The verdict is given. Homœopathy is nothing—but lying and quackery. Let us again hear Professor Requin:—

"Hahnemann doubtless possessed much wit, a mind stored with scientific and literary acquirements, and a brilliant, flowery imagination; and it is very pleasant to read him in support of a true thesis. There is nothing more clever or reasonable than his 'Dissertation on Formulæ in Medicine,' a small work published before the 'Organon.' But, after all, Hahnemann was a perverted genius, and that is how his great talents, once astray and lost to true medicine, have only led to the erection of a great scandal. For the service of science it is a small matter to be a great wit; before all, a man must have a right mind."

Here is a concession! If it be absurd to formulize a treatment, can the treatment be rational, since the formulæ represent the real treatment? Hahnemann, then, has criticised a therapeutic system false in itself, and rendered more so by the mode of its application. A wise critique is, I think, a proof of a right mind.

"Under the old name syphilis Hahnemann admits only the primitive chancre and the secondary and tertiary forms; nearly the same doctrine as Ricord's. Under the singular name of sycosis he ranges certain other venereal affections, which he considers to be quite independent of ordinary syphilis; affections consisting either of excrescences on the skin or mucous mem-

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branes, or of blennorrhagic discharges. In the main there is much truth in this distinction between syphilis and sycosis, and let the homœopaths therefore glorify their master if they choose. We would not refuse, any more than Cicero, to recognize the grains of gold in the dung heap of Ennius."

M. Requin seems not to know sycosis, which he makes a venereal disease. This is not true, but he shows clearly enough that all is not false even in Hahnemann's pathological ideas.

He admits, besides, the *absolute individuality of diseases* to be a true principle when indications are to be sought; and, in our opinion, he justly criticises Hahnemann's mode of applying this principle. We shall return to this matter presently.

"It is a rule in homœopathy, with which we cannot find fault, never to mix medicines together, but to give them always singly."

Hitherto it has been my wish to show that the first and last expressions of M. Requin's pamphlet are not in exact harmony with truth, even in his own eyes. Let us now examine Hahnemann's doctrine. It comprises—

1st. The method to be followed in order to know the physiological effects of medicines, or their action, on the healthy.

2nd. The art of laying down indications.

3rd. That of fulfilling them, or of adapting the treatment to the indication.

1st. *Of the method to be followed in order to know the physiological action of medicines.*

Common sense tells us that to know the effects of a medicine on the healthy, it is indispensable to watch the behaviour of the human organism after the different modes of absorption of that substance. It is known that external agencies do not produce the same effects in the same doses on man as they do on the lower animals; therefore the physiological action of medicine must be proved upon man. This action cannot be guessed; it must be learnt by observation, as Hippocrates well remarks in his treatise on medical tradition. From his thirty-fifth to his ninetieth year, more than half a century, Hahnemann devoted the most laborious existence, the most acute intellect,

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the most scrupulous good faith, to this toilsome and delicate work. Then with immense learning he collated the effects obtained by persevering experiments on himself, his friends and disciples, with those observed by previous authors, so as to support his results by all medical tradition, and thus obtain a more authentic verification of them than any subsequent experiments could furnish. Thus began and thus grew up his materia medica, the history of more than a hundred medicines drawn from the three kingdoms of nature, and recorded in his work of six volumes. Here is truly the ideal of the experimental method applied to the knowledge of the physiological action of medicines, and food for the enthusiasm of any man who, like M. Requin, calls himself a disciple of Bacon. We shall see how blind is passion, and under what poor pretences it ignores the evidence that stares it in the face.

"Hahnemann, led by the character of his mind to look only at one side of a question, and that through the exaggerating mirage of imagination, lays down as a principle, that '*there are no means of ascertaining the action of medicines but experiments on persons in health.*' I must say it would be very wrong to take this exclusive view, as if there were no medicine specially adapted for certain morbid states, and incapable of showing its action beyond them; as if it were not clear that we could not discover in a healthy person the property of pomegranate root to kill tapeworm, that of iodine to disperse goitre, or, in a word, any of those treatments which I have proposed to call *parasiticide*, or nosocratic medications, (Elem. Path. i. 275); as if, in short, observation *ex usu in morbis* was not finally decisive of the value or worthlessness of inductions founded on the physiological action of medicines. But why should I insist particularly on this fault in Hahnemann's pharmacological theory? It is but a trifle compared with the colossal folly of infinitesimal doses. Hahnemann declares that to make homœopathic provings one should not habitually take wine, brandy, tea, or coffee, or that their use should be abandoned—a declaration seemingly contrived expressly as a means of escape from disproof by numerous observations to the contrary. It is certain, however, that he

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declares a certain number of medicines to have been proved by himself under strict rule, and that the peculiar effects of each of them have thus been determined. This history of symptoms got up at will in full health, of medicinal diseases, so to speak, pretended to be capable of conjuring away natural diseases, is what he wanted to erect into a *materia medica pura!* The disciples have added to the list, and the homœopathic pharmacopœia now numbers more than two hundred medicines. What a prodigious amount of work in scarcely half a century! But imagination builds fast, aye, faster than severe and positive observation."

What arguments! If M. Requin had attentively read Hahnemann's works he would have seen refuted a score times the objections drawn from an empirical knowledge of the curative properties of certain drugs. Nobody denies this. But who can reckon on chance, however providential it may be, for a knowledge of drug properties? Should we be able to muster half a dozen drugs thus known by stretching the figures? What sort of method is that? Has knowledge accidentally acquired ever been adopted as a scientific proceeding in any branch of knowledge? But Hahnemann *must* be depreciated, and so, instead of criticising his method, he talks about something else. Such is the art of distracting the attention of the reader and of deceiving him.

He says, "The inductions founded on the physiological action of medicines must be established or invalidated by therapeutical experience;" and who can doubt it? Has Hahnemann brought out these physiological effects from mere curiosity, and not to apply them to the sick? But that is not the question. It is to know the effects of drugs on the healthy. Is this a legitimate method, and has it given true results? M. Requin is careful not to approach the question candidly. He turns right-about and says, "Why insist on this first fault in Hahnemann's theory? It is a mere trifle compared with the colossal folly of infinitesimal posology." Admitting for a moment that infinitesimal posology is a colossal folly, *that* is not just now the question, but the effects of ordinary doses of drugs upon healthy provers, and the records of poisonings left

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us by toxicologists and other observers. To talk about infinitesimal doses is only to divert the attention of inattentive readers. I consider the work of Hahnemann, as he executed it, to be free from all objections, being the true method of gaining a knowledge of the physiological effects of medicines. How could Hahnemann, had he done no more than enrich medicine with this science, be anything but the greatest of modern observers, and homœopathy the grandest work of pharmacology? Far from us be M. Requin's conclusions.

2ndly. *Of the art of laying down indications.*

If it be true that disease be a disposition, in virtue of which functions are disordered (*dispositio præter naturam, lædens operationes*—Galen); if, as we have shown *à propos* of the essential nature of disease, its intimate nature cannot be recognised in diseases whose causes are internal, and if it can only be known by its effects; it is evident that therapeutic indications can only be deduced from the known, sensible, positive effects of the morbid disposition, or from a hypothesis on its intimate nature.

Rejecting the method of basing the indication on a hypothetical cause, Hahnemann substitutes that of basing it on the *totality of morbid phenomena* presented by the patient; this is a positive experimental method, founded on observation, instead of an imperfect hypothetical one.

The impugner of Hahnemann will again *appear* to criticise him by attacking a process of application which may be modified with much advantage to the system; consequently he only touches the surface:—

"§ 3. *Exposition of Hahnemann's doctrine.*

"The absolute individuality of diseases, a view strictly true and held by all pathologists (see my Elem. Path. i. 126), is interpreted, both in its nosological and therapeutic relations, in such an erroneous and exaggerated manner, as to become only a false dogma. A disease being given, Hahnemann will not have a name applied to it, will not refer it to a genus or species, will not, in short, diagnosticate it in order to treatment. Every one knows, and I myself have repeated it after a thousand

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authors, that the knowledge of the genus is far from being a curative indication, and that all the circumstances of the case must be considered. But Hahnemann expressly forbids his disciples to seek that indication; he repudiates those who think it necessary to ascertain whether the disease be a pleurisy, a hepatitis, a scirrhous stomach, &c. 'Every physician,' says he, 'who treats diseases according to such general characters, though he may call himself a homœopathist, yet is nevertheless really a generalizing allopathist, for homœopathy cannot be conceived without the most absolute individualization.'—*Organon.*

"As a complement to the preceding dogma Hahnemann pretends to found *the treatment of disease on the sole and unique consideration of symptoms.* No need of anatomy, normal or pathological, no need of physiology or nosography. All that is wanted is to present the symptoms in their minutest details. It is not required to know if there be pleurisy, typhus fever, or hepatitis, but if there be cough, and of what kind; whether the sputa be thick or thin, yellow, green, or grey; whether the headache be frontal or occipital, nocturnal or diurnal, before or after meals, &c.; and all this without the least pretension to form diagnostic indications. But to every kind of symptom, even to each variety, however insignificant, the rule is to oppose a specific remedy. Hahnemann's method is, then, only a symptomatic method, which assuredly cannot be regarded by the eye of reason as the best possible, but as a method only to be had recourse to for want of a better. This, however, is the least of the objections that can be made to the therapeutics of the German heresiarch."

The most wretched of indications is that founded on an isolated symptom of a disease, and M. Requin intimates that this is Hahnemann's mode of proceeding. It is very wrong to misrepresent thus a system he pretends to explain, and M. Requin could not be ignorant that homœopathic indications are drawn from the ensemble of the present and even from previous symptoms, as well as from the exciting causes of what Hahnemann calls "the disease." Hence his criticism from this point of view falls to the ground, and the system remains.

On the other hand, M. Requin justly accuses Hahnemann of

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having carried to excess the principle of the absolute individuality of diseases, and of having struck out with his pen all pathological knowledge, so fertile in positive indications. I have too constantly pointed out this error not to recognize it when insisted on by another. We may most truly say that Hahnemann would only consider diseases in their relation to the Materia Medica, having, in a word, adapted diseases to remedies, thus reversing the medical problem. Why did he do this?—From an exaggerated fear of seeing homœopathy degenerate into generic indications. The fear of one evil often draws us into a greater one, and instead of adapting his method to traditional pathology, he denied the truth of this last. But truth in pathology should no more be sacrificed to therapeutics than truth in therapeutics to pathology, so much the less as the conciliation of these two orders of truths is perfectly legitimate and increases the power of therapeutics.

If Hahnemann failed in the process, his manner of laying down indications is none the less the true and positive one.

3rdly. *Of the art of fulfilling indications, or adapting the treatment to the indication, the remedy to the disease.*

"By observation, reflection and experiment, I discovered that, in opposition to the old allopathic method, the true, the proper, the best means of treatment is contained in the maxim—*To effect a mild, rapid, certain, and permanent cure, choose, in every case of disease, a medicine which can itself produce an affection similar to that sought to be cured!*

"Hitherto no one has *taught* this homœopathic mode of cure, no one has *practised it.* But if the truth is only to be found in this method, as I can prove it to be, we might expect that, even though it remained *unperceived* for thousands of years, distinct traces of it would yet be discovered in every age. And such is the fact."

To understand the relation of similarity between indication and treatment which Hahnemann has substituted for the treatment of diseases by destruction of their causes, we must know how this law of similarity was found, generalized, and applied by the illustrious founder of homœopathy. A little fact, gene-

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rally unknown, but pointed out by him in his translation of Cullen, put him upon the track; it was, that bark in large doses caused aguish attacks. This is a disputed fact even now, although M. Bretonneau, of Tours, has *discovered* the quinine fever. But for me, who have seen this fever develope itself under syrup of bark, this fact is a certainty. As bark cures the attacks of fever, this relation between the physiological effect and the cure was a ray of light for the translator of Cullen, and hence the induction *similia similibus curantur*. This induction was still a hypothesis, for a general conclusion drawn from a particular fact is always hypothetical. This formula is, as Hahnemann says, as old as medicine. What is entirely new about it is that it has given the general relation between indication and treatment, consequently the key of therapeutics. An idea is born in the mind of a man of genius; it becomes his life, and so identified with himself, that from this time it is for Hahnemann a question only of the comprehension and extension of this idea.

M. Requin sees in this only a German dream, an absurd formula made still more absurd by infinitesimal posology. This posology, however, was far enough from Hahnemann's mind when, in 1796, he published his first work, entitled "Essay on a new Principle of discovering the Curative Properties of Drugs," followed by a review of the principles hitherto admitted. In that work we find the great man's nascent thought, in the condition of power possessed by every germ that begins to grow and expand itself. Like germs, ideas are subject to the law of epigenesis, and when the seed has grown into a tree, bearing flowers and fruit, one looks back with interest on the period when the exuberant sap ornamented the stem with vigorous branches. We shall publish in full this, the great man's first work, when we shall have completed the translation of his first studies on the primary effects of medicines, and it will then be seen that the law of similars was only a means of reducing to order the confused state of therapeutic knowledge.

In fact, every system of medicine, every therapeutic hypothesis, had unfolded truths sanctioned by practice. But the

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classification of medicines and of treatment was entirely arbitrary. Confusion and disorder were everywhere, and wise men resigned themselves to scepticism. Boerhaave, when dying, told his pupils he had mistaken his way, and begged them to choose a new path. Stahl, exaggerating the power of the *vis medicatrix naturæ*, taught the expectant method. Lieutaud and many others say that they never succeeded better than by leaving aside all energetic treatment. Pinel declaimed against polypharmacy, without knowing very well what he talked about. The routinists continued to give evacuants, alteratives, and specifics in the most arbitrary manner. At last Broussais appeared, and with a breath swept away all this arbitrary treatment, so that when he departed there were no more therapeutics.

While scepticism and confusion were annihilating the old therapeutic traditions, Hahnemann was inaugurating the true eclecticism which separates the tares from the wheat, the false from the true. Enlightened by the primary truth which he had established and confirmed by observation, meditation, and experience, he applied himself, as he says, to discover the virtues of medicines, gave rules for their use and reasons for their efficacy or inertness. Hahnemann scientifically built up therapeutics. His eclecticism was not an arbitrary choice, but a choice enlightened by this fundamental truth, deduced from experience: *similia similibus curantur*. This art of fulfilling indications, of adapting the remedy to the disease; this art arising out of observation and experience, this master method, this wise eclecticism: can this be called a German dream? This dream, indeed, is the creation of experimental therapeutics!

Since the publication of the essay on a new principle, Homœopathy has undergone great modifications and developments. At first exclusively used in the treatment of chronic diseases, it has included that of acute cases, and even invaded the domain of surgery, by removing those affections usually consigned to the operator. And now not only were well known medicines proved; a number of new substances were studied in the same way and have become powerful curative agents, so that at the present time the Materia Medica is so rich that it

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defies an ordinary memory, and requires unceasing labour to to use it well. Besides, the application of the law of similars to the treatment of diseases has developed many very important facts unknown or left unutilized before, and which amount to a complete reform in pharmacy and the administration of medicines. The most important is the infinitesimal dose, a reform which has drawn upon all Hahnemann's labours the reproach of absurdity, even when there has been no question of doses. This is the argument *par excellence*, the universal argument, the refuge of laziness, which it enables to vilify truth with an easy conscience.

As the law of similars was the gradual result of observation and experience, so was the reduction of the dose the result of practical observation of the usefulness of the division of medicines. Hahnemann did not imagine *à priori* the idea of carrying out dilutions to the point we now find them at; he found that medicines given according to the law of similars produced, in the ordinary doses, temporary aggravation of the disorder, which required some time to subside before the cure was performed, and he therefore reduced his doses. Thus, instead of prescribing a grain, he ordered a fourth, then a tenth, lastly a hundredth of a grain. But, strange to say, the curative power seemed to increase in proportion to the division of substance; the cure was performed more pleasantly, more speedily, and with less aggravation, and the amelioration or cure was more durable. The divided substance was rendered less capable of aggravating and more potent to cure. Here superficial minds will perceive a contradiction between these phenomena, and will use this sophistical argument: "How can a substance be at once both stronger and weaker in the same circumstances?" We do not say it is, when we speak of the attenuation and dynamisation of a medicine. The first shock or disturbance produced by a medicine on the organism is far less violent when a small dose is given than when the quantity is large. This is a fundamental truth, known and admitted by all physicians and toxicologists.

The second proposition is "that the administration of medicines according to their similitude to the disease to be treated,

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brings about a much more speedy, certain, and lasting cure when the doses are very small than when they are more massive." In what does it contradict the first? In the one case it concerns physiological actions, in the other curative effects. There is, then, no contradiction or absurdity in admitting these two propositions? The first is a truth universally recognised, the second is a discovery we owe to Hahnemann's genius, one of those truths which carry a man's name down to posterity as a benefactor to his kind.

Let those who refuse to admit the curative action of infinitesimal doses, given on the principle of similarity, either acquire a knowledge of the matter by study and observation, or hold their peace.

"But," say they, "who can *imagine* a drop of the thirtieth dilution to contain anything? Who can *imagine* such minute division?" I answer, dispense with this crackbrained imagination. The real presence of the divided medicine is sufficiently shown in the 30th or even in the 100th dilution by its curative action in disease, when administered on the principle of similars, though you may not see or be able to touch the medicinal substance in those dilutions. But your reason will tell you that the facts are such that it appears true to say, that an infinitesimal dose of a medicine exercises a real and powerful effect, similar or superior to the effects of the ordinary dose in the same circumstances; therefore we must believe (logic demands it in the absence of imagination) that the substance is present, and acts in the triturations or infinitesimal divisions. *Ergo* observation and experience must verify the fact stated by Hahnemann and sanctioned by the experience of numerous physicians. The only criterion in such a case is regular, *bonâ fide* experimental research, under the terms of the problem. Who has ever attempted this among the opponents of Hahnemann? They have hitherto claimed no higher title than that of pleasant jesters *(aimables farceurs)*, a term which aptly expresses the low quality of their minds.

Those who read this will understand the reach of the posological reform. Every one who has watched his child's sick bed and observed the rapid and easy cure of the gravest pneu-

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monias, commonly so fatal, will bless this new truth. I will not make its apology. Is it admiration or indignation that is ready to burst from our trembling lips? No matter! I scarcely need say it: infinitesimal posology is a great truth.

I will not speak of the duration of action of remedies, of the new and wise rule given for their repetition, nor of the exclusive use of simple substances, simple formulas, and many other secondary matters, it would carry me too far; and I must not forget the detractor of Hahnemann. In closing this part of my subject, I will say homœopathy is not unmixed error, as most physicians declare it to be; it is a nursery of capital truths in therapeutics.

III.

We have sufficiently established the value of tradition in medicine, and that of the labours of Hahnemann. We have now to consider the respective place and function of each, and to show how medical truths may be brought together to form a whole, wherein every one shall take its legitimate rank; so as both to appear in evidence and receive illustration from neighbouring truths and its agreement with them.

In the preliminary discourse in "L'art Medical" and in the article on "Dupuytren and the Scientific Constitution of his Surgery," we have divided medicine into two parts, the one synthetic, the other analytic. The first comprises nosography, the second ætiology, semeiology, pathological anatomy, and therapeutics. This arrangement will enable us to fix the place and the rôle of homœopathy.

Let us first examine its place in nosography, and then study the influence of nosography upon it.

When the physician describes a disease, he does not trace the picture of the morbid phenomena, their modes of association and succession from mere curiosity; he has in view the end of his art, whereto everything must subserve. He must not deal in speculation, or give the rein to his imagination; he is confined to description by the necessities of his art. He describes diseases so as to be able to recognise them in all their phases, and, notwithstanding the changes they may undergo in their evolutions, that he may foresee the period of their duration, and cal-

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culate the danger, and the chances of a favourable or fatal termination: that he may utilize all the information he may have gleaned, by opposing to his patient's ailment an appropriate treatment, capable of averting danger, shortening the disease, and diminishing suffering. Every disease is thus studied in its nosography in every case for the sake of diagnosis, prognosis, and treatment; and nosology classes diseases in genera and species to facilitate the study of this science by bringing together diseases the most analogous to each other.

The diagnosis having been made, and the prognosis laid down by rule, the question of treatment comes before us. Now what is the traditional rule. The illustrious Professor Lordat shall tell us in the name of medical tradition. "Empirics excepted, physicians are agreed that *all treatment should be deduced from an indication.* The proof of our agreement on this point is that we all insist on the necessity of studying the science of anatomy and of human nature. Those who refuse to do this, and are content with a practice founded on observation *without reasoning*, have formed a sect rejected by the majority from Hippocrites to our own day."—(*Lordat, Physiology.* 240.)

We have before stated that before Hahnemann's reform, the indication rested on a physiological hypothesis. According to him the treatment flowed logically from the indication, and was fulfilled by medicines *supposed* to have an action contrary to that of the hypothetical cause of disease. His own method is to give only those medicines the action of which on healthy persons has been established by repeated experiments. In short, instead of asserting *à priori* that the hypothetical cause of disease must be cured by a medicine of contrary action, Hahnemann bases the relation of indication and treatment on a general law derived from observation and experience stated in the formula *similia similibus curantur, i.e.,* morbid phenomena are cured by those medicines which produce similar or analogous phenomena on persons in health!

Therefore Hahnemann completes medical nosography, preserves and carries to the highest point of perfection the medicine of indications, for he substitutes positive indications and treatments for abstract and false hypotheses, and gives us a for-

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mula drawn from facts by legitimate induction. We may affirm, then, that Hahnemann has crowned our nosographic knowledge with a wise and truly scientific method of treatment, and that he has consequently improved the synthetical part of practical medicine in its most important object.

What influence will nosography exert in its turn on Hahnemann's method?

We know that Hahnemann, through fear of his disciples seeking a remedy for each kind of disease, forbad the study of essential diseases, and declared them to be illusions, chimeras invented only for the convenience of easy practice. Hence all his invectives and proscriptions against those who should call a disease by a name. This is a serious error, although it arise from a good motive; and if it were considered as the keystone of the homœopathic arch, and taken advantage of by ignorance and sectarian feeling, might operate to the serious prejudice of Hahnemann's work. In fact, the first thing to be done in a homœopathic treatment is to make sure of the indication. To do this is to prepare the completest possible picture of the symptoms experienced by the patient and of all the circumstances that may have an influence on their development. I ask of the plainest common sense if it be possible to describe exactly the phenomena of a disease of which we know not the *name*, says Hahnemann, the essence, say we, that is, the fundamental character, the forms, the different combinations, the varieties, the symptoms, lesions, the ordinary causes? Without this fundamental knowledge, what is the pretended picture, or representation of the disease? It is enough to point out this impossibility to physicians for them to be struck with the evidence of it.

But the case to be treated is absolutely an individual one, it will be said, such as is never seen twice. This is a joke. Persons affected with the same disease resemble each other as much as different individuals of the same animal or vegetable species do. There is not absolute identity, but there are all the characters of unity. To arrive at individuality, it is enough to take notice of the differences we have enumerated; as forms, &c., adding thereto idiosyncracies and the genius epidemicus.

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By these means we get the expression, or exact image of every particular case, and this faithful, scientific picture permits no important omission. This is the regular proceeding to be used in seeking real and positive indications. But the picture thus furnished will scarcely ever find its analogue in the Materia Medica as it now exists. We know this perfectly well, and understand therefore why (provisionally at least) the picture of the phenomena follows the order of regions as in Hahnemann's scheme. But who does not see how immensely the practical application of the method will gain in precision when the physicians shall know exactly what form and variety of malady he is called upon to treat, with its several modifications, lesions, progress, duration, and danger? He will then stand at his patient's bed-side armed with theoretical knowledge and practical skill, instead of being the clumsy copyist of symptoms incapable of verification, or having to toil through comparisons of the physiological effects of various substances. If, then, Hahnemann's homœopathy be the complement of nosography in its capital, namely, treatment, the nosographic method in its turn is the scientific complement of the application of homœopathy. Homœopathy, again, necessitates more full and exact nosographic descriptions. And thus these truths mingle and unite to form a more perfect science.

Let us now do for the analytic what we have done for the synthetic part of practical medicine. The latter, comprising ætiology, semeiology, pathological anatomy, and therapeutics, will admit the blessed influence of homœopathy into the three first divisions, and the first results will be an ætiology free from hypothesis, and a semeiology based on a richer symptomatology. But all these are nothing compared to the therapeutical reform.

What are the sources of our knowledge of materia medica? Chance; hypothesis based on colour, odour, taste, on the form of plants; on sidereal analogies, chemical qualities, and finally the effects observed in the course of diseases treated with drug mixtures. For these imperfect notions Hahnemann has given us the results of the experimental method, . . . a general formula stating the relation of the remedy to the disease; based upon observation and experience. His reform, then, consists in

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the substitution of experimental in the stead of hypothetical therapeutics.

It remains to determine the value of the law of similars. Educated persons know that in the sciences of observation, indication is always conjectural. Royer Collard says—"The induction of the physicist is founded on the stability of natural laws, whence it follows that his conclusions are always hypothetical. The laws of nature could never be established except on the universality of facts, whence it follows that the physicist, when deducing an unknown fact from the few known facts, never obtains more than a probability, greater or less."

If the law of similars has the same value as the inductions of physical science, that is good reason why we should view it as the dawn of a new era in therapeutics. It is possible that the form of this new therapeutic constitution may be changed, for no man can assign limits to the progress of science. The knowledge of the pure effects of medicines cannot but be extended by contact with ætiology and toxicology. A classified symptomatology, a precise pathological anatomy will throw fresh light on a pure materia medica, the sphere of which will be enlarged by ulterior observations and experiments, its terminology improved and its primitive divisions be cast aside. Then those substances which have been proved to be useful in diseases are ready to the hand of experimenters for the determination for their physiological actions. If homœopathy has given much to the analytical sciences of practical medicine, it will receive in turn extension and improvement from them.

To conclude:—In practical medicine homœopathy has worked a real and scientific therapeutical reform, both in the synthetical and analytical point of view. It has replaced syncretism and hypothesis, and is destined to become the *science* of therapeutics, the true medicine of indications.

But can it fulfil every indication in every possible case, and so represent all therapeutic science? Is there no truth to be preserved beyond the drugs proved on Hahnemann's plan, beyond the law of similars, and infinitesimal posology? Let every man's experience answer! For my own part I believe in certain specifics, in mineral waters, and other empirical remedies

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which will perhaps some day come under the formula of similitude. As to the little doses, if they succeed in most cases they may fail in those where the medicine would succeed in ordinary doses. From the doses of Rasori to those of Korsakoff I admit every degree of the scale; this is only a secondary question of observation and experience.

We have ended our task and shown the rank that homœopathy, or, if the reader likes it better, the rank that Hahnemann's labours and discoveries ought to hold in medicine. What wonder if carried away by enthusiasm for his great work, he was blind to every thing in medicine except therapeutics, saw in homœopathy the whole of therapeutic science, and failed to perceive the bond that might link his discoveries with tradition, and the vast benefit that would thereby accrue to them! A man of genius does not see everything; and what he does see is through the prism of his peculiar idea: that is human weakness. It is for us, teachers and practitioners, to act the part of *magister definitionum*, and to set everything in its proper place, so as to preserve the unity and harmony of our art.

There is more excuse for Hahnemann than for Boerhaave, who wrote thus:—I would prefer a physician with a knowledge of semeiology and ignorant of everything else, to one who knew everything but it. This is exaggeration. It was error and exaggeration both, which made Bichat say that we knew nothing of disease if we knew not its seat. None would question the importance of semeiology or pathological anatomy, because Boerhaave and Bichat have exaggerated their function. Therefore we should not account it a crime that Hahnemann overrated the importance of the method of indications which he restored, the experimental therapeutics which he founded.

Is it in the name of tradition, of truth in medicine, that Hahnemann and his doctrine are vilified? No! The sect of the organicists, which has occupied every position in the teachings of the schools, pretended to effect a reform in medicine, and most completely failed. In vain do they teach one day the mortality of the soul, that chastity is a crime another; the abyss yawns around them, and their senseless declamations are rarely and faintly echoed. Let us appeal to the friends of

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truth to allow principles freely to ultimate themselves in their consequences; and let us close in the words of a prophetic thinker of our own day:—The time is coming when philosophers shall say to sophists, as Abraham said to Lot, "Separate thyself, I pray thee, from me. If thou take the right hand, we will go to the left."

CONTRIBUTIONS FROM THE HOMŒOPATHIC HOSPITAL IN LEOPOLDSTADT,

By Dr. Wurmb, of Vienna.

It is self-evident that a physician of a public hospital must have a large number of cases of diseases under his care; hence his contributions must, at least in a statistical point of view, prove of some interest. In reference to the following reports allow me previously to remark that they are the result of five years of observation, viz., since 1850 and inclusive of 1854, and that I usually prescribed the 30th dilution during 1850, 1851, and 1852, and the sixth the two following years.

During the five years 3,789 cases were admitted into the hospital; 3,165 were dismissed cured; 381 were discharged incurable; 211 died; 32 remaining.

The admissions of the several years were as follows:—

	Admitted.	Died.	Rate of mortality.
In 1850	727	42	5·7 per cent.
„ 1851	737	35	4·7 „
„ 1852	776	40	5·1 „
„ 1853	828	48	5·4 „
„ 1854	721	46	6·3 „
	3,789	121	

The average rate of mortality amounts, then, to 5·5.

The diseases which came under treatment will be shown by the table at the end of this report.

In 1850 there were 156 cases of cholera treated by us in a separate locality; of whom ninety-eight recovered and fifty-eight died.

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The various diseases which I purpose discussing are, inflammation of the throat, pneumonia, pleuritic effusion, peritonitis, rheumatism, dropsy, typhus and nervous diseases.

I. *Inflammation of the Throat.*

There are but few diseases which offer to the homœopathist such numerous opportunities for verifying practically the correctness of his views, as is the case with inflamed sore throat. We will, however, venture upon a few remarks, although, perhaps, in other respects this form of disease may not be particularly interesting.

The cases of angina treated by us amount to 173, and are arranged as follow.

a. Acute inflammations of the throat:—

„	„	catarrhal occurred	18	times.
„	„	submucous „	15	„
„	„	diphtheritic „	2	„
„	„	aphthous „	8	„
„	Tonsillitis	parenchymatous „	67	„
		follicular „	43	„

b. Chronic sore throat:*—

„	„	catarrhal „	7	„
„	„	ulcerated „	4	„
„	Tonsillitis	follicular „	5	„
		aphthous „	4	„
			173	

Catarrhal inflammation of the throat, although of very frequent occurrence, does not often come under treatment in hospitals. On account of the slight local affection, as well as little constitutional disturbance, patients rarely apply at a public institution. In the same way that ordinary catarrh follows a varied course, according to its extent, individuality, and epidemic character, so is this likewise the case in catarrhal inflammation of the throat. Nevertheless under homœopathic treatment we may regard the disease as of short duration, for

* By chronic sore throat we mean inflammation of the fauces in which the tonsils are not most prominently or solely affected.

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it rarely lasts longer than five days, while the expectant treatment takes eight or twelve days.

As to the treatment, the choice of the remedy varied from Hepar sulph. to Calcar. and Belladonna. For dryness, slight redness, and swelling of the mucous membrane of the throat we gave Hepar sulph.; for greater redness and swelling of the mucous membrane, with increased sensibility, attended with decided febrile action, we administered Belladonna. Sometimes, after acute inflammation, there remains behind for weeks a condition similar to that mentioned as requiring Hepar. sulph. From repeated experience we can best recommend the latter remedy as one rarely failing. Nux vomica and Ignatia, on the contrary, which we have several times used in similar cases, have regularly failed, which cannot be wondered at, as the direct relation between these remedies and the mucous membrane of the throat is not by any means great. In only one instance did we succeed in removing with Nux vomica a peculiar irritability of the fauces, with a swollen sensation, the result of inflammation.

The submucous inflammation of the throat, which is distinguished from the catarrhal by great redness and swelling of the mucous membrane, by great difficulty of swallowing and considerable disturbance of the vascular system, with tendency to suppuration, yields most readily to Belladonna and Merc. solub.

The action of Belladonna is so well known to every one, and even to our allopathic opponents, in the disease under notice, that it is unnecessary to make any further remarks. We may, however, here state that very seldom have we seen a case in which it was the proper remedy last longer than three or four days, and that the subjective symptoms were diminished or disappeared very often in a few hours, and always in a short time after its use. We have always given the preference to Mercurius in imminent suppuration, or when the latter has already taken place.

Inflammation of the tonsils, tonsillitis, we have, on account of the treatment, divided into two forms, viz., the parenchymatous and follicular.

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Parenchymatous tonsillitis seldom exists alone, but is mostly associated with submucous inflammation of the fauces; hence it requires the same treatment. The duration of this disease varies according to circumstances, whether the character of the epidemic is or is not distinguished by early suppuration. In the latter case we have observed, on the average, from four to five days from the commencement to the cure. It is, further, an undeniable fact that at those periods in which inflammation of the tonsils mostly passes into suppuration, by the employment of Belladonna the disease has much more rarely that termination. Should suppuration, however, take place, it is very much accelerated by Merc. solub.

Follicular tonsillitis is mostly of longer duration. Here, however, there are several foci of inflammation, and these are in different stages. This form not unfrequently assumes the chronic character, and after long continuance readily suffers a relapse. In fresh cases we used Merc. solub., in more protracted ones Hepar sulph., and in one instance we experienced a very favourable result from Iodine.

In one case, in which there had commenced a considerable diphtheritic coating of the tonsils and fauces, Spongia proved very beneficial.

We never saw any particular result from the use of Lachesis in the different forms of Angina.

(*b*) *Chronic Inflammations of the Throat.*

Chronic inflammation of the throat did not come very often under our notice, as we have had but twenty cases under our treatment. The most of these were in scrophulous subjects. Hepar sulph. was usually prescribed in the catarrhal form; Iodine proved beneficial in other cases.

II. *Pneumonia.*

In a former report of the results of homœopathic treatment of pneumonia, we assumed that our method of treatment had proved very powerful in this disease. Now, after five years observations we can not only repeat the assertion with the greatest certainty, but must state that the treatment is much

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more in favour of homœopathy. During this period 119 cases of pneumonia were admitted into our hospital, of which 110 were discharged cured; one remained under treatment, and eight died. The absolute rate of mortality, viz. 6·7 would of itself prove the excellency of the homœopathic treatment, especially as not a few cases were admitted in the advanced stages of pneumonia and after abundant blood-letting. We may, however, venture to abstract three from the number of deaths, for two were admitted nearly dying; and in another case death was caused by cholera, thus the rate of mortality would be reduced to 4·3, which would add greatly to the honour of homœopathy.

The number of cases of pnemonia in each year is as follows:

In 1850 were admitted		19	cases;	no death.	
1851	„ „	35	„	„	
1852	„ „	31	„	3	deaths.
1853	„ „	15	„	2	„
1854	„ „	19	„	3	„
		119		8	

As in the above-mentioned years the treatment as well as nursing were the same; the difference of the rate of mortality must be ascribed to the character of the prevailing epidemic.

These fortunate results we obtained from an extremely limited circle of remedies. Sulph., Phosp., Aconit., Bryon., Tart. stibiat., and Belladon., were those employed. Sulphur was most frequently prescribed, that is to say, in every case in which no particular symptom indicated a departure from the ordinary form of pneumonia. We administered Phosphorus in those cases in which there existed a suspicion of tuberculosis, or where a high degree of erethismus indicated a tendency to a typhoid condition, &c. Aconite proved of important service in the commencement of the disease as it diminished the orgasm; we must leave it undecided whether it exercises any influence on the disease itself. Bryonia was only employed when the pleura costalis was affected in a high degree, when great difficulty of breathing was caused by violent shooting pains. Tartarus stibiatus, during the whole period, proved very useful in œdema of the lungs. We saw on one occasion very beneficial results

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from its employment in a case in which there was long obstruction in the absorption of the infiltrated matter. Belladonna was, indeed, but rarely used, excepting in two cases with surprising advantage. In both cases the patients were powerful, robust individuals, and complained of great confusion of the head. The face was swollen, look wild, pulse extremely hard, cough dry and spasmodic. Arnica was only once ordered, because the disease had a traumatic origin. We soon had recourse to Sulphur, as the symptoms were those of simple pneumonia.

III. *Pleuritic effusion.*

Cases of pleuritic effusion rarely came under our notice. Most of the cases of pleurisy under our care were rather simple congestions of or irritable conditions of the pleura, than inflammation attended with effusion, therefore they were placed by us in the rubrics of catarrh and rheumatism. The whole amount of affections of the pleura *with very evident effusion* reached to thirty-five. The rest of the cases we have not reckoned, as they appeared to us unimportant.

Those who are well acquainted with the course of this disease in different individuals, will certainly not be surprised at our not passing a general opinion on the results of our treatment, but simply stating that of these thirty-five cases, there were but three deaths, and that only eight were discharged not completely cured.

Post mortem examination showed in one case a hemorrhagic effusion, and in the two other cases an effusion of pus.

Respecting those discharged not cured, we have to make the following remarks:—Some had not the patience to submit to a longer treatment. Then one man left the hospital at the end of eight days, and a woman in eleven days. Two more of those discharged not cured, were so much better that, perhaps, other physicians would have classed them as cured; for excepting the physical indications of organized effusion, no other ailment was discernible. In all the other cases there was proof of more or less tendency to tuberculous deposits.

Twenty-four were perfectly cured. The time taken to effect a perfect cure varied considerably, as it depends upon the nature

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of the malady. Thus in one patient every symptom had entirely disappeared in ten days, while in another robust man the cure was only effected at the expiration of fourteen weeks. Pleurisy attended with the greatest fever follows generally the shortest course, while on the contrary, when arising gradually or slowly, it disappears but slowly. The age likewise, and the temperament of the patient, with a number of other but partially known causes, exercise a great influence on the duration of the disease. Hence, although it is scarcely possible strictly to state a general result, there yet remains that of individual cases. We may certainly not be able to maintain that many cures of pleuritic effusions are effected by art, but we can nevertheless venture to assert, that many cases are undoubtedly accelerated by art, and we only regret that this is not the place where, by entering into details, we should be able to prove the justness of our observations.

Sulphur was here, likewise, the remedy most frequently used; it was given twenty-five times alone, and six times before or after other medicines. As in pneumonia, so also in pleuritic effusions, which followed a simple course without originating in any particular dyscrasy, sulphur seems to us to be well adapted for the removal of the effusion. When the disease was unaccompanied with any considerable febrile action, we prescribed sulphur from the commencement, otherwise, immediately after the removal of the fever. The latter we treated with Bryonia, especially when there were violent shooting pains in the chest, more rarely with Aconite. In weakly, cachectic looking individuals, with probable breaking up of the exudation and long standing effusion, with approaching debility, we found in Arsenicum a remedy which cannot be sufficiently lauded, to which we attribute the cure of a case which to all appearance was hopeless, as well as of some other very severe maladies. Besides these four remedies Lobelia was used twice and Spigelia once, without any result.

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SEPIA.

By Dr. V. Meyer.

(*From the Homœopathische Vierteljahrschrift, 4ter Jahrgang, 2 Heft.*)

(Continued from p. 654, vol. xiii.)

The impediments to the circulation originating in the portal system must gradually be transmitted from one organ to another, as we here observe to be the case in the affection of the stomach and intestinal canal. The impeded reflux in these central organs of reproduction must necessarily give rise to important disturbances in the process of digestion; it is undeniable that these disorders must be greatly increased by the reflex action which such a state of congestion of the mucous membranes must exercise on the nerves in immediate proximity with these organs. Sepia unfolds, as has just been remarked, a large number of symptoms, which are principally seated in the stomach and colon. In the first place we will remark that the tongue, which is considered by both the laity and the profession as a sure criterion of the state of digestion, is covered with a white slimy coating, accompanied with a bad odour of the mouth and variously disordered taste, loss of appetite, aversion especially to meat, nausea, particularly in the morning and after eating. Various disordered conditions arise after a meal; a very annoying weight and fulness in stomach and abdomen, congestions of the head and chest, with supervention of rheumatic pains. Attacks of *cardialgia* are well defined; the pains are principally drawing, pressing, scraping, shooting and external, at times even to the back; the epigastrium is sensitive to pressure; *pyrosis*, a sign of an abnormal intermixture of the secretions of the stomach, is likewise readily induced. There are even a few symptoms which indicate *a perforating ulcer*, either caused by a chronic catarrhal condition of the stomach, or what is still more probable, by a certain acridity of the secretions. The following are the symptoms:—

A severe pain at the cardiac orifice of the stomach on swallowing

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food. Painful eructation; blood comes up into the mouth (after fast riding.) Eructation of blood in a very warm room.

The following symptoms we consider as an indication of the *pulsatio abdominalis*:—

A beating in the scrobiculus cordis while eating, becoming greater according to quantity taken.

The hiccough induced by Sepia is dependent on irritation of the vagus by the hyperæmic condition of the stomach causing spasmodic action of the diaphragm. Hence hiccough is a very frequent accompaniment of catarrh of the stomach, and especially of the weakened stomach.

A large portion of the symptoms arising from disordered digestion are owing to flatulency, which are so abundantly produced by our medicine. The most frequent cause of the abnormal evolution of gas in the intestinal canal is attributable to a paralysed condition (atony or torpidity) of the tractus intestinorum, in which case on the one hand there is an enfeebled action of the muscular coat of the bowel, and on the other an abundant mixture of the gastric secretions. A greater variety of painful sensations are caused in the various organs already mentioned according to the greater necessity for the evacuation of the accumulated flatus either by the mouth or anus, and the facility with which this takes place. Hence we find among the symptoms of Sepia,—pressure in the scrobiculus cordis, with yawning and rumbling—(borborygmi caused by air moving either in the stomach or intestinal fluids)—frequent eructation, abdominal distention after eating, with alleviation by discharge of flatus, colicky pains. The stool is partly costive, partly fluid, as is frequently found in similar abdominal affections; various symptoms occur before and during the stool. The urine deposits earthy sediments, a frequent symptom in gastric disorders.

If the whole of these symptoms arising from disordered digestion are considered as an evident proof of the sphere of action which we have assigned to Sepia, it will be found that the following symptoms will still further corroborate such an opinion.

3. Hæmorrhoidal Affections.

Pain in the rectum during stool and afterwards for a long time

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while sitting. A contractive pain in the rectum extending to the vagina. Cramp-like pain in the rectum. Cutting in the rectum. Stitches in the anus. Burning in the anus. Itching in the rectum and anus. Three liquid acrid stools in the day, followed by protusion of varices, which are very painful when sitting. Protusion and itching of internal varices. Soreness in the rectum, mostly between stools, and a pressing outwards even when lying down, in paroxysms every hour, with varices of the anus which are sore on being touched. Great protusion of internal piles when walking. Great protusion of internal piles while at stool. The external piles are painful. The external piles appear to be indurated. An attack of a pressing drawing pain in the umbilical region, followed by a mucous discharge from the anus with tenesmus and shooting; soon after congestion of blood in the chest, with anxiety and uneasiness, which after dinner passed into a sort of fever; internal heat alternating with shivering, and sweating of the head from 1 to 4 o'clock, then headache which left behind a pain in the neck; the following day a recurrence of the same attack. Great desire to go to stool, with only a discharge of flatus and mucus, and a sensation of a plug in the rectum. A hard and difficult evacuation although mixed with mucus. A discharge of blood without a firm stool. *Discharge of blood during stool.* Blood at each stool for eight days. Much blood during stool, preceded by cutting in the abdomen. Some blood daily during stool for a long time. Bleeding of external piles when walking. Itching inflammation in the penis, causing a great desire for an embrace. Heat and itching of the glans penis, with soreness of the prepuce. Heat of the glans, with a pale red and at times itching eruption. Red points on the glans penis. Great moisture under and on the glans, a puriform fluid of a sour saltish odour, with itching. The prepuce matters and itches constantly. Red and almost sore papulæ appearing and disappearing on the inner portion of the prepuce and on the glans, with a ticklish sensation on being touched. Itching of the pudenda. Soreness and redness of the labia, of the perineum, and posteriorly between the thighs. Violent stitches in the pudenda. Blood-red urine. The urine deposits blood in the vessel. Pressure on the bladder and frequent passing of urine, with tension in hypogastrium. *Constant urging to urinate with painful pressing in the pelvis early in the morning.* Frequent and very urgent desire to urinate. Great desire to urinate in the evening, with burning afterwards. After heat, redness and puffiness of the face for two hours,

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soon followed by fulness and inability to urinate for fourteen hours, which was succeeded by urgent desire to pass urine every quarter of an hour, with but a scanty discharge; many similar periods of stoppage of urine and urgency to urinate occurred, on the last of which occasions the retention of urine lasted for twenty hours, notwithstanding the quantity of fluid taken. He was obliged to pass water two or three times in an hour; there was pressure of the bladder, still he was obliged to stand a long time before he could pass urine, which he at length did without pain; when attempting to stop he is seized with agony, and pressure on the bladder. Pressure to urinate early in the morning, and urgent desire to pass water, in which he only succeeds after some minutes.

It is too well known that hemorrhoidal affections are the most frequent consequences of obstructions in the portal system, to need any further discussion. The Sepia symptoms which have been above mentioned are concise delineations of the disease,—itching, shootings, burning in anus, varices, and discharge of blood and mucus. We likewise find in the female provers the intertrigo hæmorrhoidalis in the perineum which so often accompanies hemorrhoids, and in males the eruption and increased mucous secretion of the glans penis. Congestion of the mucous membrane of the bladder is often the cause of blood appearing in the urine. Not unfrequently a species of spasm of the bladder is caused by this condition of the mucous membrane, as well indicated in the symptoms above detailed. Although I am willing to allow that this affection may be sometimes cured by Sepia, although there may not be any perceptible congested condition of the mucous membrane, the existence of spasm being the only symptom of the malady indicating the use of our remedy, nevertheless it seemed to me better to mention this symptom here.

We will next pass to the consideration of those affections of mucous membranes which so frequently result from stagnation in the venous system.

4. Catarrh.

(a.) Catarrh of the inner portion of the mouth.

The internal portion of lower lip as if sore, and covered with numerous painful blisters. Swelling of the mucous membrane of the

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mouth and of the inner portion of the gum, so that the cavity of the mouth appears diminished. The mouth swollen internally, so that almost no food can enter. Pain in the right side of the tongue (which is covered with thick mucus) impeding chewing and speaking with clearness. The tongue is painful as if from a sore. The tongue is painful as if burnt, for some days. The fore part of the palate, immediately posterior to the teeth is painful as if burnt on being touched with the finger or tongue. Vesicles on the tongue and pain as if burnt. Sharp biting in the anterior portion of the tongue. Dryness and roughness of the tongue and palate. Frequent dryness of the mouth as if the tongue would adhere to the roof, without thirst. Dryness of the mouth, throat and tongue, which is quite rough early in the morning.

(b.) Catarrh of the Œsophagus.

Pressure in the throat, towards the back part, when swallowing food in liquids. Sore throat with swollen cervical glands. Pressure in the throat in the region of the tonsils, as if the neckerchief were fastened too tight. Inflammation, great swelling and suppuration of the left tonsil; he could not swallow for pain, with heat in the whole of the body, thirst, and burning in the eyes. Pressure and cutting in the throat when hiccoughing, with phlegm in the throat. When hawking up the phlegm, the pressure, pinching and cutting become much worse, as if the throat were cut with scissors, followed by bleeding; likewise compression of the head, heat of the whole body, fever, pulse 108; towards evening an intermediate state, in which he knows not whether he is awake or asleep. Frequent awaking during the night with troublesome dreams and phlegm in the throat; on getting up, debility, forehead covered with sweat, and vomiting, so that he must lie down again directly. Pressure in the throat, as if from a plug which he feels he must swallow; by hawking and coughing some phlegm is got up. A constrictive pressing sore throat immediately over the larynx. *Sore throat, a shooting in the uvula, both sides somewhat reddened and very sensitive on swallowing*, the whole day, with shivering and accumulation of viscid phlegm. Soreness of the throat in swallowing. Biting and scraping sore throat, posteriorly in the gullet and in the palate, as if from a violent cold. First a biting, then cutting, sometimes also a pressing sensation on the left side of the fauces. Scraping in the throat in the evening. Scraping sensation in the throat in swallowing. Roughness

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in the throat and burning, increased by hawking. *Dryness in the throat* the whole day. Dryness in the throat in the evening before going to sleep, not diminished by drinking. Feeling of heat in the throat.

(c.) Catarrh of the nose.

Sneezing every morning in bed. *Frequent sneezing, with scarcely any cold*, for several days. Very viscid nasal mucus. Dryness of the nose. Dryness in posterior nares, nevertheless much mucus in the mouth, with involuntary urgency to swallow. Feeling of dryness in the nose and fauces. Obstruction of the nose; hardened mucus is discharged. Stoppage of the nose and difficult breathing. Stopping of the head, and creeping pain in the forehead and eyes, constant inclination to cough, with a dry cough during sleep, without waking. Feeling as if he had a cold with fever attended with weakness of the legs, and drawing in the arms. Severe cold, sore throat, rawness of the chest, headache and toothache, especially after eating. Cold for several weeks. Cold with diarrhœic stools. Severe fluent catarrh with great pains in the occiput, and painful drawing in the hips and thighs for a couple of weeks.

(d.) Catarrh of the larynx and bronchi.

Sudden hoarseness. Hoarseness with fluent catarrh. *Hoarseness* that a loud word cannot be articulated. Hoarseness with weariness and chilliness. *Hoarseness with dry cough* from tickling in the throat. Dryness of the larynx early in the morning. Feeling of dryness in the trachea. Frequent pressure in the larynx, early in the morning, though without pain. Accumulation of mucus in the larynx very difficult to be expectorated by coughing, but easy to be swallowed even when deeply inspiring. Cough from tickling in the larynx, without expectoration. Great inclination to cough from creeping in the chest. Coughing and sneezing every morning until nine o'clock, with sneezing very early in bed. Coughing when going to sleep. Cough, mostly in the evening in bed, with vomiting. Cough is worse in the evening after lying down. Severe cough when lying in bed, only in the evening, with little expectoration, but with bitter vomiting. When coughing she feels very ill, she is sometimes obliged to retch. Cough which affects the chest and stomach very much. The inclination to cough arises so suddenly and violently that the breath cannot be taken quickly enough, and the chest is spasmodically

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contracted. ***Cough which causes to awake up in the night.*** Sensation of a painful rent in a small spot of the brain during a slight cough, as if something was rent away. Cough with stitches in both sides of the epigastrium. Cough with stitches in the back. The upper portion of the sternum is painful while coughing. Spasmodic cough. Scraping cough, as if he had fallen on the chest. Cough often dry, asthmatic, with pain in the epigastrium and scraping, rough soreness in the larynx, not perceptible when swallowing food; the cough does not awake out of sleep, but is severe and constant after waking; occasionally there is rattling in the trachea followed by mucous expectoration. Dry short cough in the evening, with intermitting stitches in the right hypochondrium, for several hours. A severe dry cough, with stitches in the right breast. Cough with slight expectoration, with whistling and rattling in the chest. Cough with expectoration and pain in the right breast, especially violent when stooping and lying on the right side. Very frequent expectoration of mucus from the throat. Much mucus in the throat, with hacking and hawking. Mucous expectoration from the chest, without much coughing and without dyspnœa. Mucous, white expectoration, like millet seed. Very salt-tasted mucous expectoration. Grey and yellow expectoration with cough. Yellowish expectoration with a taste of rotten eggs. Expectoration with streaks of blood, after dinner. Expectoration of blood, every morning, without pain in the chest. Abundant puriform expectoration with severe cough, oppression of breathing, and rattling; the least motion affects the breathing. When coughing nothing can be expectorated; he becomes quite out of breath.

(e.) Catarrh of the uterus and vagina.

Mucous discharge from the vagina, with blood. Discharge of a greenish-red fluid from the vagina during pregnancy. Leucorrhœa, with shootings in the uterus. Leucorrhœa with itching in the vagina. Leucorrhœa as clear as water. Leucorrhœa if there are frequent eructations and retching. Abundant leucorrhœa especially after passing urine. Leucorrhœa, like milk, only in day time, with burning pain, causing soreness between the legs. Abundant leucorrhœa, with lumps of mucus of a bad odour, and a drawing pain in hypogastrium. Leucorrhœa, with the appearance of pus. Yellowish leucorrhœa.

It is not by any means surprising that when the entire venous

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system is distended with blood, that the mucous membranes which are so abundantly supplied with vessels should likewise become affected. In consequence of the obstructed circulation the mucous membranes become congested, mucous cells are formed instead of epithelium, the proximate cause of catarrhs. As Sepia induces a high degree of venous congestion, it likewise occasions this morbid condition of the mucous membranes. The mucous membrane of the mouth becomes congested, distends and creates dryness of the tongue and palate. The angina faucium is well marked. There are all the symptoms of a cold with stopping in the head, so that we may venture to assume that the symptom, indicative of fluent coryza, is but an alternating action of Sepia. The laryngeal and bronchial catarrh are first manifested by hoarseness and dryness in the throat, soon followed by cough partly with and partly without expectoration; dyspnœa is rarely present. The Sepia-cough has this peculiarity, it occurs mostly in the evening, when lying in bed, or during the night, awaking one out of sleep. The seat of the irritation causing the cough appears to be more in the larynx than in the chest, although it is undeniable that through the hyperæmic condition of heart and lungs it may also have its seat in the remote bronchi. The catarrh of the vagina and uterus occasions leucorrhœa. We have already shewn how readily these organs sympathize with the plethora of the venous system, therefore it is not surprising that the symptoms of fluor albus should be so well marked. This abnormal secretion has however nothing very characteristic, it is sometimes clear as water, sometimes like milk, puriform or yellow; but my own experience goes to prove that Sepia is a sovereign remedy for leucorrhœa, especially when originating in venous hyperæmia.

The affections of the skin are next in order to those of the mucous membranes, as the latter are but continuations of the external envelope of the body.

5. Affections of the skin.

Soreness of the skin of the whole body. The skin of the whole body is very painful on the slightest touch. *Itching in the face, of the anus, hands, back, hips, feet, abdomen and genitals.* The itching

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is changed to burning. Pricking of needles all over the skin, in bed in the evening, when warm. Red spots on the neck and beneath the chin, without any sensation. Yellowish brown spots about a quarter of an inch, around the neck, which desquamate on being rubbed. Lenticular, red, and unsensitive papulæ, here and there in the hands, which yield a little moisture on being pricked. Itching pustules in the joints, especially in the bend of the elbow, and behind the knee, on the foot, in the evening and early in the morning more than in the day. Itching blisters on the face, hands and feet. Painless desquamation of the cuticle in large and small, mostly round spots, especially on the hands and fingers.

The skin, owing to its absorbing and excretory powers, is subject to many primary affections. It likewise often indicates the condition of the powers of nutrition, and of the vascular system, so that any affection of these is quickly shewn by the appearance of the skin. This is more evident in obstructions of the circulation. We have shewn above that a yellow colour of the skin is one of the physiological products of Sepia. The continued and constantly increased venous obstruction causes an unusual sensibility of the skin, as shewn by an itching over the whole surface of the body, soon changing into a burning and shooting. Subsequently red and brownish spots arise as well as pustules and blisters. Sepia is of essential service in such affections, especially when arising from obstructed circulation. Its use was attended with surprising success in a lady who was troubled with a herpetic eruption, the sequel of a hypertrophied liver. I have likewise succeeded several times in removing an annoying itching with Sepia.

We have already seen from the symptoms recorded under the head, catarrh of the throat, that the glandular system which is so closely connected with the skin, is also implicated, and we only proceed to mention here two symptoms:—

Swelling of the axillary glands. The gland in the right axilla swells and suppurates.

We have at length arrived at that abnormal condition arising from a highly congested state of the venous system, with which Sepia will be found most amply to correspond.

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6. Rheumatic and Gouty Affections.

(*a.*) *Of the Head.*

The scalp is painful when touched, as if the roots of the hair were painful. Very painful twitching in the forehead. Some violent undulating jerks of pressive headache, entirely in the forehead. Pinching jerks in the head, early in the morning when rising. Tearing in head, over the forehead and in the eyes from 2 o'clock in the afternoon until going to sleep at night, tearing in upper part of the forehead on right side. Violent tearing in the forehead, extending downwards to the right ala nasi, for a short time. Tearing in the left frontal protuberance. Tearing over the eyes. Tearing in the left temple to the upper part of the left side of the head. Tearing in the occiput, close to the neck. Tearing in the left cheek extending to the ear and occiput. Drawing pain, as if in the external surface of the forehead, extending to the occiput in single tugs. Drawing pain in the occiput, which pains when touched externally, as if ulcerated. Painful drawing in the lower part of the occiput, sometimes on the right, sometimes on the left side. Superficial drawing and boring in the head, more at night, preventing him from remaining in bed at midnight; the pain drew towards the temple, the ear and teeth. Rheumatic drawing in the left side of the head. Tearing, drawing and shooting from the forehead and occiput to the vertex. Tearing in the superior maxilla. Oscillatory contraction in the vertex, in the evening. A contractive pain in the forehead. Shooting headache, in both temples, in the evening. Shooting headache, to the eyes, outwards, the whole day. *Shooting in the forehead*, with nausea, (she could not eat anything) ameliorated by lying down. Pricking in the forehead, like needles, daily on walking quickly, with vomiting. Violent headache during the night, with vomiting. Violent shooting outwards above the left orbit, with entire closure of the eye, early in the morning, from the time of rising until noon, for three consecutive days; slightly ameliorated by the open air. Pain only in the fore part of the head, mostly towards the forehead, a pressure on the brain occurring eight to ten times an hour, again subsiding in half a minute, then entirely absent for an hour or an hour and a half; it returned slightly the second day. A dull pressive pain in a small spot of the occiput. Pressure in the vertex after mental application. Pressing, digging, jerking headache with stiffness of the neck, and sensitiveness of the head on being touched.

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(b.) Of the Teeth.

Violent toothache after eating, in the posterior superior molar of the right side, foom cold, the pain then went to the fore part of the head, finally affected head, cheeks, and both rows of teeth of the right side, ceasing at night when in bed. Toothache in a sound tooth when in a warm room, but not in the cold open air. Tearing toothache to the left ear outwards, during and after eating. Tearing in the lower jaw, below the incisors. Tearing and jerking toothache from six o'clock in the evening until after midnight. Rending and jerking in the teeth, in the afternoon; worse when lying down, with great salivation. Single jerks in the teeth day and night; when a draught of air enters the ear or mouth, it causes a jerking with much uneasiness. Pressing jerks in the teeth, mostly when stooping. Drawing toothache when any thing hot or cold enters the mouth. *Drawing* in a hollow *tooth* extending to the ear, aggravated by cold water. Drawing cutting toothache. Awaking often at night from aching of the molars, extending upwards to the forehead. Dull pressing pain in the molars, with pain in the submaxillary glands. Rheumatic pressure, goes through the teeth and forehead in single jerks.

(c.) Of the Trunk.

Stiff neck. Stiffness in lower part of back, so that it can only be straightened with difficulty. Stiffness of the back, which disappears on walking. Painful tension of one side of the neck as if swollen. Painful tension in the left shoulder blade towards evening. Painful tension under the shoulder blade of the right side, on the left side when lying. Drawing in the shoulder blade, with intercurrent jerks. Drawing between the shoulder blades and above in the chest. Drawing and shooting in the nape of the neck even when at rest, causing dyspnœa. Rheumatic drawing in the testicles, likewise in the thigh. A shooting pain from the shoulder blades downwards through the ribs, in the right side of the back during inspiration, lasting about the same length of time in any position, rather less when walking in the open air. Fine shooting in the shoulder blade, side, and one breast, only when sitting and quick walking; it ceases when walking moderately, and on leaning on the painful spot. *Shootings over the right hip posteriorly, for four days, almost constant,*

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she could not lie in the night for pain, and the spot was painful on being touched, as if ulcerated. A severe pain in the back, as if from a blow with a hammer on stooping suddenly, accompanied with a shooting tearing pain, so severe that he thought he should fall down and lose his breath. Pressing the back against a hard substance relieved the pain, he was seized with a sudden shooting in the sacrum when raising himself up, so that he did not dare to move himself for pain, and was obliged to walk bent double, and had painful shootings when he stumbled against anything with his foot. Rather strong pressure in a small spot, superiorly, between the shoulder blades. Pressure on the spinal column, above the sacrum, with rheumatic drawing in the nape of the neck. Burning pressure in the spinal column. Pain in the sacrum when walking, in the afternoon.

(*d.*) *Of the Superior Extremities.*

Tearing in and on the left shoulder joints. Tearing in the arm, from the wrist to the shoulder, so that the arm can scarcely be stirred for pain; on hanging down it becomes blue and benumbed; most of the pain is in the night, less in the day when at rest. Tearing in the left arm, in a small spot above the elbow. Tearing, sometimes in the left, sometimes in the right forearm, near to the wrist joint. Tearing in the hand. Tearing in the last phalanx of the right forefinger. Drawing tearing at the under part of the forearm. Pressing tearing in the left forearm, in and on the bend of the elbow. Shooting tearing in the left wrist joint. *Drawing pain in the shoulder joint*, early in bed, for an hour after rising. Drawing pain in one arm, then in the other. Drawing pain in the right wrist joint. Drawing and pulling in the shoulder, when at rest. Drawing in the arm downwards to the fingers. Drawing and shooting on all the fingers of the left hand. Squeezing drawing in the right shoulder, as if in the whole side. Tearing drawing of the outer side of the left hand, through the forearm to the elbow. Gouty drawings in the finger joints. Drawing and tension in the left shoulder joint, subsiding on moving it. Tension in the elbow joint as if too short. *Tensive pain of the middle joint of the finger*, especially when bending it.

(*e.*) *Of the Lower Extremities.*

Severe tearing from the hip joint to the foot, hindering sleep.

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Tearing in the right thigh when walking, with pain at the part on being touched. *Tearing in the right knee*, as soon as it is cold; no pain on being touched. Tearing around the knee and ankle bone, only when sitting and lying. Slight tearing between the left knee and calf. Tearing sometimes above and sometimes below the right calf. Tearing above and below the right knee. Tearing in the right foot. Tearing in the right sole close to the toes. Tearing and shooting in the heel, day and night, painful when taking a step as well as when at rest; it was pale and cold and as if insensible when touched. Tearing in the great toe. Tearing in the right little toe. Pressing, shooting, tearing pain in the womb, extending to the thigh when stepping out in walking. Drawing from the hips downwards to the soles the whole day. Drawing and pressing in the legs, from the knees to the toes, worse when sitting and lying, better when walking. Gout-like drawing in the knees. Drawing in the thighs. Severe drawing pain in the knees, when walking and rising from a seat. Drawing pain in the leg to the heel, with a shooting in the latter. Tension in the sinews above the knee, when walking up stairs. Tension in the calves. Tension in the articulation of the foot, as if too short, when walking. Tensive pain in the tendo Achilles. Tensive pain in the dorsum of the left foot, so that it is impossible to walk on the pavement. Painful shooting in the left thigh when walking. Shooting in the knee. Shooting and cutting in the bend of the knee. Shooting immediately under the patella when walking quickly. Shooting pain in the sole of the foot, also when touched, with difficulty in walking. Shooting in the dorsum of the foot, very painful when walking on the pavement. Shooting in the sole of the left foot, even when sitting. Shooting in the heel, only at night. Wakeful for several nights, on account of a burning shooting in the heel. Shooting in the heel and in a corn during the day. Spasmodic shooting in the heel during the evening, as if the tendons were too short when stretching out the foot. Burning shooting in the outer point of the great toe. Painful swelling of the knee with tightness when at rest and when moving. Swelling of both thighs. Swelling between the tibia and calf.

Notwithstanding that the rheumatic and gouty affections have not been considered separately, they must not by any means be held as generally identical. While arthritis originates in a dyscratic condition, this is not usually the case in rheuma-

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tism. While uric acid abounding in the blood gives rise to gout,* rheumatism is certainly occasioned by the application of cold to the skin. The predominance of urie acid is caused by a redundancy of acids in the digestive passages, by which the whole of the blood becomes affected. The ease with which the skin becomes affected by cold may on the other hand arise from very varied causes. It has been assumed in the course of this essay, that both conditions may exist with a high degree of venous congestion. Sepia is capable of producing, as we think has been satisfactorily proved, the primary state of both diseases, from which other conditions arise presenting either the gouty or rheumatic diathesis. We need not be surprised at not finding among the symptoms of Sepia the diseased products of arthritis, the earthy concretions, which have been considered by many authors as the peculiar and essentially diagnostic indication, as we could not expect that any person would carry his physiological experiments so far. When we consider further, that in respect to their symptoms both diseases bear a very strong resemblance, that they both attack the same tissues, and that chronic rheumatism occasionally passes into gout, without its being possible to draw any distinct line of demarcation between the disorders, no apology will be necessary for not giving both morbid conditions a separate consideration.

In passing in review a summary of the individual symptoms, we shall find that the above mentioned affections shew themselves in the head in various ways; the scalp is very sensitive, jerks and twitches, tearing, drawing and shooting affect layers or small portions of this part of the body. Sometimes these affections of the head are periodical and are accompanied with nausea and actual vomiting, a symptom of frequent occurrence in females who suffer periodically from megrim; in which cases Sepia has in my hands often proved very beneficial. The *toothache* is of a truly rheumatic character. It is caused by cold and a draught of air, is aggravated by eating, goes off with warmth and when in bed, but occasionally returns at night. The tearing and drawing pains are predominant, but as is often

* *Gicht*, which we have rendered *gout*, is more properly *rheumatic gout*. The term gout is usually limited to podagra. Its German synonym has a wider signification. [Eds.]

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the case with rheumatic pains, they are not unfrequently jerks and twitches.

In the *trunk* we first remark a rheumatic stiffness, which especially attacks the back and neck; then a tension between and in the shoulder blades and in the back; drawing and shooting in the same parts which increase to such a degree as to cause oppression of breathing, lessened however by moderate motion and leaning on the part. The quadratus lumborum seems also to be greatly affected. The pressive pains are more subordinate. Rheumatism, we may observe, is fully developed in the superior extremities; tearing and drawing predominate at one time in the whole limb, at another in different portions, then moving from one arm to the other; the joints are just as frequently attacked as the muscles. There are occasional exacerbations of the pains at night, especially when at rest—a peculiarity mostly observed in gout. The drawing in the joints of the fingers was described as gouty by the prover himself. In the lower extremities the spasmodic sensations are of a varied kind; tearing and drawing indeed hold the first place, still we find a tension predominating (as if too short) and shooting especially in the fibrous tissues. Here the pains are for the most part worst at night and when at rest. The joints are sometimes affected. The gouty drawing in the knees, the swelling of the legs, the tearing in the great and little toes, may well, without any deep reflection, be considered as symptoms of an approaching arthritis.

As the motor nerves eventually become affected in highly congested states of the venous system, inducing spasms on the one hand and paralysis on the other, so we shall find it to be the case with Sepia. We will then, in conclusion examine these symptoms.

7. Spasmodic Symptoms.

Frequent trembling in the whole body. Trembling, shaking motion in the whole body. Quivering of the eyelids. The head jerks and twitches early in the morning, six to seven times forwards, with complete consciousness. The head jerked backwards, early in the morning when rising. Twitching in the neck, with shaking of the head. Twitching of the right arm upwards, followed by a trembling of the hand impossible to describe. Muscular twitches of the

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arm. Visible twitchings and jerking, with shooting pain in the muscles of the inner surface of the hand. Visible though painless twitching in one posterior natis and thigh. A twitching up of the left leg in the forenoon when sitting. Twitching in the left leg. Spasmodic muscular twitching in the thighs when walking. Nocturnal twitching of the limbs. The forefinger is bent inwards, early in the morning, it could not be stretched out. The thumb is immoveably bent inwards towards the little finger. Cramp in the hip-joint, he was obliged to walk about, to obtain any relief. Tearing spasmodic pain in the hips downwards to the foot, suddenly when going about, for eight or ten minutes. *Cramp in the thighs* when walking. Severe cramp in the calves of the legs at night, when stretching out the legs in bed, as well as during the day a constant tightness of the calf, as if too short. Frequent cramp in the inner border of the sole of the foot. Long continuing cramp in the sole of the foot, in the evening when in bed. Cramp of the toes, repeated several days. Cramp in the second toe. Stretching out of the neck, straining of the muscles, distortion of the muscles of the face. Sensation of an ice-cold hand between the shoulder blades, then coldness over the whole body, spasm of the chest, as if suffocating, for several minutes, then clonic convulsions of the right leg, and twitching of the right arm when the leg is held, finally trembling in the legs the whole day. Cramps, like weakness of the nerves, lasting whole days, a week long, sometimes feeble sometimes jerking pulse.

8. Paralysed Conditions.

The eyelids ache on waking *as if too heavy*, as if he could not open them. The eyelids were so firmly closed for two consecutive mornings, as if pressed upon with lead, without adhesion. Painful weariness in the sacrum. The lower portion of the spine is so wearied when walking that it feels as if broken. Heaviness in the back early in the morning on awaking, as if she could not well turn herself and sit up, or as if she had been lying wrong, almost as if the part were gone to sleep. Stiffness and sensation of cold in the arm, as if without blood, still without any external perceptible coldness. Sensation of paralysis of the arm with beating. Feeling as if the left arm were paralysed, still with the usual motor power, as well as in the fingers. When resting, the arms go to sleep, and are very weak. Numbness of the hand, it feels as if gone asleep, when

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anything is held or carried. The hands frequently go to sleep at night. After sitting a short time the legs become quite stiff, and go to sleep, and have a creeping in them. The legs go to sleep while sitting. Numbness, and one leg goes to sleep with sudden paralytic sensation while standing. The right foot goes to sleep. The feet often go to sleep when sitting, especially early in the morning. Tightness in the left thigh and leg, with a painful numbness extending to the hip joint. Trembling of the thigh and knee, without coldness, with twitching of the femoral muscles. Slight numbness of the limbs, even when stooping, or crossing the legs, or reaching upwards with the arms, &c. Feeling of numbness in all the nerves, likewise of the tongue, with confusion of the head and loss of thought, in the evening. Sudden lameness of a leg for a couple of hours.

Cramp and paralysis which are attendant upon so many maladies, are often the natural consequences of determination of blood to the brain and spinal marrow. The pressure upon these central organs produces an alteration in their vital force, and thus occasions one or other of the above named conditions. I have already enlarged upon these anomalies, and must now confine myself to the few following observations. Among the spasmodic symptoms of Sepia, the twitching and jerking movements, the cramp of the calves, soles and toes are especially well marked; the two last named symptoms indicate an affection of the entire nervous system. The feeling as if gone to sleep, and numbness, are very prominent among the paralytic conditions; actual paralysis seldom ensues, and when it does, it rapidly disappears. Heaviness of the eyelids and legs, painful weariness and stiffness, are the precursors of the condition in question.

9. Dropsy.

Dropsical effusion is in most cases the final result of a vitiated condition of the blood, which may have existed for a long time. Whenever there is an impeded flow of the venous blood, whenever the liver and heart are diseased, and the circulation is obstructed, serious injury will ere long be produced. The few following symptoms seem to indicate very clearly both local and general dropsy.

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Swelling of the whole body, of the face, abdomen, legs and arms, to the wrist, without thirst, with great dyspnœa, for three weeks with fever, alternating every two and three days with chilliness and heat at irregular hours, even during the night, heat and perspiration all over. Swelling of the wrist joint, in the evening, in the bend of the elbow, and about the ankle; the joints were numbed when moving; the swelling disappeared early in the morning, but the parts were painful when touched. The swelling of the leg increased to the knee while sitting and standing, it disappeared on walking. Swelling of the feet. The feet swell with much walking.

We will now pass in review the principal kinds of pains and sensations which Sepia is capable of inducing in a healthy person.

Tearing (head, ears, face, teeth, anus, urinary organs, genitals, chest, extremities).

Drawing (head, ears, face, teeth, stomach, abdomen, genitals, chest, back, extremities).

Tension (head, face, mouth, abdomen, anus, chest, back, extremities).

Shooting, stitches (head, eyes, ears, nose, face, teeth, throat, stomach, abdomen, anus, urinary organs, genitals, chest, back, extremities.)

Cutting (mouth, throat, stomach, abdomen, anus, urinary organs, genitals, lower extremities).

Burning (eyes, teeth, mouth, throat, stomach, abdomen, anus, urinary organs, genitals, chest, extremities).

Soreness (head, ears, nose, teeth, mouth, throat, abdomen, anus, genitals, chest, back, extremities).

Pressure (head, eyes, ears, nose, face, teeth, throat, stomach, abdomen, bronchi, chest, back, extremities).

Dull pains (head, teeth and stomach).

Twitches (head, eyes, abdomen, genitals, back, extremities).

Jerks (head, teeth, throat).

Biting (eyes, teeth, mouth, throat, anus, urinary organs, lower extremities).

Itching (head, eyes, ears, nose, face, abdomen, anus, urinary organs, genitals, chest, back, extremities).

Tickling (bronchi, face, extremities).

Pulsation and beating (head, teeth, stomach, chest).

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Squeezing (head, abdomen).
Spasmodic pain (anus, lower extremities).
Spasmodic pains (face, stomach).
Pressing, and pressing together (head, genitals, back).
Pressing, outwards (ears, stomach, anus).
Boring (head, stomach, lower extremities).
Digging (head, teeth, abdomen).
Rending (eyes, urinary organs).
Pinching (throat, urinary organs).
Gnawing (teeth, stomach).
Constriction (chest, back).
Rumbling (stomach, abdomen).
Painful weariness (back).
Bruised pain (of the extremities).
Pain as of dislocation (back, upper extremities).
Pain as of contusion (face).

On reviewing the whole of the subject and endeavouring to ascertain the properties of Sepia, we shall arrive at the following conclusions:—

1st. Sepia has its sphere of action in the portal system, in which it causes obstructions.

2nd. Most of its symptoms indicate a high degree of venous congestion.

3rd. It is characterised by torpidity and depression, often ending in perfect exhaustion of the vital powers.

4th. Hence it is suitable in mild and easy dispositions, therefore especially for women.

5th. The affections arise and increase in severity, mostly in the evening and at night, during and immediately after a meal.

6th. The affections either disappear during, or are alleviated by, active exercise, and by pressure of the painful part.

7th. The affections are often accompanied with chilliness.

8th. Great sensitiveness of the skin to cold air.

We will now proceed to review, in a few words, some distinguishing marks between Sepia and its closely related remedies.

Different Diagnostic Indications.

Pulsatilla and Nux vomica stand next to Sepia. Whilst these remedies, which Hahnemann placed amongst the Poly-

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chrests, evince their healing powers, both in acute and chronic diseases, and hence must possess a greater and more extensive sphere of action, we have already seen that the curative action of Sepia is principally observed in chronic maladies, or in such acute diseases which arise from a chronic morbid process. The similarity of action is attributable to the great influence which these remedies have on the sympathetic nerve.

But the action of Pulsatilla and Nux occurs under very different conditions, and the abdominal disorders for the most part arise from other morbid affections. These two remedies influence almost the entire range of organic life, and their most prominent symptoms are not by any means centred in the venous system. Hence its symptoms must be referred to an entirely different type of disease from those of Sepia.

On the whole, it may be observed here, that the character of torpor and depression is not peculiar to Puls. or Nux, but on the contrary, it is often found that they cause a great excitement of the vascular and nervous systems, inducing fever and a state of congestion far exceeding in violence what is produced by Sepia. The congestion not unfrequently terminates in inflammation, and the irritation of the nervous system attains a high degree of development—conditions which are not indicated by Sepia. Hence Nux is especially suitable for the sanguine temperament, and for men. Pulsatilla accords with Sepia in being suitable for mild, yielding dispositions, particularly for women, but its action on the sexual organs is in many points opposed to that of Sepia. Finally it may be still further observed, that the physiological action of Nux is more developed in the morning, Pulsatilla mostly in the evening, while the symptoms of Sepia are most frequently induced, or at least aggravated at night.

Respecting the dose in which Sepia was administered, it may be added that the high dilutions were commonly employed. I have, according to circumstances, prescribed the decimal 6th, 12th, as well as the 30th, potencies

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REVIEWS.

Report of the Committee for Scientific Inquiries in relation to the Cholera Epidemic of* 1854, *presented to both Houses of Parliament by Command of Her Majesty.

"My experience of this department, brief as it has been, strongly impressed me with a sense of the great want that is now felt of some systematic record of cases of Choleraic disease, *their treatment* and *results*, with a view to determine in so far as may be possible the best mode of meeting this formidable epidemic. Hitherto no successful attempt has been made to collect such a record; and as I find that my feeling of the want is very generally shared by the medical profession, I have obtained the sanction of Her Majesty' Government to the nomination of a Medical Council *representing all branches of the profession* * * * * By means of a return in the accompanying forms, the observations of *all qualified practitioners* on the cases that come under their care, may be collected and made available for determining the laws which regulate choleraic disease, and the effects *of the different systems of treatment now in use.*" Thus wrote the President of the Board of Health to the medical profession, addressing to them this general invitation, and nominating a medical council having the highest national sanction, and intrusted with the greatest national responsibility. Let us see how the gentlemen selected for so high a trust discharged the duties it involved.—"Soon after your having constituted a medical council to advise the Board of Health on matters relative to the then prevailing epidemic of cholera, this council thought it convenient for the despatch of business that subjects referred to them should be distributed among certain committees of their number; and on this plan we, the undersigned, were requested to become a committee for the scientific purposes of this council.

"Two special duties accordingly devolved upon us:—*first*, to suggest the institution of particular scientific inquiries which

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we thought likely, by bettering medical knowledge of the disease, to strengthen the public resources for its prevention and cure; secondly, to review, as laid before us, the various points of this investigation, and to submit to give our judgment of its results. * * * Our principal aims and the methods by which their attainment was sought, have been as follows:—

"1st. With a view to the descriptive history of cholera, we have examined the larger statistics of this invasion; as to the places wherein the disease chiefly prevailed; as to the influence of age, sex, and employment in favouring its attack; and as to its own pathological stages and periods;—

"2nd. In the hope to gain more precise knowledge of the causes of the disease, we thought it of primary importance that the air and water of the metropolis during the epidemic period should be studiously observed; and that special inquiries should, as far as possible, be made into the state of these universal influences in districts actually infected with cholera;—and

"3rd. With the object of increasing for our profession the present insufficient resources of medical treatment, we have endeavoured to procure comparative records of various therapeutical experience successful or unsuccessful, and have invited from persons versed in such inquiry, an elucidation of those questions in the practical pathology of cholera which appeared to us most urgent for solution."

"When persons, not accustomed to accurate investigation," observes the writer of this Report, "attempt to compare together the results of various treatment, as tested by death or recovery, they are seldom sufficiently on their guard against the immense fallacy of leaving unexpressed the *degrees of the disease*, against which this or that medicine has prevailed." Admitting to the fullest extent the truth of this maxim, we shall now attempt to determine from the data afforded by the information given in the tables before us, what we should anticipate to be the mortality of 33 cases of cholera, 22 of which passed into collapse in Golden-square between the 10th of August to the 8th of Oct., 1854. The three questions to be answered, in order to obtain this result, are—*first*, whether the number of collapse-cases was under or above the average, for

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this is one of the most certain tests of the severity or leniency of the disease;—*second*, how far the locality was likely to operate as a favourable or unfavourable element on the course and result of the cases;—and *third*, whether the time involved a mild or malignant period of the epidemic's continuance. In reply to the first question we learn at p. 17, that out of 3,596 cases 2,431 passed into collapse, so that by the simple rule of three we know that, to afford an average mortality, 22 out of the 33 should have done so in the Golden Square Hospital. This is exactly the number stated in the tables, so that we may be confident that the cases treated there were a fair sample of those treated over London. The mortality (omitting fractions) of these 2,431 cases was 66 per cent. or 1,627 persons. In short, the number died that a person acquainted with the average mortality of this class of cases would have expected to die. So much for the first question: let us now ascertain the reply to the second. What was the condition of Golden Square? Was it healthy or otherwise? Again we quote our book, p. 49. "In the three registration sub-districts of St. Ann's, *Golden Square* and Berwick Street, together comprising a population of 42,000 persons, it appears that there occurred 537 deaths from cholera, being at the rate of 128 to every 10,000 inhabitants, while the general cholera-rate was only 60 to the same number." "A striking feature of the outbreak was its extreme suddenness as measured by the large number of persons simultaneously attacked. Its greatest local diffusion appears to have been reached on the second if not on the first day from its commencement; it remained of equal prevalence for two days, and on each of the two following underwent a decline of 50 per cent."

We find, then, our sample of cholera to have been taken from the part in all London where the disease was most intense and destructive. Nay, we are wrong in saying taken from it, but treated in it—a most important difference. The experiment was made in the very focus of the disease, where, in addition to the poisoned well of air in which the patients lived, they had also to contend with the depressing moral influences of an awful

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and overwhelming mortality suddenly falling upon them without warning, and terrifying them by the appalling rapidity of its execution.

The only remaining condition we must ascertain is, how far the period from the 10th of August to the 8th of October was likely to embrace the epidemic in its nature or its incipient and declining malignity. To this question we receive, at p. 72 of Dr. Sutherland's supplementary report, the following satisfactory reply:— The number of deaths from cholera in the week ending the 12th of August was 644, in the week ending the 19th 729, and the ascent of the mortality throughout September, the month in which almost the whole of the 31 patients were admitted into the Golden Square Hospital, is represented by a mortality on the first week of 1,277; on the second, 2,050; on the third, 1,549; on the fourth, 1,284; and on the fifth, of 740. Thus we see that the conditions of the experiment fulfil the most stringent requirements of the writers of this report. The cases were treated at the height of the epidemic in the locality where the disease was most mortal, and they presented the average number of collapses. The only objection to which the inference from the success is open is, that the number treated was too small to establish so important, and to the medical world so improbable, a fact. But whose fault is this? Certainly not ours. Surely if the Board or Medical Council have thought it worth while to record that out of 11 cases treated with Calomel in small doses 7 died, that out of 8 cases treated with larger doses of Calomel 8 died, that out of 8 cases treated by Salines 7 died, and many more equally consolatory facts derived from the returns of hospitals and private practice, it might have been worth while to place on record that out of 22 collapse cases treated by Camphor, Veratrum, Arsenicum, and other remedies, 20 did not die but only 7. Surely this fact may be supposed to be of interest to the public for whose benefit they were appointed to their office, and at whose expense these tables are published. When pressed for a reason for their strange omission, they said the remedies we used were unknown. However, this is not true, almost all the medicines used by us in cholera are to be found in Dr. Paris' therapeutic work. That he was ignorant of

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their real value is certain, but still he had what may be called a bowing acquaintance with them, so that he could not plead medical decorum as a reason for ignoring them. We have already exposed so fully in a former number the absurdity of the conduct of Dr. Paris and his coadjutors, that here we shall only add, before passing on to other parts of the report, that there is so transparent an uneasiness and distressing equivocation in his reply to the demand of the President of the Board of what have you done with the homœopathic statistics? that he and his fellows present the hopeful spectacle of what the old divines call sensible sinners, and we trust that the next time we have the pleasure of encountering them, they may have advanced into states of more secure conversion.

As soon as we leave that portion of the field of investigation where professional prejudices interfered and enter the ground of pure science, we find a great improvement in the character of the work, and recognize that this report is greatly superior to any previous one, both in adding to our positive knowledge of the conditions which favour the development of epidemic cholera, and in the caution evinced in avoiding dogmatic statements not warranted by careful induction. Indeed, it is very remarkable that only now after this strange and deadly epidemic has made its third appearance among us, and after all that has been written and spoken about it, our select pioneers in medicine should adopt throughout the interrogative formula of infant science and dwell more emphatically upon the questions which can only be solved by future observers than upon the fruits of all their statistics gathered with so much machinery from a large body of practitioners, and arranged with such pedantic particularity with the assistance of arithmetical and algebraical formulas. They tell us to a nicety the chances of a patient dying at each hour after his attack, and are evidently much more familiar with the notions natural to an actuary of an insurance office, whose only recognized facts are that men are now alive and that they must all die, than with the feeling natural to a true physician, that the fundamental idea of his business is to frustrate the designs of death, and perplex to the utmost by the success of his efforts the calculations of the mortality of an epidemic founded upon

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its natural course and termination. The profound scepticism betrayed in this report of the utility of any treatment and the extravagant expectations of future immunity by improved drainage is a characteristic feature of the age, and seems almost incredible in the face of a compulsory vaccination act of parliament.

The universal but vague observation of some unusual state of the atmosphere being a constant attendant of cholera, has here, for almost the first time, been submitted to accurate scientific observation, with what success we shall presently see. The observations were made by Mr. Glashier at the Royal Observatory, Greenwich, and embraced the state of the atmosphere in reference to its pressure, as indicated by the barometer, its moisture, its density, its movements, its chemical and electrical conditions, and its haze, fog, mist, and rainfall.

In regard to its pressure we are informed that "the corrected weekly means of the observed readings of the barometer had been considerably in excess of their average during February, March, and April, but in the three months next following they presented no important deviation, and only became remarkable towards the end of August. The atmospheric pressure had then risen much above its normal amount; and, during the worst period of the epidemic, was more continuously great than at any other time. From the 25th of August to the 10th of September, the reading was above 30 inches, and on three days in this period as high as 30 and a half. The mean reading for the two months exceeds the corresponding amount in any year of Mr. Glashier's series; and it is the more noticeable since (as will presently appear) less than the usual effect was due to watery vapour."

We cannot question the accuracy of Mr. Glashier's observations; and if they are corroborated by similar ones in other parts of the country, they may tend to establish a most important fact in regard to one of the most essential conditions of this epidemic. Unfortunately we find a total discrepancy between these observations and those made during the former invasion of the disease at Edinburgh. There the cholera made its appearance with extreme fatality about the middle of October, and the number of cases reached its maximum on the first week

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of November, there being 49 attacks on the 6th of that month. Yet the observations of Mr. Adie, a highly scientific and accurate observer, who has for many years kept a register of the weather, altogether failed to shew any important deviation from the usual standard, or with the corresponding days in the previous year. The readings of the two were as follows:—

	BAROMETER			BAROMETER.	
1847.	*Morn.*	*Even.*	1848.	*Morn.*	*Even.*
Nov. 1	29·74	29·70	Nov. 1	29·37	29·39
„ 2	29·89	30·10	„ 2	29·43	29·32
„ 3	30·10	30·00	„ 3	29·36	29·48
„ 4	29·84	29·24	„ 4	29.48	29·50
„ 5	29·34	29·34	„ 5	29·23	29·21
„ 6	29·50	29·46	„ 6	29·15	28·49
„ 7	29·30	28·92	„ 7	29·35	29·61

This table shews that the barometer was actually rather lower instead of being decidedly higher at the period when the cholera prevailed than at a similar period of the preceding year when there was no cholera. It is of much importance to observe, that Edinburgh being the first place where it made a decided impression, leads to the inference that it was, so to speak, constitutionally weak; and we should, therefore, expect that if in any degree the weakness of a place or its liability to a morbific influence depended upon the undue amount of atmospheric pressure, here, if anywhere, it should have shewn itself. In other words, if undue pressure is a requisite for the active and energetic propagation of choleraic poison, how comes it that the disease should have selected as peculiarly favourable a place where this supposed requisite for its vigorous existence and propagation was not only absent but even reversed? This counter observation ought to be taken into account by our scientific enquirers, for it is not by ignoring observations of perfectly qualified observers that they will satisfactorily reconcile conflicting evidence, and elicit solid truth on which successful theories may eventually arise.

That cholera is an exotic requiring for its development in this country an unusually high range of temperature is a prevailing opinion supported by the following statements of Mr.

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Glashier:—"During the early part of 1854, the mean daily temperature of the air had been higher than normal; its excess for the first 101 days of the year averaging 3·4. There had then set in a very cold period, injuring vegetation, and killing many hardy plants, and for the 97 days, terminating July 19th, there had been a daily defect of temperature, averaging 3·3. The next few days shewed a sudden increase of heat; the 25th of July was the hottest day of the year, its temperature rising nearly to 90, and exceeding the normal by 11. Three weeks of cooler weather followed, but from the 19th of August to the 11th of October (within which there were the worst ravages of disease) there was an excess of heat, averaging 2·6 per cent. of the 54 days; and during one week of this period, that ending the 2nd of September, the excess amounted to 6 and a quarter. After the week ending the 14th of October, and excepting the week ending the 14th of November, the temperature was below its average till December." Although we believe that this has generally been observed, yet there was an important exception in Edinburgh which we shall exhibit in a tabular form rather with the view of limiting the importance given to the generalization than of disproving its accuracy. It will be seen by the following tables, that during the greatest prevalence of cholera the temperature was much lower than it was in the same period of the preceding year.

When there was no cholera.					During the extreme prevalence of the disease.				
1847.	*Morn.*	*Even.*	*Min.*	*Max.*	1848.	*Morn.*	*Even.*	*Min.*	*Max.*
Nov. 1	58	54	46	60	Nov. 1	42	43	38	43
„ 2	52	55	44	58	„ 2	41	38	35	48
„ 3	46	43	32	56	„ 3	37	30	34	48
„ 4	49	47	37	54	„ 4	34	28	27	37
„ 5	52	49	43	57	„ 5	39	42	27	46
„ 6	54	52	43	59	„ 6	44	34	38	49
„ 7	55	57	43	57	„ 7	42	35	32	44

On Mr. Glashier's observations upon this head the committee make the following remarks:—"Despite some exceptions probably less real than apparent, it seems that Asiatic cholera, and indeed bowel poisons generally, are favoured by high temperature; and in comparing together our two last epidemics with a

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parallel comparison of their seasons, we are struck with the fact that in 1854, when the summer temperature began later than in 1849, and quite abruptly rose to its maximum, so too the course of mortality in that epidemic was peculiar, seeming to imitate the summer temperature in its deferred commencement and sudden rise." What a strange confusion of ideas in the brain of the scientific committee this paragraph exhibits! The cholera is no longer a disease, but a poison—not only a poison, but a bowel poison! The whole question of the pathology which professes to be treated afterwards, and is afterwards settled by an unsettling mark of interrogation, is here dogmatically decided by an inference! We are taught to speak of cholera as a bowel poison. By an ingenious abuse of purely hypothetical language in framing a statement upon the amount of heat in the air, an attempt is made to win belief for a notion, the grounds of which have not yet been even stated, and which, when they are brought forward afterwards by the same writers, are by themselves admitted to be insufficient. After so glaring an illustration of setting at defiance the fundamental principles of induction, one of which is the avoidance of conjecture in the statement of observed phenomena, what confidence can we repose in this national committee for scientific inquiries?

One of the most curious and interesting observations made with regard to the state of the atmosphere was its increased weight during the prevalence of cholera. This fact was noted during the last epidemic by Dr. Prout, and it has since been confirmed by Mr. Glashier. The explanation given of it is, that it depended upon the diffusion of some gaseous matter in the air; and in connection with this the remarkable absence of ozone at all the stations where the air was examined in the cholera districts, seems to indicate the presence of some poisonous gas; for this ozone is held to be the sort of vital principle of our atmosphere, representing by its presence in abundance an invigorating condition favourable to life, and incompatible with any destructive power, and by its diminution or entire absence, a state favourable to the development of noxious influences. What ozone is and how produced is yet a mystery; all that is known of its production, however, points to active elec-

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trical agency as its probable cause. The deficiency of ozone during the recent epidemic corresponds with the unusual absence of electrical disturbance at that period, there having been no thunder-storms from July to the end of the year. There was a deficiency in the tension of the common positive electricity during the whole period of the epidemic. If this observation may be taken as representing a general fact, we may by it account for the peculiar sensations experienced at places where the cholera was very bad, as at Petersburg, where, according to Dr. Müller, all experienced "a feeling of discomfort, uneasiness, pressure at the pit of the stomach, and tearing pains in the lower limbs;" but Dr. Müller make no mention of any unusual sensation in the bowels.

We may conclude our observations on the state of the atmosphere by giving Mr. Glashier's summary in his own words:— "The three epidemics were attended with a particular state of atmosphere, characterized by a prevalent mist, thin in high places, dense in low [the cholera-cloud of Indian writers?]. During the height of the epidemic, in all cases, the reading of the barometer was remarkably high, the atmosphere thick; and in 1849 and 1854, the temperature above its average. A total absence of rain and a stillness of air, amounting almost to calm, accompanied the progress of the disease on each occasion. In places near the river the night-temperatures were high, with a small diurnal range, but a dense, torpid mist and air, charged with the many impurities arising from the exhalations of the Thames and adjoining marshes, a deficiency of electricity, and, as shewn in 1854, a total absence of ozone most probably destroyed by the decomposition of the organic matter with which the air in those situations is so strongly charged.

"In both 1849 and 1854 the first decline of the disease was marked by a decrease in the reading of the barometer and in the temperature of air and water; the air, which previously had for a long time continued calm, was succeeded by a stormy south west wind, which soon dissipated the former stagnant and poisonous atmosphere. In both periods at the end of September the temperature of the Thames fell below sixty, but in 1854 the barometer again increased, the air became again stagnant,

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and the decline of the disease was considerably checked. It continued, however, gradually to subside, although the months of November and December were nearly as misty as that of September. By the close of the year diarrhœa and cholera had subsided, but a high rate of mortality still continued."

Without at all wishing to undervalue the importance of these observations, we must again express our dissent from assuming them to be at all essential to the production of the epidemic, until it be shown how far they coincide with the outbreak of the disease in a part of the fleet on the Black Sea, in 1855, where it is obvious that many of the causes prominently specified could not have been in operation, and where it is doubtful if even any of them were in existence. It is our proud boast that the sun never sets upon the British flag, and it would be well if the extent of our territories were put to the profitable use of instituting a series of accurate investigations of the local conditions which attended the appearance of an epidemic whose circuit has now embraced the whole of the British dominions. Thus we might arrive at a knowledge of what is essential and what is merely accidental in the phenomena not only of this but of all epidemics. Indeed it is impossible not to be struck with the undue importance attached to causes of a purely local kind, such as an unwholesome supply of water or too dense population, in dealing with so broad a question as the cause of a pestilence as deadly at sea as on land, confined to no latitude, restrained by no peculiarity of national habits, strewing the desert with corpses as well as overwhelming the densely populated cities with destruction.

One of the best established facts in regard to cholera is the effect of local elevation. This has been generally observed in previous epidemics, and now we find it stated with scientific precision. "The distribution of the choleraic attacks (although in widely different degrees of frequency, and perhaps also of severity) throughout the whole metropolitan area, seems to establish that the cholera leaven, be it what it may, was scarcely less diffused in the districts that suffered the lowest mortality than it was in the districts where the disease was tenfold more fatal. But while the presence of this leaven seems

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to have been universal throughout the districts of the metropolis, the consequences excited by its presence have greatly varied in different localities; and independent of any hypothesis, it may now be stated, as the experience of two epidemics in London, that such local varieties of effect, grouped into masses for comparison, have been more nearly inverse to the elevation of soil in the affected districts than proportionate to any other general influence that we could measure. Thus, approaching London along the roads from the surrounding country, and descending through the successive regions succeeding each other in circles down to the waters of the polluted Thames, we see in the epidemic the people fall upon the right hand and upon the left, in numbers that increase in every circle, and express arithmetically the growing force of those physical influences on which the poison of cholera apparently depends for its powers of existence or development."

In accepting this proposition we must qualify it by inserting the word relative before elevation. It is not the elevation above the sea level which conditions the affinity of a place to cholera, but its rise above the nearest water level. For example, it never was more deadly than upon the high table land at the source of the Euphrates, in 1822, when it destroyed a Persian army, killing 300 men out of a batallion of 1,000, so that the rear of the line of march was strewn with dead bodies, as if the army had been all the way in action.

The admission that the poison was pretty equally diffused over the plain of London, and only more fixed at different spots by local causes, throws great doubt upon the assurances we frequently hear made by sanitary reformers, and which Dr. Southwood Smith is reported recently to have indulged in before a popular audience, that we shall be able eventually to avert these terrible scourges by a more careful attention to drainage. That something may be done to lessen the stay of the plague by removing the fostering impurities we admit; but so long as men select the banks of rivers to build cities upon—those natural highways of the world,—and so long as the sea shores—those margins of "creation's common"—are preferred to inland situations, so long must we expect that, in obedience to a law whose existence we

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cannot deny, but which to us is a mystery, this epidemic will return again and again, by its old road, to its old haunts, and at each recurrence mock all the efforts of all sanitary commissions, and only be restrained when the true prophylactic and specific remedies fortify all exposed to it against its malignant influence. We may perhaps hazard the observation, before leaving the question of the effects of elevation, that the greater salubrity of high elevations, in giving strength to nerve and muscle and immunity to many chronic diseases as well as most epidemics, is a fact of greater importance now than formerly, for the substitution of artificial roads of iron for the natural watercourses will make us more and more independent of these dangerous places, and give to intercourse and commerce full sway, without taxing the health and longevity of all in any way dependent (and who is not?) upon their successful promotion.

Reviewing all the committee has made out on the ætiology of cholera, we are struck by its extreme meagreness, and were little prepared for the concluding remark they quote from Mr. Glashier's report, that "were the meteorology of our towns carefully ascertained and collated with that of the metropolis, and both together with that of the country generally, of which last I have a foundation of many years' continuous observations, that in a short time we should be in a condition to elaborate a clear insight into the meteorological causes of cholera, influenza, and many phases of disease which now burst upon us with the suddenness and devastating power of a Divine and wrathful visitation." The problem which Mr. Glashier speaks thus confidently of solving is one that has baffled the human intellect from the earliest ages, and the reason that almost no progress has been made towards its solution is that the causes which produce almost every one phenomenon are many and mixed, not reducible to simple calculable elements. It might be possible to determine the effect of heat, or of electricity, or of moisture, if each could be isolated; but when they are not only constantly reacting on one another, but are all diffused through an ocean of air in a state of constant motion, and when, in addition to the complexity of the agencies in perpetual operation, varying only in degree, we reflect that the

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thing acted on, the human organism, is also itself in a state of as ceaseless a course of rapid changes, and that these atmospheric influences are only one of many groups of causes which modify its nature and render it liable, or the reverse, to morbid action, we are utterly at a loss to conceive the grounds of the confidence here expressed, and feel inclined rather to regard it as a rhetorical flourish, not to be literally interpreted. This is the more charitable interpretation, for the concluding clause expresses the astonishing declaration that the Divine character ascribed to the operation is due to our ignorance of its laws, a proposition, if it has any meaning, necessarily implying a deification of the laws of matter and the substitution of an abstract conception for a Supreme Being.

Failing to lay hold of the evil in the air, our philosophers applied themselves to an examination of the water, and we must all remember what a flourish of trumpets there was some time ago in the *Times* and other organs of popular delusion when the microscopists detected the imp of mischief in the form of vibriones swarming both in the water imbibed and in the choleraic discharges from the bowels. The discovery is thus quietly let down by the committee:—"With respect to the living animal and vegetable forms traced by Dr. Hassall through the whole series of waters, there seems no evidence that they, by their own action on the human body, could be productive of choleraic symptoms." At the same time there is ample evidence to prove that one of the most favourable conditions for encouraging the disease is the employment of water, contaminated with the filthy impurities of London, for domestic purposes. And if the fabulous importance once ascribed to this lead to an improved supply, it may find a place in history beside that other fable, which relates how a father told his sons that if they trenched the land he left them they would discover a treasure. They did so, and found, not gold, but improved fertility—that was the treasure their provident, but apparently lazy, progenitor contemplated.

There is no question agitated by the committee of greater importance, both theoretical and practical, than the connexion, if any, between cholera and diarrhœa, and there is none left in

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a more unsatisfactory condition. At page 62 the question is thus put and answered:—"When diarrhœa and cholera prevail together epidemically, are they (with difference of degree) the same disease? This question must now doubtless be answered in the affirmative." And yet at page 59 we read:—"Does cholera begin as a morbid process of the gastro-intestinal mucous membrane, or is this state preceded by some state of general poisoning, which requires the gastro-intestinal membrane to act as an emunctuary?" Of course, if cholera be only an intense diarrhœa, as is positively asserted in the passage above, there can be no doubt that it must begin in the intestines. And yet, strange to say, instead of answering this simply in the affirmative, the reply is:—"The flux from the gastro-intestinal mucous membrane is doubtless the first of the more obvious phenomena of the disease, and *may perhaps be*, in every sense, its beginning; but, on the other hand, it may be that the cause of cholera affects primarily some other part of the economy, as the blood or the nervous system, and acts only through them upon the mucous membrane of the stomach and intestines; and it may be that the affection of this membrane is essentially the process by which some poison is eliminated from the body." Now, if cholera be diarrhœa, and if this diarrhœa be the elimination of a poison from the body, it follows, as an unavoidable inference, that so far from our efforts being directed to check this escape of poison by its natural outlet, we should employ all means in our power to promote its exit; and yet we are told, almost in the same breath, that if we can only stop the initiatory diarrhœa we shall prevent the cholera! Is it possible to conceive a more absolute contradiction? Diarrhœa in an exaggerated form is cholera; and is also a highly salutary critical discharge! But this beneficial discharge must be arrested the moment it is discovered, for, like other allopathic remedies, it is very apt to kill the patient! Can we imagine a more bitter satire on the old school? Here we have a revival of the most mischievous doctrines of the old pathologists. Every practitioner is placed in the dilemma of making his own decision whether the diarrhœa is to be looked upon as useful or injurious, and in the imminence of a deadly plague he is told it is a toss

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up whether he will be assisting in curing or killing the patient, as he adopts the one or the other view of the question. And this is the practical result attained by our scientific committee, who are so overwhelmed with scrupulosity of conscience that they will not admit a numerical statement of facts, attested by their own witness, of the results obtained by homœopathic treatment, because by so doing "they would give an unjustifiable sanction to an empirical practice, alike opposed to the maintenance of truth and to the progress of science."!!!

Fortunately for the profession at large, their deeds are not so bad as we should expect from their creed. There is so little difference in the average mortality of their various modes of treatment, that it is plain, if they did not do any good they did not do much harm, and they have the comforting assurance of their scrupulous and conscientious president that, "as to the advanced stages of cholera, nearly all resources of medicine seemed nearly equally powerless for good: that practitioners summoned to the relief of this dreadful disease [what an apt expression, allopathy relieving cholera when nature and the patient were too strong for it!] could scarcely decide between any two lines of treatment, except for an occasional certainty that one of them would positively harm." Harm the assault of the cholera or the resistance of the patient?

This then is the ex-cathedra deliverance of our national teachers in the reign of Queen Victoria in reply to a requisition of the State, that "*they should determine* the best mode of meeting this formidable epidemic."

To us it has always seemed to be one of the most surprising confusion of ideas that the question of whether diarrhœa or cholera were identical should have ever been mooted. We can hardly conceive two diseases more radically dissimilar, and we feel confident, that if instead of limiting the investigation of the cholera to the appearances it assumed in London, the committee were to collect a full history of all the phenomena of the disease in the various parts of the globe, where it has been most deadly, this notion of its connection with diarrhœa would vanish without a refutation being required. As this, however is too much to expect, we shall state shortly why we disbelieve that cholera and diarrhœa are identical.

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We disbelieve it because diarrhœa and cholera are wholly unlike in their origin, their course, and their termination. Diarrhœa is a flux from the bowels produced by a thousand different causes, by unripe fruit, by neutral salts, by purgative medicines, by damp weather, &c., common in all ages, in all latitudes, presenting no one special peculiarity, except the simple fact of an excessive discharge from the intestines. Its course is like its origin, of most uncertain duration, from hours to weeks, or even years, and its termination equally accidental, ending in complete or partial recovery, or going on to death by simple exhaustion. And what is cholera? A disease produced by no known substance, by no amount of exposure to cold or damp, always and invariably by some hitherto unexplained morbific influence in the atmosphere; a disease always sudden in its invasion, invariably attended with the most characteristic peculiarities, of which perhaps the most striking is the entire absence of all symptoms in its most intense degree; a disease confined to certain limited ranges of locality at one time, and altogether unknown in Europe thirty years ago; a disease rapid in its course, never chronic, always ending in a few days, either in death, fever, or recovery. That the state of the atmosphere and locality which favours the development of cholera is also in this country favourable to diarrhœa is not to be wondered at, when we find that diarrhœa is caused by so many causes, and that this epidemic should settle by choice upon every diarrhœa establishment is most natural, but we might as well identify cholera and poverty as cholera and diarrhœa, for every point of similarity between the two former is equally true of the latter. As to the question of whether diarrhœa always precedes cholera or not, we do not think it is of so very great importance as most writers affirm. The presence of diarrhœa undoubtedly shows a predisposition to the action of cholera poison, but whether the removal of the diarrhœa prevents the attack of cholera is a very different question. For it is not the diarrhœa which is dangerous, but the conditions which engender this diarrhœa, and so long as they continue to operate, we greatly doubt if the stopping of the intestinal discharge gives real security against the plague.

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That the amount of discharge from the bowels holds a direct proportion to the intensity and danger of cholera is utterly false. By the consent of all observers, the most rapidly fatal cases present this feature in the lowest degree. But, observes our committee, possibly the discharge may take place into, but not out of the bowels, like internal uterine hæmorrhage. Supposing a spasmodic closure of the sphincter ani—supposing a vast effusion into the bowels, supposing, supposing, &c. Was the committee appointed for scientific investigation, or for framing conjectures? We meet no end of suspicions, they suspect this and they suspect that—or in the phraseology of some of our American friends, they are always expecting. Perhaps this is as it should be, for an expecting committee is the true exponent of a "Médecine expectante." To us who are of another school it seems that, before assigning this cause to account for the absence of external discharge, it would have been right to have ascertained its existence, and to have put the question: in cases where no such discharge took place was there observed any fulness of the bowels, or any indication of such a complete closure of the anus as would account for its absence? We have positive facts to show this was not the case, for although in such cases the discharge was small, it was not absent, and the entire collapse that attended them made any such spasmodic action impossible. Moreover, in the numerous dissections of these cases, in no one instance were the bowels found full of fluid. So much for the only hypothesis by which the ingenuity of the committee can account for the notorious observation so entirely destructive of their theory of the disease being an intense diarrhœa, that in its most intense and characteristic form there was no diarrhœa at all!

The explanation of the numerous, extraordinary, and in some respects contradictory symptoms of cholera now generally adopted abroad, and which seems at all adequate to account for all the phenomena is, that the specific poison acts primarily on the nervous system, probably directly on the ganglionic portion of it, but involving also at the outset the respiratory nerves. Hence the sense of death so characteristic of the disease; hence the oppression of the heart compelling the sufferer to exclaim

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oh my heart! hence the oppression at the chest and the hollow whispering voice. This is worthy of special attention, for it is never observed except in cases of paralysis of the branches of the pneumogastric nerve which supply the vocal apparatus; and Romberg observes that he has frequently met with instances of this aphonic condition in cholera temporarily suspended by a strong emotion; proving it to be a true imperfect palsy of those nerves. Was such a symptom ever observed in the whole history of all the varieties of diarrhœa? This palsy of the respiratory nerves leads as a direct result to the imperfect regeneration of the blood. There is no true respiration; the air returns from the lungs as cold as it entered, and chills the hand held over the patient's mouth. The blood passes through the pulmonary capillaries as through tubes of glass, altogether unchanged, and instead of being reborn there as it should, it dies, and as a dead fluid flows through the frame, separating with its chemical constituents as if it were withdrawn from the body. What can we expect from this dead blood? certainly no secretions. Hence the suppression of the urine, and of the bile, and of all fæcal matter, and hence too as a dead fluid it permeates the surfaces, both internal and external, in the former in profuse watery discharges from the bowels, in the latter as cold perspiration from the pasty skin. In the worst cases even, the blood globules are broken up, and then we find coloured sanguineous discharges from the bowels, erroneously looked upon as dysenteric, but wholly different, and the most fatal of all appearances as indicating the greatest decomposition of the blood. And this dead blood we believe also to be the cause of the cramps and the pains, by acting as an irritant poison on the nerves of motion and sensation. For the severity of the cramps is another index of the intensity of the attack. No wonder that the physician's art should so often prove unavailing in dealing with so frightful, intense and rapid a poison, one more rapid and more intense then the venom of the most poisonous reptile! But how wonderful it is that we should have a remedy at all for the first stage of this terrible disease, and how marvellous that Hahnemann should have recognized at one glance the real nature of the malady, and directed us with confidence to the

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only remedy! And this too without having ever seen a single case of the disease, which he so thoroughly appreciated. What a contrast do his clear words of assurance and promise present to the confused mutterings of the present leaders of the medical hosts in the wilderness of doubt. And yet we are told by a writer in the *Medical Times*, who has of late been exercising his ingenuity in making mountains out of mole hills, that Hahnemann was all wrong in this, that Camphor is not homœopathic to cholera. If our modest teacher wishes to see his likeness in political life, we advise him to study the writings and speeches of a certain very pugnacious advocate of peace, who after explaining that he consideres the present war to be an infamous outrage against humanity, a sin and a crime in its origin and in its continuance, instead of insisting on its being given up, treats his audience to his views of the most effectual way of carrying on this flagrant wickedness. Thus our hostile instructor, after proving that homœopathy is nonsense, objects to us for not being consequential in our nonsensical course of action. With all due deference to our anonymous adviser, we shall prefer to leave the conduct of the war in the hands of those who believe in its justice, to making it over to the direction of a quaker meeting, and we shall also continue to practise homœopathy as recommended by Hahnemann, rather than follow the advice of one who sees only a lion in the way, and rejects with the utmost contempt the aid of those who seek to prove to him that the lion he so dreads is nothing but an ass in the royal robe, and if he will only bestride the patient beast and cudgel its ribs, it will bear him safely out of his present "fix" in the columns of our contemporary.

All that now remains for us to do is to glance at the results of the different methods of treatment which occupy a separate report. A more complete burlesque upon the so called numerical method of arriving at positive data in medicine, it has never been our lot to meet with. After the committee has told us that "that the choleraic pestilence varies in the severity of the individual attacks from the degree of a trifling indisposition to that of a most deadly and intractable disease; that in one form it is fatal to 6, in another to 669 in every 1000, and that,

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therefore, any alleged specific requires that its effects should be investigated with the greatest care." What do we find? A series of tables giving the bare numbers of cases treated with various drugs without the slightest specification of the character of the individual cases so treated, without the date of the period of the experiment, and without the dose of the remedy. Thus we have twelve cases treated with Calomel in small doses, but what a small dose is we are not told, giving 63 per cent. of deaths in collapse cases; but then we are informed that only in five out of the twelve so tabulated was Calomel given alone, in all the others it was combined either with Opium or with Salines —(what are Salines?)—or with emetics, or with some other remedial or destructive agent, and yet they are to serve as the results of Calomel treatment! Then we have Calomel given in larger doses, but how much larger we are not told, and the result is highly reassuring, for out of eight cases there were eight deaths. Indeed, the only conceivable purpose of this report is to show what we must avoid, if we do not wish to destroy all our patients, and the only sagacious remark we find is the following, made in reference to the Calomel and Opium treatment as possibly productive of fever. "In examining the remarkable proportion of consecutive fever in Scotland, it appears that in one district, Paisley, 103 cases of consecutive fever have occurred in 110 cases of cholera; 50 of these only had collapse; 60 cases of cholera, therefore, went into consecutive fever without having had collapse. In all these cases Calomel and Opium were used as the prominent treatment in the previous stages. There is no evidence in the returns on this most interesting topic, whether the Opium was given in any unusually large doses. Fever is reported to have been prevalent in Paisley during the outbreak of cholera: but allowing certain weight to this latter cause for the large number of cases which passed from cholera into consecutive fever, it is still a question, as they were all treated with Calomel and Opium, whether the Opium was given in large doses. In the latter case, the result would seem to correspond with the large proportion of cases of consecutive fever in the metropolitan hospitals, in which the use of Opium combined with chalk appears to have been attended with like results."

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The meaning of this stript of verbiage is that Opium tends to produce consecutive fever. This inference of the committee is one we arrived at long ago, from observing the very small proportion of cholera cases treated homœopathically in Edinburgh which passed into consecutive fever, in comparison to the large number with such a termination in cases treated according to the directions of the Board of Health, then called the Sanitary Commission, which advised "*twenty grains of opiate confection*, for example, *repeated every hour until the relaxation of the bowels ceased.*"

We are disappointed at not finding more details of the effect of the Saline treatment recommended by Dr. Stevens. More fatal than 100 per cent. it could not be, and although we may suspect that the enthusiasm of the veteran pathologist has misled his judgment and induced him to over-colour the success of this mode of treatment, yet, making all such allowance, we cannot but wish to see a fair and extensive trial given to the use of the Salts he advises in cases of pronounced collapse, where all our efforts are so often unavailing.

And we feel curious to know what was the result in Sweden of the following directions issued by the Board of Health of that country, and which seem to be certainly less dangerous than the Opium and brandy treatment patronised by the predecessors of the present committee.

"General directions for the treatment of cholera founded on the experience of later times.

"When an indisposition that gives warning of the new disease shows itself by weakness, giddiness, heaviness of the head, loss of appetite, swelling, or distention of the abdomen, nausea, and frequent diarrhœa, the patient ought without delay to place himself in a warm and soft bed, and cover himself well. He ought then immediately to take from two to three at the most four drops of the *spirit of camphor* diffused in a teaspoonful of sugared water, or on a bit of sugar, every five minutes. If after a few doses the patient falls into a perspiration, or if in this way the symptoms become milder, the doses are to be taken at longer intervals. If the symptoms become worse, or the drops be rejected as soon as taken, they must be given more frequently.

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If within two hours no important improvement takes place, and the well known symptoms of true cholera appear, then melt three good table spoonsful of *common salt* in a quart of warm water, and let the half of this be taken immediately till vomiting take place. After the stomach is emptied, a large mustard or horseradish poultice is to be applied to the pit of the stomach. This should be kept there till there arises a strong perspiration, and then a moderate teaspoonful of the *carbonate of soda* and a good tablespoonful of equal parts of vinegar and water is to be given in a state of effervescence every twenty minutes. After three or four doses of the above effervescing medicines, whether the tendency to vomiting be diminished or not, there must be given regularly each half hour, a Stevens' Saline Powder, in two or three tablespoonfuls of beef tea or oatmeal gruel. One of these powders is to be given every half hour, until the cholera symptoms have wholly and entirely disappeared, and even then the Saline powders are to be gradually discontinued, with more and more increased intervals."

After some judicious observations about the general management of the patient, the document concludes with the signatures of P. V. Afzelius, L. Hwasser, C. H. Berostrund, H. W. Romansson, G. C. Schultz, and *P. J. Liedbeck.*

What were the results in Sweden of this plan of treating cholera? Perhaps our friend Dr. Liedbeck will inform us.

Etude clinique de l'Emploi et des effets du Bain d'Air Comprimé dans le traitement de diverses maladies selon les procédés de M. Emile Tabarié; par M. E. BERTIN. Paris, 1855.

"Homœopathists, hydropathists, mesmerists, and other quacks," is a phrase, a maniere de parler familiar to the readers of the current literature of the dominant medical school. The principle on which the able editor of the *Lancet* or *Medical Times* proceeds in order to detect quackery of all sorts, is as simple as it could well be. Given a new mode of treatment—does it consist in large doses of powerful drugs, does it tap the

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vital fluid, does it fret or burn the skin, does it excite some organ to unnatural secretion—it is an ingenious method, based on scientific principles, deserving of attention, calculated to do much good, recommends itself by its simplicity and efficacy, &c. &c. Does it dispense with strong drugs, does it retain all the blood in the veins, does it leave the skin intact, does it refrain from overexciting any secreting organ—it is quackery, degrading to the practitioner and pernicious to the patient, a mere device to pick the pockets of credulous fools, its originator is a knave or a fool, or both, and unworthy to associate with any honest medical man. The able editor will probably not deign to notice its existence, or if he does, it will be under some such captivating heading as this, "*New System of Quackery*," which is so well calculated to secure for it the impartial judgment of his readers.

We homœopathists have a different way of proceeding in the case of medical novelties. We adopt a less slashing style of criticism than our allopathic colleagues. We endeavour to examine impartially the novelty presented to us, to lay before our readers an accurate account of it, and to discover if it contain anything of value to practical medicine.

Now, this style of criticism may strike many as being feeble in comparison with the vigorous treatment of such matters by our allopathic contemporaries, and to many it may be rather a bore than otherwise to be plagued with the examination of new modes of treating disease. The art of curing is confessedly far from perfect, and we its professors, among our other professions, profess to be delighted to avail ourselves of any plan that may enable us to cure our patients *tutius, citius et jucundius;* still we jog on so pleasantly in the old routine, which it would be such a nuisance to alter, our patients are pleased, and are not so unreasonable as to expect us to cure everything, novelties in medicine are in nine cases out of ten valueless; that we render a much more willing ear to him who will flatter us by telling us our old ways are perfect, and who will say of the new plan, "it is naught," than to him who by commending the novelty, would seem to derogate from the infallibility of our present system. Homœopathy is a standing protest against the perfection of former systems of medicine, and homœopathists should naturally be disposed to accord the same fair play to

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other modes of treatment which they seek to obtain for their own. Hence they ought to be willing and ready to examine carefully all plausible medical novelties. To reject them scornfully, as is generally done by the partisans of traditional medicine, would be to belie the sincerity of their own appeals for the impartial investigation of their own system. This liberality towards other methods of cure, which we flatter ourselves we are in the habit of displaying, but which is so unwonted among allopathic medical journalists, has exposed us to the charge of forming a league with all sorts of quackery—quackery being in the judgment of our opponents, as we have before said, every medical novelty that foregoes the use of powerful drugs.

We are inclined to take this charge as a high compliment. It shows that we follow the maxim of proving all things, and we flatter ourselves we have succeeded in holding fast that which is good. Thus we have proved hydropathy, mesmerism, kinesipathy, metallotherapy, hemospasy, and other methods of treatment, and have found some good in all of them, though, probably, not the same amount of good as their respective partisans claim for them. Now, as all these methods of cure are indiscriminately held to be quackery by our old-school opponents, and as homœopathy is held by them to be the climax and *ne plus ultra* of quackery, we are at no loss to understand why our allopathic contemporaries should link us all together in one fraternal concatenation; and having done so, bestow upon us all the epithet of quacks. Undeterred by such innocuous ebullitions of righteous indignation we shall not hesitatate to give to our readers a fair account of all medical novelties that seem to us deserving of notice. The last of these—if novel that can be called which is only, as we shall presently show, a revival of an ancient but forgotten practice—is the new mode of treating certain maladies by means of compressed air.

The work before us gives a very good account of this practice, called by its inventor, or rather re-discoverer, M. Emile Tabarié, Medico-pneumatics, or Atmosphery.

The various effects on the animal economy caused by differences of atmospheric pressure suggested to M. Tabarié the idea of a machine for subjecting patients at home to those variations of atmospheric pressure which were only attainable heretofore

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by distant journeys. In 1832 he communicated to the Institute of France the results of his reflections and experiments in reference to this subject. This communication embraced an extensive series of observations relative to the effects of atmospherical condensation and rarefaction, generally and locally applied. M. Tabarié was not singular in his investigations into the effects of varied atmospheric pressure, for about the same time Dr. Junod was busy on the same subject. Though both these gentlemen were engaged in studying the effects of all varieties of atmospheric pressure, general and local, it is curious that Dr. Junod latterly confined himself chiefly to the practice of rarefied air locally employed, whilst M. Tabarié devoted himself rather to the employment of condensed air generally on the whole body. As it is with this latter procedure we shall chiefly occupy ourselves on the present occasion, we shall now give a description of the apparatus for the employment of the compressed air bath, and describe the effects, physiological and therapeutical.

The apparatus for administering the air bath consists of a small circular apartment, capable of conveniently holding two persons. There are a door and three circular double windows, perfectly air tight. The air is forced into this chamber from below, by means of a steam pump. As it was found injurious to increase the atmospheric pressure rapidly (the disagreeable effects of which are familiar to all who have descended in a diving-bell), the air is forced in very slowly. The apparatus is so contrived that the air is constantly renewed in the chamber, and the temperature is regulated at will. A perfect stillness and absence of noise is secured, so that the patient shall not be disturbed if disposed to sleep. The pressure is diminished in the same gradual manner as it was increased. The bath usually lasts two hours; the first half-hour is spent in raising the atmospheric pressure to from thirty to thirty-two centimetres (of the column of mercury) above that of the ordinary air. The patient remains for an hour exposed to this degree of pressure, and the last half-hour is occupied in slowly reducing the pressure until it attains the natural degree.

Before proceeding to consider the physiological effects of the

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compressed air bath, we may turn for a moment to the dispute as to who is entitled to be considered the originator of the treatment of diseases by increased and diminished atmospheric pressure. Dr. Junod disputes with M. Tabarié for this honour, and Dr. Pravaz sets up a special claim for his own merit in the discovery. The local use of diminished atmospheric pressure has been employed from the earliest times, long before its nature was understood. Dry-cupping dates in traditional medicine from the time of Hippocrates, and has been known to many savage tribes from time immemorial. But the ancient knowledge of the employment of this means could not detract from the title of the inventor of the general application of modified atmospheric pressure, as applied by M. Tabarié. But M. Tabarié has been anticipated nearly two hundred years ago by a countryman of our own, who described and possibly employed an apparatus exactly similar to that of the ingenious Frenchman, allowance of course being made for the superior mechanical appliances of the nineteenth over the seventeenth century. The following extract from a recent work by Mr. Walter Bernan *On the Warming and Ventilation of Houses*, will show how completely M. Tabarié has been forestalled by the English physician:—

"A very ingenious adaptation of one of Mr. Boyle's speculations was proposed by Dr. Henshaw in 1664. The doctor thought it probable that the air alters and changes the tone and temper of the humours of human bodies, especially on their quitting one clime for another. But however salutary the change of air may be for the cure of any infirmity, it suits the convenience of but few whose health would be restored by the removal to leave their families or business. Besides, physicians seldom advise their patients to go abroad until they have employed in vain many remedies to cure them, whereby the chance of recovery is commonly lost, and the sick person deprived of the benefit he would otherwise have received by a more timely removal into a favourable climate; whence it happens that so noble a remedy is not only neglected, but brought into disesteem, for want of more frequent examples of its singular efficacy in the treatment of many diseases.

"Now," continues the doctor, "I will show the manner of a

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contrivance, by which any person may receive the benefit of a removal to another climate, at any season of the year, without removing from his own house or neglecting any employment whatever. A convenient room, of twelve or fourteen feet square, or any other size, is to be well ceiled and boarded or paved, that the air may not have any vent, either to escape or to enter, through the joints or crevices. The walls, of brick or stone, are to be well plastered on the inside, and the windows so contrived that no air shall pass in or out of them that way; and that they may be the stronger and not liable to crack, they are to be of moderate size. The door likewise is to be made that it may shut into its frame so exactly as, when closed, to be air tight. The chamber and its openings being thus prepared, a very large pair of organ bellows are to be placed in some convenient part of the room; their nosel is to be exactly joined to a copper pipe, whose other end passes through the wall of the room and is furnished with two valves, one valve opening outward, which may be placed in water, the other valve opening inward, and both valves are to be so contrived that either of them may be open or shut while the other is in action.

"The bellows being thus fitted, the door and windows shut close, and the room throughout made air tight, it may be filled with what quantity of condensed air is desired, or as much air may be discharged from the room as will bring what remains to the required tenuity. If the air is to be exhausted from the room the bellows must be placed with their moveable part upwards, and the innermost valve of the copper pipe must be kept constantly open. But if the air is to be forced into the chamber and condensed, the bellows are to placed with the under leaf upwards, and the outward opening valve of the brass pipe is to be kept open. Working gently with the bellows in this way, the room may be either charged with air or discharged of it, and consequently the air it contains may be of whatever tenuity or density is required. That there may be no mistake of the degree in which either effect is produced, a barometer is to be fixed in the apartment. The particular application of this domicilium, or air chamber, will depend on the nature of

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the disorder for which a person desires to use it. A person labouring under a chronic disease being placed in the chamber, the air is forced out or exhausted by degrees, as long as the patient continues to feel his breathing to be easy, or at least not in any way rendered more difficult. He is now to note the height of the mercury in the weather glass, which will show him to what degree he may attenuate the air the next time he uses the domicilium without danger of cramping, which sometimes ensues when the air is much rarefied. On the other hand, if the disease be acute, then it is necessary that the chamber be charged with air of that degree of density that shall seem convenient, taking care that no difficulty of breathing ensues, which oftener happens when inhaling condensed than attenuated air.

"The time of continuing in the domicilium must be regulated in each particular case by the medical attendant; generally two or three hours in the morning will be sufficient in chronical cases, but in acute diseases, perhaps, the patient may remain in the chamber during the whole course of the disease, and in intermittent fevers especially the whole course of the paroxysms must be spent in the domicilium, the air being rarefied in the cold fit and condensed in the hot fit. In malign diseases, where an amendment of the insensible perspiration is to be desired, the air is to be rarefied, not condensed. By the use of the domicilium the usual amount of insensible perspiration may be doubled. In time of health this domicilium is proposed as a good expedient to help digestion, to promote insensible perspiration, to facilitate breathing and expectoration, and consequently of excellent use for the prevention of most affections of the lungs; and whatever benefit a change of air produces in diseases may reasonably be expected from the use of this domicile. By means of it the patient may provide for himself such air as were not otherwise to be found but on the Peak of Teneriffe, or some other very high mountain; nay, he may rarefy the air to a far higher degree, and make it such as he could nowhere find upon the face of the habitable world. It may also be used for preventing the inconvenience that is often experienced from the sudden change of air by a person travelling

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into foreign countries, by reducing the tone of the air of any climate to that of his own country. With the addition of a chair or bed, hung after the manner of a sea-compass, the domicilium might also be employed on board a ship, to prevent sea-sickness. And on the same principle, Henshaw thought great vessels might be constructed to receive whole thighs and arms, and, after the manner of cupping glasses, discharge such humours as have seated themselves in particular parts, besides very fitly supplying the place of the strongest ligatures.

"The medical benefits of the domicilium must be left to be estimated by practitioners of the healing art, but the novelty of the thought and mechanical ingenuity displayed in its development is of a high order. The inventor, however, as if aware of uncandid objections, modestly requests that his scheme may not be hastily judged, nor its novelty create a prejudice against it."

From the foregoing quotation it will be observed that Dr. Henshaw anticipated both the air-chamber of M. Tabarié and the exhausting boots of Dr. Junod.

Dr. Bertin devotes a good many pages of his work to an account of the physiological effects of the compressed air-bath. Sometimes the patient experiences no peculiar sensations during the whole time of his sojourn in the bath; usually, however, certain phenomena are experienced, slight in themselves and by no means altogether disagreeable. As the atmospheric pressure increases, a feeling of pressure is generally noticed on the external surface of the membrana tympani, in most cases not great, but in some amounting to actual pain. This feeling is generally removed by making occasional efforts of deglutition, whereby the compressed air is admitted by the Eustachian tube into the cavity of the tympanum and the equilibrium restored. Noises are often heard in the ear for a longer or shorter time. Sometimes it feels as if stopped up. When the compressed air penetrates into the tympanum a little shock, sometimes painful, is often felt on the internal surface of the membrana tympani. These phenomena are usually observed as long as the pressure of the air is being increased. They cease when the maximum of pressure is attained and the air is suffered to remain of the

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same density. When the pressure is being reduced an opposite set of phenomena are induced. Then the feeling of pressure is felt on the internal surface of the membrane, the ear feels full and the hearing is dulled. By and by the air is felt to escape from the tympanum by the Eustachian tube, and the sensation of fulness and deafness goes off, to return again and again as the atmospheric pressure is still further diminished. All these phenomena are usually only, or at least to the greatest degree perceived during the first bath. They are not noticed, or in a much less and decreasing degree during the subsequent baths. Of course the symptoms are different if there is occlusion of the Eustachian tube. This condition, however, is often removed altogether by repeated air baths. They thus have sometimes all the effect of catheterization of the Eustachian tube, and are in some cases preferable to this operation.

On the salivary glands the effect of the compressed air is sometimes remarkable. It very frequently causes a large flow of saliva into the mouth. Perhaps this effect may be of use in some maladies. Hitherto it has not been attended to with a view to its therapeutic employment.

The effects of the compressed air-bath on the respiration is scarcely noticeable in the case of a person free from pulmonary disease. It is only by very careful observation that he will become aware that the frequency of his respirations is diminished and that the necessity for taking a deeper breath than usual does not occur so frequently as under ordinary circumstances. In the subjects of pulmonary disease on the contrary, the effect of the air-bath is very well marked. In cases of chronic pneumonia, of crude tubercles in the lungs involving a considerable extent of pulmonary tissue, of extensive pulmonary emphysema or of asthma, after a few baths the difficulty of breathing is very much alleviated. More air penetrating into the lungs at each respiration, that agonizing gasping for air so often observed in such cases is greatly alleviated, and the patients experience a sense of calmness and repose. The dread of not having air enough often felt by them, even in large rooms, and which one would imagine ought to increase in the confined space of the apparatus, on the contrary, subsides gradually as the pressure

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attains the degree of 15 to 18 centimetres, and the greater the elevation of the atmospheric pressure up to 30 centimetres, the more comfortable does the patient feel. The restlessness and inability to retain the same posture for a length of time experienced by so many asthmatics go off entirely, and the patient sits calmly and breathes slowly, shewing that the horrible oppression of the chest is no longer present. Under these improved conditions the patient often falls into a tranquil slumber in the air-bath. This amelioration is, however, not always observed immediately, often only after several baths. Dr. Bertin indulges in certain speculations as to the physiological causes of the amelioration produced in these cases, into which, however, we shall not follow him.

The effect of the compressed air on the circulation, is generally to reduce its rapidity. Sometimes the reduction is only 4 or 5 beats per minute, but it extends to 15, 30, or even 36 beats. This diminution of the frequency of the pulse is sometimes lost as soon as the patient comes out of the bath, but often it is of a more permanent character, and is maintained long after coming into the ordinary atmosphere. In a case of double emphysema the pulse ordinarily 106 to 108, fell down to 72 after the first séance; it continued to decrease day by day until it got to 45; at this it remained during the rest of the treatment, and for a long time thereafter it never rose above 56. In some rare instances, the rapidity of the circulation is increased by the air-bath. The cause of this phenomenon Dr. Bertin has been unable to discover; he is disposed to attribute it to an idiosyncracy on the part of the individual who manifests it. In cases of disease of the organs of respiration, of chlorosis, and affections of the heart, the action of the air-bath is invariably to cause a diminution of the rapidity of the circulation, and a greater regularity of the heart's beats.

In those patients in whom the bath lowers the pulse by 12 or 14 beats, it often happens that a great sense of weakness is felt, which, however, does not seem to retard the recovery, if the case is a favourable one for the therapeutic effects of the compressed air.

The effect of the compressed air upon the animal heat varies

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according to circumstances. The effect on the air itself of compression is to elevate its temperature; thus the air in the apparatus is found to be a few degrees higher in temperature than that of the surrounding atmosphere, unless means be taken to reduce its temperature. On the other hand, when the gradual diminution of the atmospheric pressure takes place, the temperature falls, until it becomes the same as the external air.* Some patients complain of a disagreeable amount of heat when the atmospheric pressure is being augmented, which generally goes off before the pressure has attained its maximum. This uncomfortable sensation is often only present during the first bath. On the other hand, many patients experience a sensation of internal coolness as the atmospheric pressure increases, which in some amounts to actual coldness. When there already exists a feeling of burning and heat in the chest, as happens in many cases of catarrh and bronchitis, the bath relieves this sensation in a marked manner. In the greater number of persons the compressed air-bath causes no sensation of increased or diminished animal heat; but where an alteration ensues it is almost always a diminution of the feeling of heat, which may be ascribed to the corresponding diminution of the rapidity of the circulation and respiration.

The effect of the bath upon the strength is to increase it, which Dr. Bertin ascribes to the increased powers of assimilation it occasions. This augmentation of strength is especially observed in pulmonary patients.

Dr. Bertin assures us that the compressed air-bath has no tendency to produce congestions of any organs, but on the contrary, it tends to relieve and remove congestions already present, as he has often found in patients affected with so-called "blood to the head."

* The natural phenomenon of a variation in the temperature of air by condensation and rarefaction has lately become the basis of a very ingenious patent. The inventor makes use of the reduction of the temperature by rarefaction to the production of ice by means of a steam engine. The ice is produced by this machine in a surprisingly short time, in great quantity, of the finest quality, and at a very cheap rate. It can, moreover, be used with perfect success in the hottest climates. We observe that a company has recently been formed to work the patent.

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The following are the conclusions our author draws respecting the physiological and therapeutic effects of the bath.

" Compressed air, of whatever degree, may be employed without danger, in consequence of the equilibrium of pressure that is established over all parts of the body, exactly as takes place in the ordinary atmosphere.

" Experience has shewn, that a pressure very much beyond what suffices to produce all the desired therapeutic effects, does not cause any modification of the phènomena of life that could derange their regularity.

" Under the influence of a pressure carried to $^2/_3$ths of the atmosphere, which a long experience has shewn to be the most advantageous for general use, permanent congestions of the skin and mucous membranes in contact with the air are found to yield.

" It is rational to suppose that as a diminution of atmospheric pressure has the effect of retarding the return of venous blood to the heart, and to favour the occurrence of stases in the capillary system, an increase of that pressure ought, on the other hand, to facilitate that return, and to remove those congestions.

" The dissipation of such congestions, is not liable to be followed by metastases.

" Respiration in compressed air, as it brings the blood in contact with a larger quantity of the atmosphere in the same volume, ought to decarbonize a greater portion of blood than occurs under ordinary atmospheric pressure.

" The phenomena attending the circulation in the bath, shew its sedative effect on the circulation, and prove that it exerts a soothing action on the heart, which lasts beyond the period of the duration of the bath.

" Under the influence of the compressed air-bath the respiration improves, the blood becomes more fitted for nutrition, and gets rid more rapidly of its effete particles. The circulation becoming more calm and normal, the blood is conveyed in the right proportions to all parts of the body, destroying by its very regularity, all that is of an irregular or pathological character. At the same time the appetite increases, the digestive functions

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become more regular, the nutrition is increased, and the strength restored. Congestions, acute and chronic, are dispersed, as also morbid defluxions, whether recent or ancient. The capillary circulation becomes more regular, the respiration and arterial circulation slower. No alteration is observable in the secretions, except the increase of saliva above described, and occasionally a diminished intensity of colour in the urine where that was previously high-coloured."

The remainder of the book is occupied with the history of the treatment of 35 cases of various diseases of the respiratory system, acute and chronic catarrhs, pulmonary emphysema, asthma, hæmoptysis, and pulmonary phthisis. In many of these a permanent cure seems to have been effected, in all relief was obtained, more or less parmanent in its character. The most striking cases are among those of asthma depending on pulmonary emphysema, where the compressed air-bath seems to exert a surprisingly beneficial action. We have not space left to give any of these cases at length, nor is this necessary, for the history of one or two cases would not serve to convince those who are incredulous as to the possible good effects of the treatment recommended, and to those who are inclined on physiological grounds to believe that there may be some good in the system, it will suffice to state, that a great proportion of the cases treated seem to have derived great benefit.

Having met with several persons who have witnessed or themselves experienced the good effects of the treatment, we are, we think, justified in bringing it under the notice of our readers, and the more so as it is highly improbable that a fair and impartial account of this or any other medical novelty will be given in any of the allopathic medical journals.

We do not of course pretend to say that the system of compressed air, as used by Dr. Bertin at Montpelier, is capable of performing all that our author alleges of it. Certain analogies would lead us to believe that it might be of considerable use in the treatment of some pulmonary diseases. Thus we know how frequently the sufferings of asthmatical patients are ameliorated or aggravated by various conditions of atmospheric pressure, how generally they are better when the barometer is high, and

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worse when it is low; what difficulty they often have of breathing in the rarefied atmosphere of mountainous countries, and how much better they are in low situations and near the sea, where the atmospheric pressure is greatest. Again, in the case of patients affected by tubercles in the lungs, we have reason to suppose that the good results attending Dr. Ramadge's peculiar mode of treatment by interrupted expiration through a small tube, may be in a great measure owing to the increased pressure exercised on the minute bronchial ramifications by means of the air thus forcibly retained in the lungs. Finally, our opinion of the good effects of the compressed air-bath is not derived solely from Dr. Bertin's testimony. Besides the allegations of the inventor, M. Tabarié, we have the evidence of Dr. Junod,* and of Dr. Pravaz,† the latter of whom relates the history of several cases of serious disease treated by himself successfully by means of the compressed air-bath.

Common Sense versus Homœopathy, by SAMUEL KNAGGS, M.R.C.S., L.A.C., &c. London—Churchill. 1855.

It has often been our lot to read stupid tirades against homœopathy, written by persons ignorant of the principles of the system they attacked; but this pamphlet beats all that we have ever seen for stupidity. From the title one would naturally expect the author's arguments to be the very quintessence of *common sense*, whereas the reader will discover only a caput mortuum of *uncommon nonsense*. We could almost have forgiven Mr. Knaggs had he given us any new and original nonsense, but no! his pamphlet is nothing but a—(rechauffé we were going to say, but that implies something warm, whereas Mr. Knaggs' hash is not warmed by the slightest sparkle of humour or the faintest glow of geniality)—repetition of all the stale fibs, and oft refuted objections of former writers against homœopathy.

Mr. Knaggs announces in his title page that he is the author of "The Plea of Insanity in Criminal Cases." If there be one

* Recherches sur les effets physiologiques et therapeutiques de la compression et de la rarification de l'air.—Arch. gen de med., t. ix, p. 159. 1835.

† Bullet de l'acad. royale de med., t. vi, p. 224. 1840.

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literary crime greater than another, we think it must be the republication of calumnies and arguments that have been thoroughly exposed and refuted, without an allusion even to their exposure and refutation. This crime Mr. Knaggs has committed on the most extensive scale; we trust he may be able to justify himself by "the plea of insanity." Would it be believed that this "common-sense" writer actually repeats as irrefragable facts, Dr. Glover's apocryphal story of wholesale homœopathic druggists supplying their customers with plain sugar-of-milk globules, labelled with the name of different medicines; Dr. Simpson's ingenious tale of Professor Henderson's conversion to homœopathy, by employing a box of globules that had previously been used as a plaything by Professor Simpson's child, and well mixed together by the infant obstetrician; Dr. Gardiner's imaginary description of Fleischmann's hospital, with its wonderfully salubrious situation, and its rich valetudinarians for patients, &c., &c. To Mr. Knaggs and such as he who seem to think themselves sagacious controversialists, when they only restate exploded calumnies and oftrepeated arguments, we would recommend a passage in Prince Albert's late speech at Birmingham: "Prejudice keeps stubbornly to its position, whether disproved or not, while science is an unarrestable movement towards the fountain of truth."

CLINICAL RECORD.

CASE, BY CHARLES C. TUCKEY, M.B., Canterbury.

Sarcomatous Tumour, reputed Malignant.

T. M., æt. 57 years, tall, spare, of bilious habit, consulted me on the 14th of last October, on account of a painful bleeding tumour growing from and covering his left cheek. The diseased mass looked exceedingly like "fungus hæmatodes," and I was at first inclined to set it down as a genuine case of that frightful and probably incurable malady. The tumour irregularly rounded in shape and lobular, of a purplish hue, with blood oozing from the greater part of its surface,

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was attached to the cheek, which presented a lived colour for some extent, by a thick, short pedicle. Frequent lancinating pains, aggravated at night, were felt in the tumour and cheek; and he also complained of a numbing pain extending down his left side. I found, as may be supposed, this poor man's constitution seriously injured—his strength failing; appetite bad; tongue loaded; gastric uneasiness, with thirst; pulse quick and feeble; sleep much impaired. The account which he gave of himself was, that after having been cured by me of lumbago in the spring, he had nothing to complain of till about four months since, when he found a swelling the bulk of a walnut forming on his cheek, but that he did not give much attention to this till it burst, and a painful fungoid growth appeared.

Becoming alarmed, he now became an out-patient of the county hospital. He informed me, that a consultation was held there on his case, and the propriety of an operation discussed, but that the surgeons decided against it, as the disease was malignant and not likely to be extirpated by the knife. Not finding any improvement under hospital treatment, but becoming daily worse, he applied to me for relief. I felt I had got an exceedingly unpromising subject; and though my first impulse was to remove the diseased mass, prudence suggested that I should forbear, after the decided opinion to the contrary of experienced surgeons. I therefore contented myself with trying what might be effected by the appropriate homœopathic remedy, and applied emollient poultices to the tumour.

The medicine I selected was Arsenicum, and this I continued to administer in the 3rd and 4th dilutions for some weeks. The growth of the tumour certainly seemed arrested, and portions of it began to slough off; insomuch, that I had hope the entire might be got rid off in this way if his system could be kept up for a sufficient time. For this purpose I allowed stimulants, such as porter or wine daily, without which, indeed, he must have sunk. However, in spite of all care, the adverse symptoms progressed; frequent bleedings from the tumour occurred, and the irritability of his stomach was distressing. Finally, his strength, exhausted by hectic, loss of sleep, pain, hæmorrhage, and profuse fœtid discharges, failed so entirely, that he was confined to bed, and a few days more seemed likely to close the scene.

On the evening of December 29th, I was summoned in haste to his house, and found that the tumour had been partially torn by the awkwardness of an attendant, the result being an alarming hæmorr-

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hage. Under the circumstances I had no choice, and immediately applied a ligature, whilst I removed the diseased mass with a scalpel. This, on being divided, presented a fibrous and somewhat glandular structure, somewhat like the cineritious substance of the brain, but more firm. I got my patient rallied by administering wine, and applied bread poultices to the part, under which the ligature came away in a few days, and the wound presented a healthy granulating surface.

At this stage I had nearly lost him through obstruction of the lower bowels, which, however, I removed by Nux vomica and mechanical means. After this he revived rapidly to the astonishment of many, who had looked on him as moribund, the wound healing kindly, and all bad symptoms disappearing. He is now able to pursue his usual employment, and there is not the least indication of a return of the disease.

It becomes a question for consideration whether the constitutional treatment or the operation are entitled to the credit of a cure in this case. I believe it is due to both, and that either without the other would probably have failed to produce a permanent recovery; but "who shall decide when doctors disagree?"

CASE, BY DR. FEARON,

Shewing with how small an amount of Kidney life may be maintained.—Abscess of one Kidney, non-existence of the other.

THE following case is very interesting, and is also calculated to be consoling to persons labouring under renal affections, from its shewing with how small a remnant of kidney it is possible for life to be maintained:—The patient was of dark complexion and eyes, and apparently originally of a mixed bilious, nervous, lymphatic temperament, the bilious predominating; active, I believe, in mind, and fond of lively society, and up to a few weeks of her death accustomed to go about with as much energy as she had done for years. She had worn for some time a plaister down the spine, and had been in the habit of daily using cold spongings and the flesh-brush. The plaister had been ordered by the author of "The Fallacies of the Faculty," who had cautioned her against leaving it off, and it was apparently

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in consequence of a chill to the spinal chord occasioned by trying to do without the plaister, which brought on her last illness, commencing, no doubt, in congestion of the remnant of kidney.

She was first under allopathic treatment, then under my care for a fortnight; and subsequently, for the last few days of her life, again under allopathic treatment, and I was informed that, in accordance with the usual custom of allopaths to deny the accuracy of the diagnosis of homœopathists, it was at first denied that I was right in supposing there was congestion and abscess of the kidney, the latter not being considered to be seriously affected.

I believe that for some years Mrs. —— had been troubled with frequent desire to pass water, while only a small quantity was passed each time; frequently she would have to rise from table from inability to retain the urine. It seems that when a girl at school she received a severe blow on the small of the back from a fall on some steps, and subsequently used to suffer much pain there at times. Probably this blow caused an inflamed state of the nerves supplying the kidneys, with subsequent paralysis of them on the one side, and from this may be dated the commencement of the disease which the timely administration of Arnica, Acon., Pulsat., &c., might have prevented—at least this is the view I should be inclined to take of the case. I may add that, according to her own statement, during this last illness the only real relief she received was from the homœopathic remedies, and it was merely to satisfy friends and much against her own will that it was discontinued. It is now about four years since the case came under my notice.

Mrs. —, æt. 49. Appearances on *post mortem*. On opening the abdominal cavity the mesocolon came into view, thin as usual. Being lifted and the colon with it removed, there appeared a sac containing fluid, extending from the pubes almost to the left hypochondrium. This was believed at this stage to be the bladder. The jejunum and ileum being raised, they were found closely connected with one another, and to the hypogastric portion of the peritoneum by lymph recently effused; on detaching them fluid escaped from the interstices exactly like that mixture of pus and urine discharged from the bladder during life; this fluid was absorbed by sponge to the amount of half-a-pint. The stomach, with jejunum, ileum, and mesentery were then removed; they presented no abnormal appearance; the caput coli was enlarged; it contained some scybalæ, and partook of the inflammatory changes of the neighbouring parts; the rest of that

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viscus from end to end was quite healthy. No kidney could be found in the right lumbar region, but only a rudiment of that gland, a portion of parenchymatous substance in breadth and thickness equal to a shilling; this was enclosed in a capsule of condensed cellular membrane, forming altogether a flattened mass as large as an ordinary sized Geneva watch. No especial artery or excretory duct was found. On the left side lay the kidney transformed into a cyst, extending from the eleventh rib, almost to the pubes; this cyst was constituted of glandular substance, attenuated and expanded, like a membrane, and of the pelvis distended, so as to form altogether a space capable of holding full twenty-four ounces of fluid—fluid to the amount of a pint (being pus and urine mingled) was found herein. The interior of this cavity shewed the polished surface of the pelvis studded with groups of petechiæ, and the four mamillæ in number differing much from the usual appearance. All prominency had departed; they were changed into very slight depressions, and formed three of them, each a circular patch as large as a shilling. The place of the remaining one, that at the pubic extremity of the kidney, was occupied by a perforation large enough to admit the finger, and which formed the only discoverable outlet of the kidney; here, from a defined margin, a suppurative surface was continued into what was concluded to be the ureter degenerated into an abscess; this latter space, large enough to hold an egg, had a definite boundary, except where it had become attached to the pubes; here there was undistinguishable confusion of parts, and certainly a breach which had led to the effusion of the urino-purulent fluid into parts extraneous to the ureter. The renal artery was larger than usual, and, instead of proceeding from the aorta transversely, it descended straight down upon the vertebral column full four inches, and then by a sudden turn entered the kidney. The cellular tissue in left iliac fossa was an inch thick, and much consolidated; there was a distinct collection of pus, to the amount of two ounces, in the left lumbar region close upon the psoas muscle. The iliac viscera were all perfectly healthy; the bladder was quite empty; the abdominal viscera, with the exceptions before stated, were also healthy. In particular, the liver was well formed, and healthy in colour; there was no gall-stone; the system was universally fat; thoracic viscera healthy, except that the right lung was universally adherent.

(Signed) J. E., M.D.
T. G., M.R.C.S.

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Note appended to post mortem account.

Twelve years ago, when Dr. P. attended Mrs. ——, and the symptoms and external appearance led to the conclusion that there was an abscess forming, the swelling was exclusively on the left side. On the subsidence of the chief symptoms of disease, viz., pus and albuminous urine, Dr. P. expressed his belief that the left kidney had become atrophied and absorbed, and that the renal secretion was thenceforward supplied by the right kidney alone. In Mrs. ——'s last attack of illness, six weeks previous to death, Mr. S. P. concluded, from the nature of the pain and the situation of the tumour in the hypogastrium, that the uterus was the organ congested, and the main source of disease.

The appearances on dissection shew the right kidney to have been blighted, most probably from birth, and the enlarged and misformed left kidney to have been the sole secretor of urine—the situation so very unusual as to extend from the left hypochondrium, quite down to the left sacro-iliac symphisis, and forming a cavity capable of holding nearly a quart of fluid made it absolutely impossible to diagnosticate truly, according to the ordinary rules.

Pica, treated by Dr. BLACK.

As marked cases of depraved appetite are not of frequent occurrence, the following case may be interesting. The depraved appetite, especially for brown paper, had existed fourteen years, and yielded completely in eight months treatment. As may be expected our Materia Medica does not offer much assistance, if the indication be drawn from the appetite alone; but fortunately in this patient there existed, as is often the case in this disease, marked derangement of the uterine functions. This, together with the state of the bowels, and sick headache, led to the employment of *Sepia*, *Bry.*, *Plat.*, *Ign.*, and *Puls.*

M. A. C. consulted me Aug. 20, 1851. She is delicate looking, aged 28; is very subject to alternations of spirits; has frequent frontal headaches, and is habitually constipated. At 14 years of age she suffered from giddiness in the head, which caused her to fall, and was then bled twice, profusely: from that time she has suffered from sinking in the pit of the stomach, even after eating, and a constant longing for innutritious substances, especially brown

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paper and cobbler's wax, and of the former she eats great quantities. The efforts she makes to deprive herself of the opportunity of gratifying this depraved taste occasion restlessness of mind. She has a dislike to animal food; milk agrees very well with her. She became regular at 17 years of age. The periods appear every six weeks, always accompanied with much pain in the back and bowels. After the period she is subject to sick headaches and vomiting of bile. *Sepia* 20 gtt. iv. sig. 1. *Sepia* 6 gtt. iv. sig. 2, 3, each powder to be dissolved in four tablespoonfuls of water; a spoonful taken morning and evening: wait two days between the powders. The treatment was after this conducted by correspondence.

Sept. 15.—She states that she has altogether improved in health. Has finished the prescription. Her appetite is better, and she has felt less craving for brown paper; rests more comfortably at night. She cannot give a very favorable report of her bowels. They are relieved after taking the medicine twice, that is once night and morning, and at the same time she feels a good deal of pain and uneasiness, and the bowels continue in a very relaxed state throughout the day. Repeat *Sepia.*

Oct. 2nd.—Has taken the medicine as ordered, but does not feel nearly so well, her bowels are much constipated. Has suffered very much during the monthly period from headache, and on the first and last day of the period had severe sick headaches with violent vomiting of bile, so as to be confined to bed. Feels the same craving for brown paper, and the appetite is very uncertain. *Nux v.* 6, gtt. iii, sig. 1, 3; *Plat.* 6 gtt. iv, sig. 2, 4; to be taken like the *Sepia.*

Nov. 3rd.—Very much better; good rest and sleep; the bowels much more regular; no feeling of sinking in the pit of the stomach; the longing for brown paper has been much less. "I have had only one attack of headache, and that was when I took the powder marked No. 2 *(platina);* I was then very sick, and vomited a great deal of bile. Have taken very little paper, except on the day on which I was ill; I always find the longing for brown paper is worse at the period." Repeat *Nux* and *Platina.*

Nov. 20th.—Has not had a headache since her last account, nor indeed anything whatever to complain of; has scarcely eaten any brown paper, and thinks she will soon lose all longing for it. Does not remember when she has been so well. Repeat *nux* and *platina.*

Dec. 16th.—"I have taken the medicines and am happy to say that my health still continues to improve. I have had but one

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slight headache since my last report, which was after taking the powder No. 3 (*nux v.*). I felt nausea for a short time, but I was not sick. The longing for paper becomes less every day. My appetite is much better, and my bowels are much more regular. I never feel anything of the sinking at the pit of the stomach." Repeat *Nux., Plat.*

Jan. 7th.—"I have not been so well since my last report. I have suffered from my old complaint—sick headaches, and have had to keep my bed for a day twice since my last report. Cannot bear any excitement without getting a sick headache. I think I am very bilious." *Pulsatilla* and *ignatia* alternated with *nux* and *platina.*

Jan. 29th.—"I am happy to tell you my health has been much better since my last report. I have only had one slight headache. Every one says how well I look. I eat very little brown paper, and feel much stronger than I did." Repeat *puls.* and *ignatia.*

April 19th.—Continues much better; would consider herself quite well, but for a sick headache which obliges her to keep her bed, about the time of the monthly period. In other respects is very well. Eats very little brown paper; sleeps well; and has a good appetite. Repeat *pulsatilla* and *ignatia.*

End of May.—She sent another favourable report. Had been quite well for six weeks, but had to keep her bed, quite lately, for some days, with a sick headache. Repeat *puls.* and *ign.*

June 3, 1852.—She reports herself quite well, and free of all depraved appetite for brown paper, &c.

On enquiry (Oct. 1853) I find she continued to keep quite well. She has lately married and has a family.

A Case of Inflammation of the Urinary Organs, with Affection of the Brain, by Dr. OEHME, *of Dresden.*

Mad. K. R., æt. 24, of a robust constitution and healthy appearance, had an attack similar to the present one last autumn, immediately after her marriage, which I treated successfully in three weeks, including a relapse, with Acon. 1, Bellad. 1, Hyosc. 1, and Canthar. 2 (decimal scale). Since this time she has been in good health, with the exception of being subject to ardor urinæ when she caught cold, or after having eaten of pickles and suchlike

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things or drunk beer. The catamenia, for the last two years, have been feeble, but regular, lasting two days, and preceded by pain in the back and depression of spirits for four or five days.

I was called to see Mad. K. R. on the 29th of March of this year, at noon, and found the following symptoms present. The patient was in bed, and complained of headache, pains in the loins, lower abdomen, and urethra during micturition. Pressure on the region of the kidneys, as well as over the ovaries, bladder, and urethra, was attended by pain. The face was flushed, the eyes dull and rather fixed, there was much fever, the skin moderately moist, no appetite, tongue not coated, stools natural, urine reddish brown, neither oily nor albuminous. Frequent twitching of the muscles was observed, a symptom the patient was subject to, especially during sleep. She had been perfectly well the previous day and night, but felt ill upon rising. The catamenia had occurred at the regular time a fortnight before. I ordered Acon. 1 and Bellad. 1, gtt. ii., alternately every two hours.

March 30th.—The patient passed a poor night, but was rather better than worse at 10 a.m., when my visit was made. The medicine was continued. At 2 o'clock p. m. I was urgently sent for, and found the following state. The patient was almost destitute of sensibility, although previously she had complained of severe headache; the face was red, the eyes fixed, half open and turned upwards, cramps in the limbs, pressure on the region of the kidneys and bladder caused violent pain, the pulse was very frequent, the skin hot but moist, occasional muttering of single words. The urine as yesterday, still no albumen. At midday she had taken some light soup, and felt pretty well until 3 o'clock, when the aggravation became much worse until the time of my visit. Prescription, Helleb. nig. 1, and Acon, 1, gtt. ii., alternately every two hours.

March 31st.—The patient had been somewhat delirious during the night, but had slept for two hours towards morning. When I saw her at 9 a.m., she expressed herself as feeling better. There was no headache, the eyes were no longer fixed but natural, the pain in the region of the bladder or ovaries and kidneys abated. Twitching of the muscles had taken the place of the cramps of the limbs, but were not frequent; the fever was less; only the ardor urinæ remained. The urine was scanty, brown-red, and slightly turbid. Continue the medicines every three hours. In the after-

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noon at 5 o'clock the patient complained of nothing except the ardor urinæ. The sensitiveness of the parts to pressure was still the same. Her appetite, especially a longing for coffee, which with her is a sure sign of restored health, had returned.

April 1st.—She had passed a good night, and felt so well that she wished to rise. Her appetite was good; pressure on the regions formerly painful gave her less uneasiness. The fever much abated. Ardor urinæ alone remained unchanged. As in her former attack Canthar. had been of no service, I ordered Cannabis 1, a drop every hour.

April 2nd and 3rd.—The improvement went on rapidly. She was up some hours without suffering, but still the urine retained its burning character. Prescription, Arsen. 2nd dil., three drops every three hours.

April 4th.—Ardor urinæ lessened. General health so improved that she was able to attend to her domestic duties. No pain on pressure in either the region of the kidneys or bladder.

April 5th.—Ardor urinæ gone.

Zeitschrift für Hom. Klinik. Mai, 1855.

Mastitis Neonatorum.

This affection occurs in both boys and girls whose father or mother is scrofulous. It often appears on the second, third, or fourth day, but more frequently between the seventh and tenth days, after birth. It is characterized by a swelling of a conical shape, having the nipple in the centre. The swelling is red, hot and tender, and the child cries when it is touched. At the commencement of the disease there is always an erysipelatous redness, which, as the disease advances, becomes deeper tinged. In most cases the inflammation was subdued by the use of *conium* 6, a dose every two hours, internally, and the external application of *conium* 2. In the few cases in which suppuration took place I was unable to establish the conditions of its occurrence, so as to arrive at any general conclusions on the subject. In such cases the symptoms observable were the same as usually occur in like cases. As soon as the redness became more intense than usual I employed emollient cataplasms, and in every

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instance opened the abscess. After the discharge of the matter the wound readily healed. *Conium* was employed for the remaining hardness, internally and externally. The whole duration of the disease was never less than eight, and never more than fourteen days. —*Dr. Teller, in Zeitsch. f. Hom. Klin.*, 15 *Aug.* 1855.

Sweet Saliva.

K.——late military inspector of a prison, of robust make, occasionally subject to constipation, complained in June of discomfort, anorexia, occasional nausea, fulness in the abdomen and constipation. His most annoying symptom, however, was a considerable flow of *sweet saliva.* The urine was normal, both in quantity and quality. As this secretion bore no proportion to the saliva, and as the sweetness of the saliva was only experienced in a limited portion of the buccal cavity, I examined the latter completely, but with the exception of a white tongue, such as is usual in smokers, I found nothing of a morbid character. I should observe that the patient had been a smoker, but that since his illness he had lost his relish for tobacco, and had consequently abandoned its employment.

I first gave *nux vomica,* and after it had been taken two days, the discomfort, the nausea, the fulness of the abdomen and the constipation were gone, but the sweetness of the saliva persisted as before. I next tried *pulsatilla,* but it had no effect on the morbid state of the saliva. I tested 3 ozs. of the saliva for sugar after Böttcher's method, but could not find a trace of it. I now made up my mind that the patient was labouring under an affection of that branch of the laryngeal nerve which goes to the sublingual gland, or unites with the submaxillary ganglion. With this idea a multitude of hypotheses presented themselves to my mind, but none of the medicines I gave had any effect on the disease. Among others I tried *dig., mez., plumb.* and again *puls.* After three weeks of treatment the patient began to grow impatient, and at the recommendation of a medical friend I gave him *sulphur.* One drop of the tincture in half-a-pint of water, a teaspoonful every two hours. After using this for three days the flow of saliva as well as the sweet taste was gone, and since then he has had no return of it.—(Dr. Teller, *Zeitsch. f. Hom. Klin.*, 15 Aug. 1855.)

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MISCELLANEOUS.

ON TRITURATIONS.

By Mr. Henry Turner, Homœopathic Chemist.

The truly valuable method of preparing medicines by prolonged trituration with an inert substance is almost peculiar to homœopathy. The principal object sought to be attained by it is to reduce substances, otherwise insoluble, to a state of minute molecular subdivision, turning every particle *inside-out*, making it present an universal surface, and putting it into a condition to act out, under appropriate circumstances, its peculiar medicinal effects, and prepared to exhibit those properties which before were packed and hermetically sealed up within its own bulk.

This process, which at first was only applied to metals and other insoluble substances, such as Charcoal, Sepia, &c., has been advantageously applied to other substances, as Arsenic, Tartar emetic, &c., and also many vegetable substances which are only procurable in the dry state, such as Nux vomica, Cinchona, &c., and it has even been proposed to extend it to fresh vegetable substances, by making triturations with the juice of the plant or the plant itself; but it does not appear likely that these latter preparations possess any superiority over those prepared by preserving the juice by means of strong alcohol, and as they are more troublesome and consequently more expensive, it is not likely they will ever come into general use. Some of the dry vegetable substances, such as Nux vomica, Ignatia, Cinchona, Ipecacuanha, and many others of the same class, may, I think, be used in triturations with some advantage, especially now that we have a machine for preparing them (which I shall describe presently), the applied force of which can be adapted to the nature of the substance operated upon, and when necessary, made double or treble what it would be possible to apply by hand labour.

For our triturations it is absolutely necessary that the Sugar of milk should be *perfectly pure*, a state in which I have never yet found it in commerce. The increasing demand for this article has caused it to be kept for sale by many of the wholesale drug houses. I have lately examined a good many such samples, and besides the ordinary impurities, such as dust, wood and soot, most of them

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contained cane sugar, and some of them in considerable quantity. I have found what I obtained from the Continent to be the purest, though not absolutely, nor sufficiently so to be used for triturations without recrystallization from distilled water and alcohol. This process, owing to the high price of alcohol in this country, renders purified Sugar of milk a very costly article; but there is all the more need, on this account, to insist on its importance. The conscientious pharmaceutist will often have to spend much time and money in obtaining, in a pure and proper state, what he could easily have obtained for a few pence if his conscience had been easily satisfied, and from which he could have made a preparation equal in appearance to what, to him, has been so costly.

For triturations, mortars and pestles of porcelain, unglazed inside, must alone be used, and of these there ought to be A SEPARATE ONE FOR EACH MEDICINE, or at least for each of the polychrests. For although washing and subsequent exposure to a high temperature may *appear* sufficient, I very much doubt if it is so in reality. We must bear in mind that we are treating of medicines which are so far dynamic as to be inappreciable by any of our senses. But suppose they had each of them a strong *sensible property in addition to the medicinal one*, such as Musk has, for instance, or the Proto-iodide of mercury, we should then have no difficulty in perceiving how insufficient all our washings and scourings and heatings are to purify our utensils perfectly. All who have tried will know that it is impossible to cleanse a mortar that has triturated Musk, from its smell, or one that has been used for Proto-iodide of mercury, from its colour. Why is this? It is not because these two substances are more adhesive or tenacious than others, nor because there is any special affinity between the substance of the mortar and these medicaments. There can be little doubt but that it is, because the mortars themselves are to some extent porous, though inappreciably so, and that every substance triturated in them for any length of time enters into the substance of the mortar itself, so that no amount of washing can perfectly detach it, and the only reason why we do not perceive it in other substances is, that they possess no remarkable *sensible* properties, as these two do, in addition to their medicinal ones, and therefore their presence, though highly probable, is not recognised.

It is also indispensably necessary that our triturations should be prepared in a *suitable apartment*. The room ought to be airy and

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well ventilated, and perfectly free from emanations of all kinds. To avoid this they must not be prepared in a room where many tinctures are kept, as evaporation is constantly taking place from them, and the atmosphere of the room is consequently impregnated with medicinal emanations.

The TIME occupied in triturations is too important to be passed over without notice. The length of time occupied by each separate one is, I am sorry to find, a matter on which we are not by any means uniformly agreed. Hahnemann prescribed an hour, and I see no reason to think it too much. Even when the powerful machine I am about to describe is made use of, I would still maintain the hour, not because there is anything sacred in the exact period of sixty minutes, but because if it is left open, one may say forty-five minutes are sufficient, another may say forty and another thirty, until at length each one triturates just so long as it suits his convenience or caprice, and no longer; and as evidence that I do not speak without occasion, I may mention that I have myself found *crystals of corrosive sublimate* which had been purchased for the third decimal trituration. For my own part I prefer, and would recommend my colleagues, not to content themselves with anything less than the full hour. It will be a great satisfaction to know that we have done all in our power to secure the full success of the medicine, whatever the result of its use may be.

I have now to describe the machine to which I have already alluded. It is the invention of a working man of this city, and when it comes into general use, will prove to the homœopathic chemist an immense boon. I have seen several triturating machines before this, and read descriptions of others, but previous to Hewitt's invention I have seen nothing at all comparable to the human hand. But by means of this invention we can regulate the motion of the pestle with nearly, if not quite, as much precision, and with much more force and effect than it is possible to do by the hand. It is a machine too, which, for simplicity and efficiency, is truly unequalled, and scarcely leaves anything more to be desired in this direction. They are made of different sizes, but the one I shall here speak of is the smallest size, one which the patentee has, at my suggestion, brought out for the use of homœopathic chemists' triturations, &c. This size is adapted for mortars measuring from four to five and a half inches inside diameter, and small as it is, the force can be so increased by means of weights

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(which can be taken off or fastened on in a few seconds), that it will pulverise some of our hardest substances, or decreased so as to describe its own movement on paper with a black lead pencil.

Another advantage is that the mortar and pestle can be changed in less than one minute. Another advantage is that it makes little or no noise or dust; Cantharides or Capsicum can be powdered in it without any inconvenience. And the small amount of power required to move itis also a great advantage; a steady youth could work it for hours without any fatigue.

It would be impossible to convey any idea of its simplicity, ingenuity or utility, by a printed or engraved description; like homœopathy, it must be seen doing its work to be fully appreciated. The subjoined engraving will furnish the best idea we can give of its general form and construction.



The machine consists of an iron pillar, two feet high, secured to a wooden base sixteen inches by twelve. The mortar rests in a ring on this base, and from the pillar, about half way up, extends an arm, at the end of which is a ball and socket, forming a sort of universal

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joint, through which the pestle passes, and in which it moves in any or every direction. Near the top of the pillar there is another arm, to which a horizontal wheel is attached, which gives motion to the pestle; in this wheel there is a slide, which, in connexion with a toothed wheel and a worm, causes the pestle constantly to vary the orbit it describes in its movement. Beginning from the centre of the mortar, it gradually enlarges the orbit it describes until it attains the sides of the mortar, and then as gradually diminishes until it again regains the centre, leaving no part untouched. A peculiarity of this machine is, that the pestle has *three simultaneous yet perfectly distinct movements*, viz., the *rotary*, the *eccentric* or varying, and also a *rolling* motion. This last, which is a novelty and appears at first sight to be a disadvantage, is one of its most important recommendations. This is illustrated beautifully by the following experiment. I weighed a certain quantity each of Quicksilver and Sugar of milk, and triturated them together in the machine in the usual way. In fifteen minutes all the globules of Quicksilver had entirely disappeared; the Quicksilver was *killed*, as it is technically expressed. I then weighed the same quantity of Quicksilver and Sugar of milk as before, and secured the pestle so as to stop the rolling motion, leaving it in every other respect as before; and *without* the rolling motion it took fifty minutes to produce the same result. I then had the same quantity of the same ingredients triturated with the human hand in the best manner it could effect it, and found it took twenty-nine minutes and a half to accomplish what the machine effected in little more than one half the time. This experiment, together with others which I have not time to mention, settles two points:—first, that for triturations the machine is nearly twice as efficient as the human hand; and second, that it is more than three times as efficient as it would be without the rolling motion. And it is not difficult to understand why it is so if we remember that when the pestle is firmly grasped, and only *rubbed* round the sides of the mortar, it acts only on a very small portion at a time, pushing the mass before it, not actually rubbing over it; whereas with the rolling motion it works *on to* it, and in doing so, if the substance be brittle, it crushes it by its weight, and if tough and fibrous, by the *double simultaneous* motion, *tears* the fibres to pieces.

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Allopathic Journalism and Justice.

The fact of the temperate, concise, and circumstantial refutation which we publish in the subjoined letter of the most unjust and injurious attack made by the *Medical Times* upon the character of the writer, having been refused a place in the columns of that journal, is one of the most degrading exhibitions of the low condition of the medical press in this country which has yet come before our notice. It is rather singular that at the time when in obedience to an impulse first received from Edinburgh, the organs of medical opinion in the south should be still pursuing their reckless game of persecution to the utmost of their power, the Royal College of Physicians of Edinburgh would seem, by their recent conduct, to be repenting of their ill-advised and discreditable course, for we learn that on the motion of Professor Christison, Dr. Macdonald a professed homœopathist, has been received to the full honours of a resident fellow in the northern metropolis.

The insulting terms in which the *Medical Times and Gazette* rejected Mr. Anderson's letter, deserve to be recorded, as an instance of the injustice and absurdity to which our adversaries have recourse in order to crush their rivals. Like the priests of Beranger's song, their refrain seems ever to be

"Eteignons les lumières
Et rallumons le feu."

"We cannot insert Mr. Anderson's letter, which is left for him at the office. Believing, as we do, that homœopathy is neither more nor less than a system of quackery, we can no more insert a defence of it in a medical journal, than we could publish a eulogium on Holloway's ointment, or Morison's pills." *

To the Editor of the "Medical Times and Gazette."

Sir,—My attention has been directed to some recent editorial articles in your journal, entitled "Difficulties of Homœopathy," in which reference is made to three out of the twenty-six cases of malignant cholera returned by me to the General Board of Health, in November last.

On a careful analysis of the articles in question, it will be found

* Med. T. and Gaz., Oct. 27, 1855.

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that, *inter alia*, the three following grave charges are preferred (by implication) against those homœopathic practitioners who furnished returns of cases of cholera and diarrhœa to the Board of Health. As the largest contributor amongst private practitioners, as an old correspondent of the *Medical Gazette*,* and as a convert to homœopathy, from conviction, after nearly twenty years ordinary practice, you will assuredly do me the justice to insert a refutation of these charges in an early number of your Journal.

1. The first implied charge is, that there is not the slightest reliance whatever to be placed on any homœopathic return. I quote your own words. "We must state broadly, that we are perfectly unable to place the slightest reliance on any homœopathic return whatever; and that it is manifest that many cases are described as cholera without collapse, which in the hands of physicians would not have been called cholera at all, but severe or choleraic diarrhœa." † This is a most serious allegation, which if proved, would for ever cover the homœopathic body with infamy and shame. The charge itself may have reference either to the integrity or to the diagnostic capabilities of the practitioners in question. Now, it happens most fortunately that on both these points positive proof can be afforded, for the forms sent by the Board of Health are so arranged, that in the event of falsehood, detection is quite easy, and an inaccurate diagnosis almost impossible. To explain, in the second column of the blank forms the heading runs, "Residence when attacked, street and number of house," in the third column the "sex," in the fourth the "age," in the fifth the "rank and occupation." ‡ These particulars secure identification; but to remove all possible doubt in this matter, as far as my own cases are concerned, and with these I have chiefly to do, the name in full or the correct initials were given in each case, and in a note the identical symptoms upon which the diagnosis was based. Now, supposing that a false or incorrect return had been made, how easy to enquire at the residence mentioned, whether a case similar to the one reported had occurred there; nay, more, to enquire in reference to certain symptoms, such as cramp, vomiting, diarrhœa, collapse, which in cholera are so marked that no difficulty could possibly arise in obtaining the neces-

* Vide several Essays and Papers in the Medical Gazette for 1835-6.

† Medical Times and Gazette, Aug. 11, 1855, p. 138.

‡ Report of the Committee for Scientific Inquiries in Relation to the Cholera Epidemic of 1854, p. 84.

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sary information. It cannot, however, be seriously intended to insinuate that there was really any want of integrity or truthfulness in the gentlemen sending in returns; it must be that the want of confidence referred to their diagnostic capabilities. A little careful investigation will, however, show that even here (granted the integrity of the reporter) it was next to impossible that error could be committed, for, on referring again to the blank form it will be seen that the sixth column is headed, "Degrees or stages of the disease," and underneath, the five following divisions of "simple diarrhœa," "choleraic diarrhœa," "cholera (without collapse)," "collapse," "consecutive fever," the symptoms for each of which degree or stage are laid down in the "Instructions for returns of Cases," by the Medical Council of the Board of Health.* Nothing, then, was more easy than to determine by this schedule whether certain symptoms were present in any given case; and if so, whether they were to be classed under the head of simple diarrhœa, choleraic diarrhœa, cholera without collapse, or cholera with collapse. All possibility of mistake was thus prevented by the rule laid down, and the degree or stage of the disease was at once diagnosed according to the "Instructions of the Medical Council."

It is hoped, therefore, that in reference to the cholera returns, and more especially as regards my own contributions, the charge is entirely refuted, that there is not the slightest reliance whatever to be placed on any homœopathic returns.

2. The second implied charge is, that the medicines were neither chosen nor administered in accordance with the law of "Similia similibus curantur." I quote again your own words. "It is absurd to call camphor homœopathic with the cause of cholera." "Still more indicative of the want of faith of the homœopaths in their own system is the *exhibition* of Chloroform, a medicine to give which for *pain* is utterly antagonistic to all their principles." Again. "But in the cases of cholera! Camphor in considerable doses every five minutes, for one, two, or three hours! Chloroform and warm bottles! Are these homœopathic remedies? What dose of Chloroform will cause cramps? What quantity of hot bottles will produce icy coldness?"† The point being conceded by you that Arsenicum, Veratrum, Mercurius corrosivus, and Cuprum, are "remedies truly homœopathic," (which if any one doubts, let him turn to Orfila on

* Cholera Report, cit. p. 82-84.

† Medical Times and Gazette for Aug. 11 and Oct. 6, 1855, p. 138, 348.

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Poisons) the objection is chiefly confined to Camphor and Chloroform. Camphor was first recommended in cholera by Hahnemann himself in 1831,* and is principally used in the early stage of this disease, its chief indications being coldness of the surface, rigidity of the muscles, præcordial anxiety, diminished nervous sensibility, &c. When Camphor is given in full doses in the healthy subject, its secondary, or reactionary effects are those of a general stimulant, but its primary symptoms are those not *of* cholera but *similar* to cholera, especially in its early stage, in proof of which let me quote the following from Hahnemann's Materia Medica, Art. Camphor, vol. i. p. 189, (Hempel's translation). "He rubs his forehead, chest, and other parts; knows not how to describe his feelings; he leans against something, his senses vanish, he glides and falls down; the limbs being rigid and extended, the shoulders drawn backwards, the arms being a little curved in the beginning of the paroxysm, the hands being bent towards the extensor surface of the arm, and the fingers being somewhat clenched and set apart from one another; afterwards all the parts of the body being stretched and stiff, with the head bent sideways, the lower jaw being rigid and wide open, the lips drawn inwards, the teeth clenched, eyes closed, with unceasing distortions of the muscles of the face, general coldness and breathlessness for a quarter of an hour." Limited space forbids more extended quotation, but I may refer in further proof of the homœopathicity of Camphor to cholera to "Notes on Camphor by Dr. Norton," Brit. Journ. Homœopathy, vol. ix., p. 407. "Poisoning of three Children by Camphor," with a *post mortem*, by Dr. Schaaf, of Strasburg, quoted in the *Edinburgh Monthly Journal of Med. Science*, October, 1850. "Summary of Pathogenetic Symptoms of Camphor," in Dudgeon's Pamphlet on Cholera, already quoted. "Orfila's Experiments in his work on Poisons," translated by Waller, vol. ii., p. 299. And lastly, "Physiological Effects of Camphor on Man," by Dr. Pereira, in his Lectures on Materia Medica, wherein reduction of the pulse, depression, vertigo, staggering, insensibility, convulsions, and maniacal delirium, are recorded as the effects of two scruples of Camphor swallowed by Mr. Alexander. The usual dose of the Camphor tincture is from one to four drops frequently repeated in urgent cases. Hahnemann recommends one drop every five minutes, only continued so long as decided benefit is observable. These doses, though com-

* Treatment of Cholera, by Hahnemann, translated in Pamphlet on Cholera, by Dr. Dudgeon. 1847.

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paratively large, are quite in accordance with homœopathic principles, for homœopathy abstractedly considered, is neither a question of strength of dose nor mode of administration of the medicine, nor one of regimen nor diet, but the recognition of a law—"Similia similibus curantur."

Chloroform is a comparatively new and untried medicine in cholera, and although says Dr. Quin,* "it has not yet been subjected to that regular and rigorous process of proving on the sound subject, such as strict homœopathy requires to be made of the various medicinal agents employed by its practitioners, yet it has exhibited in many persons to whom it has been administered in a state of health, a variety of effects bearing considerable analogy to the symptoms of asphyxia or collapse." It was precisely in accordance with this view of the subject that Camphorated Chloroform was administered to the patient whose case is referred to in the Journal of October 6th, but incorrectly copied from the return; it being expressly stated that simple and choleraic diarrhœa were both absent. In my published report of this most interesting case the following remarks occur.† "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 (that is the ordinary collapse of cholera, although the asphyxia was truly a collapse) not even of prostration, nor want of consciousness, and yet she was evidently dying. 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." The Camphorated Chloroform was given three times, in doses of three drops each, afterwards in drop doses at intervals.

Thus it has been shewn, that in the use of Camphor and Chloroform, the law of homœopathy was the rule of guidance, and consequently the second charge falls to the ground.

3. The third implied charge is—that the different medicines being

* On Cholera. Homœopathic Times, vol. i. p. 137.

† Clinical reports of cases of cholera illustrative of homœopathic treatment, p. 10.

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given in such rapid succession counteract and neutralize each other. I quote again your own words. "Let any one who knows Hahnemann's opinions on the effect of one medicine in counteracting that of another, say what he thinks of the case of a patient admitted into the Homœopathic Hospital at 6 a.m. on August 14th, and dying at 3 p.m. the same day; between which hours his treatment is thus chronicled.—Camphor, Chloroform, Arsenicum, Veratrum, Acid. Hydrocyan., Carbo vegetabilis, Digitalis." Again, "Here is the treatment of another fatal case,—Arsenicum, Veratrum, Acid. Hydrocyan., Carbo vegetabilis, Digitalis, ... the grievous inconsistency on homœopathic principles of giving this jumble of medicines in rapid succession. . . . ." * The first case was that of a little boy, not a hospital, but a private patient of my own at Clapham, the note appended distinctly says—"in collapse when visited, no medicines had any sensible effect;" clearly then, if no sensible effect, there could not be much if any neutralizing influence. The second case was that of an aged female, the printed return of which is unfortunately incorrect; it should be, "simple diarrhœa, not known"—"choleraic diarrhœa, September 20th, noon, for which no medical advice."—"Cholera without collapse September 22nd, 11 a.m., for which Camphor was given."—"Collapse September 22nd, 11 p.m., for which the above medicines were given," "no consecutive fever." Death September 23rd, noon. In both these cases therefore, the rapid succession of medicines occurred in the time of collapse, a fearful stage of cholera to treat, one in which we are warranted in passing quickly from one remedy to another, if after sufficient time is allowed to elapse, the remedy in question fails to produce any sensible effect. The question of the modus operandi of medicines cannot be discussed in a letter like the present, and this whether dynamic or material, or both, according to the dose, ought not to be confounded with the abstract proposition of the law of homœopathy, which is held in all its integrity by every homœopathic practitioner, whilst the theory of its operation is differently explained by different individuals. Camphor is, however, expressly referred to, and as its antidotal powers are rather strong, some explanation of its use in connexion with other medicines ought to be given. Camphor is a drug whose action is speedy, but its duration short; it will be seen that in almost every instance it was given first and alone, and that the other medicines were not administered until the beneficial action

* Medical Times and Gazette for October 6th and August 11th, 1855. p. 138—348.

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of the Camphor was exhausted. In such a fearfully rapid disease as cholera is, no time can be lost, and Hahnemann himself says, that if decided benefit is not soon perceived, then no time must be lost in administering the remedy for the second stage.* I never, myself alternated Camphor with any other medicine in any case of cholera that came under my care, except in one where cramp was the leading feature throughout, sickness and diarrhœa being entirely absent.†

Thus the third charge of the counteraction and neutralization of the medicines is disposed of by explanation.

I have thus endeavoured, Sir, within the brief limits of a letter to exonerate myself and my brother practitioners from the charges implied in your Editorial Articles. I have carefully avoided all extraneous matter, or I might have referred to the insinuations respecting "a sly dose of Calomel, or Morphia, or some concentrated drug," to the gross injustice of the Medical Council of the Board of Health, in suppressing our cholera returns, when their appointed duty was to report and not to adjudicate, or to the encouraging success attending our treatment of cholera, as evidenced by a greatly diminished mortality, but I conclude with the expression of an earnest wish that homœopathy may speedily meet with a candid and impartial investigation at the hands of the profession generally, so that if true its principles may be embraced, and if false, its followers put to silence for ever.

I am, Sir,
Your obedient Servant,
JOHN ANDERSON, M.R.C.S., L.S.A.

4, Bedford Terrace,
Clapham Rise, October 18th, 1855.

Meeting of the German Central Society at Vienna.

This the first meeting sf the Society in the Austrian capital was held on the 9th and 10th of August last. The number of members present amounted to forty-eight, among whom we recognize all the distinguished disciples of Hahnemann in Vienna, and several of the best known homœopathists of Northern Germany, Bavaria, Bohemia and Hungary. Dr. Watzke presided. The meetings were held in the magnificent hall of the University, whose walls were adorned with the pictures and busts of departed medical celebreties; among

* Hahnemann on cholera treatment, in Dr. Dudgeon's pamphlet, cit. p. 8.

† Clinical Reports, cit. p. 8.

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which not the least unworthy was the bust of Stifft, the inveterate foe of homœopathy, through whose instrumentality all the repressive laws against our system, which once disgraced the Austrian statute-book, were passed.

The first meeting took place on the evening of the 9th of August, when the old hall was brilliantly illuminated for the occasion. The orthodox room was soon filled with the heretical members and their friends, and its venerable echoes were speedily woke up by unwonted laudations of a system of medicine which many of the prototypes of the grim effigies around had done their best to suppress.

The president opened the congress by welcoming the members in a lively speech. The enrolment of new members who came forward in great numbers now took place. Next the question originally raised by Dr. Trinks, relative to an alteration in the constitution of the Society, was taken up, and after some discussion was referred to a committee to report upon. Among other things the point mooted by Dr. Trinks, that the society should take upon itself the defence of homœopathy against attacks from without was discussed, and it was finally resolved that the Central Society should not take upon itself the defence of homœopathy against such attacks, but that it should be left to individuals who had leisure and inclination for it.

The president brought forward a motion, having for its object an arrangement for the continuation of the *Austrian Homœopathic Journal*, which to the sorrow of all well-wishers to scientific homœopathy, has been dormant these five or six years. The president's allusion to the subject, however, was the signal for an outbreak of clamour on the part of some of the Vienna members, which could only be subdued by the withdrawal of the motion. It is sad to reflect that the continuation of this journal, which during its brief career did so much for homœopathy, should be stopped by mere personal squabbles. We heartily wish our Vienna colleagues would act up to the moral of the refrain to one of their convivial songs we have often heard them sing:

> "Ecce quam bonum et jucundum
> Habitare fratres in unun."

Perhaps if they tried hard they might practise equal harmony in intercourse to what they so well display in song.

The business of the evening concluded by the selection of Dresden as the place of meeting for 1856, with Dr. Wolf as president.

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The following morning at ten o'clock the society again met. There were also many besides members present, upwards of 100, among whom was a gentleman with the very imposing title of Rector magnificus, who we are informed paid the most marked attention to the proceedings from first to last. None of the professors or notabilities of the Vienna medical school were present.

The president made an excellent introductory oration, in which he gave a review of the events bearing on homœopathy that had occurred during the past year.

Dr. Meyer, read a report of the Leipzic Dispensary, with a statistical account of the cases treated there, and the results of treatment. He also read a paper on the homœopathic treatment of hooping-cough.

Dr. Buchner laid on the table a long and elaborate essay entitled Biochemistry and Homœopathy, which however, he did not offer to read, as it would have occupied too much of the Society's time.

Dr. Fleischmann gave an account of the hospital with which he has been so long and honourably connected.

Dr. Clotar Müller gave a short exposition of the relation of homœopathy to general medicine, and more expressly to what is termed the physiological school.

Dr. J. O. Müller related the history of a case of poisoning by Phosphorus of a very serious character, cured by homœopathy alone. His communication was enriched by statistical proofs, and by the opinions of some of the authorities in the old school, relating to the mortality in cases of far advanced Phosphorus poisoning.

Dr. Wurmb made a communication respecting the results of his treatment in the hospital under his care.* It was stated that he now employed exclusively the 6th dilution. (In the cases related in his *Studien* as our readers will remember, he employed exclusively the 30th dilution.)

Dr. Attomyr read a very interesting essay on the group of symptoms in its relation to the *simile*, wherein he drew a parallel betwixt Hahnemann and Moos.

The secretary, Dr. Gerstel, read a paper sent by Dr. Hartlaub on

* The reporter says, "his division of the hospital in the Wieden." Has then Dr. Wurmb been transferred to the Wieden? His hospital, as our readers are aware, used formerly to be in the Leopoldstadt.

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the proving of colchicum. The author took occasion to mention that in consequence of the persecutions to which he was subjected from dispensing his own medicines, he was forced to change his abode and seek some other field for practice.

The Secretary also read an article by Dr. Athschul, on the scientific character of homœopathy.

Dr. Buchan expressed the thanks of the homœopathists not resident in Vienna, to the Imperial Government for the protection it afforded homœopathy, and for its hospitality in granting the University Hall for their use. He gave expression to his hopes for the progress and prosperity of homœopathy.

The business of the Congress being concluded, the members adjourned to a house of entertainment, (well-known to all who have resided in Vienna) the "Speal in Saale, where they partook of a magnificent dinner, which was enlivened by the genial wit and humour for which the Viennese are celebrated.

One great omission in the proceedings of the congress seems to have been that no notice whatever was taken of Dr. Eigenbrod's attack upon Drs. Wurmb and Caspar's Clinical Studies. These gentlemen seem to be unconscious that the homœopathic world has been long anxiously looking forward to a reply by them to the allegations of that self-constituted censor of their treatment in the Leopoldstadt Hospital. We observe it stated in a recent number of Hirschel's Journal that Dr. Casper is about to publish the long promised reply.

Poisoning by Tincture of Aconite.

The following symptoms were observed in a young woman who had swallowed about two drachms of the Tincture of Aconite for the purpose of destroying her life. She was seen about four hours after the ingestion of the poison.

At the time of her admission she was in a state of great prostration; the pulse was imperceptible at the wrist, the action of the heart scarcely audible, the skin cold and clammy, the eyes staring. She was, however, conscious, and appeared distressed, and as if she did not wish to be interfered with. She was placed in bed, hot bottles were applied to the feet, mustard cataplasms to the calves, &c. We tried to give her Ammonia and brandy, but she took very

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body, the jaws remaining so closely fixed together (apparently from a voluntary determination of the patient to admit of no assistance) that the attendants were obliged to force them apart in order that the stimulants might be administered. [As trismus is a marked symptom of Aconite-poisoning we are disposed to think the clenching of the jaws in this case was involuntary]. At this time the pupils were dilated, the right one being nearly oval, and the left irregularly polygonal. She remained quite conscious till her death, which occurred about five hours after the poison had been swallowed, and took place in the following manner:—Having resisted for a while the attempts to give her medicine, she suddenly sat up in bed and said, "I will take more, if you won't force me." Having then tried to swallow a little, she sank back again; the heart's action was no longer perceptible by the aid of the stethoscope, and after this she gave but one inspiratory heave. The post mortem examination revealed nothing noteworthy. (*Lancet*, May 5th, 1855.)

Hahnemann's Correspondence.

The following letters of Hahnemann to Dr. Billig, have recently appeared in Dr. Herschel's *Zeitung für hom. Klinik*:—

Leipzic, 5th February, 1821.

Most worshipful *Obr*,* esteemed friend!

By the public proceedings directed against me by the Saxon medical men, you will have learned (I am sure, with grief) how bitterly my method of treatment and its author are persecuted in this country.

This persecution has now reached its climax, and I should be doing an injury to the beneficent art, and imperiling my own life, were I to remain longer here, and not seek protection in some foreign country.

Some propositions of this sort have been made to me from Prussia, but I should much prefer to find the protection I desire for the few remaining days I have to live (I am an old man of 66) in the Alten-

* These mysterious letters, which are repeated more than once, seem to indicate some title or office in Freemasonry.

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burg country. In a country that is so mildly governed as Altenburg is, and where, moreover, I can still meet with *true* masons, I think I may be most comfortably settled, especially as four and twenty years ago I enjoyed great distinction as physician to the dear old duke Ernest, in Gotha and Georgenthal.

I do not wish to go to the town of Altenburg itself, to be in the way of you, dearest friend, and of your colleagues. I only wish to be able to settle in some country town or market village, where the post may facilitate my connexion with distant parts, and where I may not be annoyed by the pretensions of any apothecary, because, as you know, the pure practice of this art can only employ such minute weapons, such small doses of medicine, that no apothecary could supply them profitably, and owing to the mode in which he has learnt and has always carried on his business, he could not help viewing the whole affair as something ludicrous, and consequently turning the public and the patients into ridicule. For these and other reasons it would be *impossible* to derive any assistance from an apothecary in the practice of homœopathy.

I take this opportunity, my honoured friend, of praying for such a reception in your country, and under your amiable protection, and I should do all in my power to prove to you my gratitude and esteem.

I beg you to remember me most kindly to our worthy *Obr.* Hofrath Dr. Pierer.

You will oblige me greatly if you will be so good as speak of this matter to the president of government Von Trütschler, to whom I have also applied.

In the mean time accept a triple kiss from my esteem and love, as from your true friend and *Obr.*

DR. S. HAHNEMANN.

Coethen, 4th July, 1823.

Dearest Colleague,

I thank you for the confidence you display in sending me the Secretary of Woods and Forests, Sommer. The false Carlsbad waters of Struve have done him great injury, and I shall have great difficulty in doing him any good. I wish I could feel confident of his firmness to follow implicitly my directions: to take a walk twice a day, to lessen the amount of coffee he takes, and to avoid seasoning with his food. If you can do anything to enforce his obedience, I would beg you to do so.

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If I have the good fortune to restore him to health, you shall learn my whole mode of procedure.

I will reply to Commerzienrath Pietzsch next post. His report is always more favourable. But he is quite a man after my own heart in his obedience to rules. Only imagine, on St. John's day he only drank one glass of wine; that is more than could be expected from a mason. Now he has as his reward the pleasure of getting gradually better. Farewell, and bear in your kind remembrance, your

SAMUEL HAHNEMANN.

Allopathic Petty Larcenies.

In a paper read by Dr. Escallier at the late French Homœopathic congress, the author has collected a number of instances from the allopathic medical press of the employment of homœopathic medicines by the adherents of the old school. We now lay before our readers a brief account of some of the fruits of Dr. Escallier's remarks.

In hooping cough the following remedies have been recently recommended and advantageously employed,—*belladonna*, *ammonia*, *cochineal*,* *nitric acid*.† All these are said by our author to have a decided homœopathic relation to the disease they cured. The following case is given:‡—"A child, two days old, took the breast well until it was seized with bronchitis, when it coughed and threw up the greater portion of the milk it swallowed. Dr. P. Dubois prescribed three grains of powder of Ipecacuanha, in a quarter of a tumbler of cold water, a teaspoonful to be taken occasionally during the day. By the following morning the cough and vomiting were entirely removed.

Dr. Christien§ remarks the good results obtained in cases of dyspnœa and asthma by the application of liquid *ammonia* to the back of the throat. Hahnemann's account of the pathogenetic effects of Ammonia show this to be a homœopathic cure.

Dr. Espagne‖ gives the details of some cases of hæmoptysis cured by *sulphuric acid* and *millefolium*, both of which are known to homœopathists as useful in that disease.

* Rev. de Ther. Med.-Chir., 1855, p. 14.
† Ibid., p. 68.
‡ Jour de Med. et de Chir. Prat., p. 215.
§ Rev. Therap. du Midi., 1855, p. 327.
‖ Ibid., p. 45.

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Dr. Charles Saurel,* after commending the treatment of pneumonia by *tartar emetic*, says:—"I know that in cases of poisoning by *tartar emetic*, various symptoms of irritation and marked dyspnœa are observed during life, and after death engorgement or hepatisation of the lungs, the principal cause of these symptoms. This may give a kind of pleasure to the partisans of *similia similibus*."

Diseases of the digestive apparatus.—In an article on gastralgia in the *Moniteur des Hôpitaux*, Dr. Fleury remarks several times that the same agent can sometimes produce gastralgic attacks, sometimes cure them; he has noticed frequently aggravations of these affections by the use of remedies that are employed to cure them, such as *sub-nitrate of bismuth*, *nux vomica*, *carbo*, *iron*, &c.

A writer in the *Rev. du Midi*, p. 145, extols the success of purgative treatment in strangulated hernia, but as his purgative mixture consists of *castor oil* and *laudanum*, we, as homœopathists, may be supposed inclined to attribute rather to the *opium* than to the oil the success obtained.

Dr. Poitou† details the history of two cases of strangulated hernia successfully treated by *belladonna*, but as he combined *opium* with the *belladonna*, the former at least deserved honourable mention as an agent in the cure, to which its homœopathicity would indeed give it a superior claim.

Dr. Korroplef,‡ setting out with the idea that dysentery is nothing more than obstinate constipation,(!) naturally conceived that it might be best treated by purgatives; and considering the extreme obstinacy of the constipation—which, by the way, has concealed itself so well hitherto as not to have been visible to any other mortal eye than that of Dr. Korroplef—he selected one of the most powerful purgatives known for its treatment, viz., Croton oil. He was charmed to find his theory verified by the cure of his patients, though he does not inform us if the result of his prescription was a material evidence of the existence of his hypothetical constipation.

Dr. Trousseau§ finds the best remedy for very obstinate diarrhœa to be the following prescription:—Arsenite of potass, 1 grain; Distilled water, 6 ounces; a teaspoonful to be taken night and morning. Our

* Rev. Therap. du Midi, 1855, p. 109.

† Rev. de Ther. Med.-Chir., 1855, p. 200.

‡ Jour. de Med. de Russie. § Jour. de Med. et de Chir. Prat., p. 314.

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readers will recognise this as very like a homœopathic prescription, and as the prescriber acknowledges the existence in medicine of a homœopathic mode of cure, under the title of substitutive medicine, we feel no hesitation in saying that Dr. Trousseau deliberately selected the arsenical preparation for the treatment of these obstinate diarrhœas on account of its homœopathicity to the disease. We go further, and accuse Dr. Trousseau of having discovered the curative powers of Nux vomica in chorea, of Belladonna in incontinence of urine, and of Arsenic in asthma, in those homœopathic writings he affects to scorn. Dr. Trousseau has the meanness to vilify the system from which he derives those weapons that enable him to treat diseases more successfully than his more consistent allopathic colleagues. That this opinion is not confined to the partisans of the system of medicine he affects to despise while he plunders it, will be seen from the following passage in the *Moniteur des Hôpitaux* of July 23, 1855. The writer, in allusion to a passage from the report of Dr. Sauvet on Dr. Chargé's work, says :—

"M. Sauvet reproaches Dr. Chargé with having unjustly classed M. Trousseau among the homœopaths. If we wish to do strictly what is right, we ought to be just even to our enemies. Well then, Dr. Chargé is only half wrong in placing M. Trousseau in the homœopathic gallery. If M. Sauvet will take the trouble to compare what M. Trousseau says of the *substitutive* method with what the most celebrated homœopaths have said of it, he will have no difficulty in convincing himself that the Parisian professor has borrowed more than once from them. The only merit he possesses above the declared homœopaths is, that he seems to *have had no consciousness of his reminiscences*, and that the ideas he expresses relative to the substitutive method seem, when we read them, to be his own."

Dr. Valleix was astonished to find that Ipecacuanha, given for the cure of a sore throat to a patient labouring under metrorrhagia, with metritis, completely stopped the metrorrhagia and did much good to the metritis. The *Jour. de Med. et de Chir. Pratique*, commenting on this case, says that it is not without precedent, for that M. Trousseau has frequently employed Ipecacuanha with the best results in cases of uterine hemorrhage, more especially for cases, like the one in question, where the hemorrhage followed delivery. Homœopathists have long been familiar with the good effects of the same

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drug in the same disease, but must feel gratified at this notable re-discovery by two such calumniators of their system as Drs. Trousseau and Valleix. (The latter, it will be remembered, took a prominent part in the onslaught on Dr. Tessier.)

In his recent work on intermittent fever Dr. Bretonneau proclaims the necessity of exciting the quinine fever in order to obtain a radical cure of the periodic fever; an acknowledgment of the power of quinine to cause a fever, if not a confession of belief in the homœopathic principle.

The following case is a marked example of the application of the homœopathic method, unconsciously we may believe, notwithstanding that there are to be found in our homœopathic literature several precisely analogous cases. "A shoemaker was affected by the following complaint:—Every morning when cutting out the work for his workmen, one eye became very much injected, &c. When his work was finished he was obliged to go and lie down in a dark place; whereupon the redness of the eye gradually diminished. The same story was repeated every day. I saw the patient by accident and prescribed *arsenious acid.* The following day he had a sharp attack of fever, and then no more return of his complaint." *

One of the most remarkable testimonies to the truth of the homœopathic law is to be found in a memoir by Dr. Imbart Gourbeyr on *aconite.* † In our last vol. we gave an abstract of a paper by this physician on the physiological effects of the essential oil of bitter oranges, and from the unmistakeable homœopathic tendencies of the author, we were led to conclude, in the absence of better information, that he was a candidate for medical honours, believing in homœopathy, but desirous of concealing his heretical creed. We now learn, however, that he is a professor at the school of medicine of Clermont Ferrant. In the essay on *aconite* to which we allude, after having detailed many instances of its utility in facial neuralgia, he proves, from the works of ancient and modern authors, that it is capable of causing similar symptoms to those it cures, whence he concludes that it demonstrates in the clearest manner the therapeutic law of *similia similibus.* He adds:—"If we will but remain in the domain of facts, if we will live by observation and not by inspiration, we shall not fail to recognize the truth of the law of similitude. Of

* Dr. Ch. Saurel, Rev. therap. du Midi, t. viii, p. 358.

† Gaz. med. de Paris. Feb. 24, 1851.

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all the the theories promulgated respecting the mode of action of medicines, it is, in my opinion, the only one which is borne out by facts." A professor in an orthodox school of medicine giving utterance to such heretical opinions is very ominous. Verily old allopathy cherishes snakes in her bosom, which may one day wound her mortally.

The following case of rheumatism cured by *mercury*,* and for that reason only supposed by Dr. Artaud to be of syphilitic origin, is a striking instance of homœopathia involuntaria. "The disease had lasted for three months, all the joints were swollen in the most extraordinary manner; there were very violent pains, especially at night; the appetite was gone, and the debility so great that the patient was in an almost constant perspiration; the skin was flabby and discoloured; it almost looked as if there was a slight œdema of the cellular tissue."

The same Dr. Imbart Gourbeyr, cited above, in a recent article on ephidrosis or general chronic sweating, published in the *Gazette médicale* recommends the use of Aconite for the cure of that affection. After the history of three cases cured by it he says:—"We need not be surprised at this when we study the physiological properties of this medicine. *Aconite* often manifests an elective action upon the skin, which betrays itself by diaphoresis . . . . . Its sudorific action is incontestable; we need only read Störck to be convinced of this." He mentions another case of the same disease cured by *sage* and by *sambucus*, which may be explained on the same principle.

Dr. Lafargue mentions † having cured in six weeks a hydrocele that had existed for eight months, by means of an ointment composed of 6 parts of *digitalis* powder to 30 of lard. Dr. Benneci had previously given the history of five cases successfully treated in this way. *Digitalis* has already been homœopathically used with success in the same disease by Trinks, Altmüller, and Cretin.

In the *Annales de la France occidentale* is an article taken from a Hungarian journal upon the successful treatment of venereal condylomata by means of the external application of tincture of *thuja occidentalis*, after mercury and even excision had failed.

The last instance of homœopathic allopathy quoted by Dr. Escallier is the prophylaxis of yellow fever by means of the inoculation of the

* Rev. ther. du Midi. 1855, p. 22.

† Univer. med., 15 Sept. 1851.

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poison of the viper. We see it stated in some journals that the whole story is apocryphal, but as it has been the round of the medical journals, and has not yet received an authoritative denial, we may as well reproduce it here, in case it may after all be true. It is said that a certain Dr. William von Humboldt, the nephew, as is alleged, of the great traveller, having observed that the unfortunate convicts on their march from Mexico to Vera Cruz when bitten, as they often were, by a small viper abounding in those regions, died with all the symptoms of yellow fever. Sundry experiments that he made with the poison on dogs strengthened him still further in his belief of the analogy of the yellow fever and viper poisons. In order to try and modify the toxical action of the poison, he caused a piece of sheep's liver to be bitten by six vipers, he then allowed the liver to putrify, and employed the liquid produced during the decomposition for inoculation. He first inoculated several dogs. Nothing but a few febrile symptoms were developed. He then inoculated on four points the arms of twelve convicts. In the course of a few hours they became affected with frontal headache and pain in the back; by and bye a febrile state ensued, lasting from four to twelve hours, and recurring for three or four successive days; after which all symptoms ceased. Satisfied of the innocuousness of the inoculation he next operated on 200 Europeans at Vera Cruz, none of whom were attacked by yellow fever during the three following years. From 1850 to 1852 he inoculated 1,438 individuals, of whom only seven took the yellow fever, all of whom recovered. At New Orleans he inoculated 386 Irish, not one of whom was attacked, though they were in the very midst of a most fatal epidemic. The Captain General of Cuba has just authorized the establishment of an institution directed by this Dr. von Humboldt, in order to perform on a scale his prophylactic inoculations.

On Nitro-glycerine, or Glonoïne.

By M. J. E. Vrij,

Professor of Chemistry at the Medical School of Rotterdam.

In 1847, when chemists were intent on the production of gun-cotton, M. Sobrero made known the fact that glycerine, when treated with a mixture of sulphuric and nitric acids, yielded a similar com-

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pound, which he described as an oily liquid, heavier than water, in which menstruum it was almost insoluble, although readily dissolved by alcohol and ether.

According to this author, the smallest quantity of it was sufficient to produce a most violent headache, from which he concluded it would prove a most dangerous poison.

These observations attracted my attention, and in 1851 I determined to prepare some for examination. My experiment, made on a small scale, succeeded perfectly, and enabled me to corroborate the truth of M. Sobrero's statements, I found, however, that it possessed no poisonous properties, although occasioning intense headache; for upon administering ten drops to a rabbit, no symptoms of poisoning appeared.

The desire of investigating this subject further induced me to undertake the preparation of a larger quantity of this substance. The attempt, however, deprived me of my eyesight for a considerable time, in consequence of the explosion of the mixture. After my recovery I resumed my inquiries, and prepared a considerable quantity of nitro-glycerine, which enabled me to determine with greater accuracy some of its properties. The result of these experiments I communicated in 1851 to the British Association.

My attention has lately been again directed to this subject by the statement in some foreign journals, that nitro-glycerine is being employed in America as a therapeutic agent under the name of Glonoïne. Besides the interest which attaches itself to this substance in a scientific point of view, therefore, it seems to possess a certain value as a pharmaceutical agent.

This consideration induced me to try and ascertain the best mode of preparing this substance, and again reviewing its principal properties.

Preparation.—After repeated experiments I found the following the best mode of preparation:—100 grammes (1543·3 grs.) of glycerine, freed as much as possible from water, and having a sp. gr. 1·262, were cautiously, and in small quantities at a time, added to 200 cubic centim. (18 ounces) of monohydrated nitric acid, previously immersed in a freezing mixture. The temperature rises upon each addition. It is therefore necessary to allow the mixture to cool down again to —10° C. (14° Fahr.) before any fresh addition is made, as it is very necessary that the temperature should never rise above 0° C. (32° Fahr.). When the glycerine and nitric acid

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have formed a homogenous fluid, which may be facilitated by stirring the mixture with a glass rod, 200 cubic centim. (18 ounces) of concentrated sulphuric acid are cautiously and slowly added.

This operation is accompanied with the greatest danger, if the temperature is not continually watched. Experience, however, shows me that there is no reason for fear, provided the temperature be always kept below 0° C. (32° Fahr.).

Once I saw the temperature run up to 10° C. (50° Fahr.) without occasioning an explosion; but between 10° C. and 20° C. a violent reaction suddenly takes place, and the mixture is violently propelled from the vessel. I, however, repeat again that such an accident can be safely avoided by keeping the temperature below 0° C.

When these precautions have been taken the nitro-glycerine separates, after the addition of the sulphuric acid, in the form of an oily liquid floating on the surface, and may be collected by means of a separating funnel.

The product thus obtained, which is still contaminated with a little acid, weighs about 200 grammes (3086·6 grs.). A still further portion, however, about 20 grammes (308·6 grs.), may be obtained from the acid liquor by diluting it with water.

The products thus obtained are then dissolved in a small quantity of ether, and this solution repeatedly shaken with water till all trace of acid is removed. The ethereal solution is then heated over a water-bath till nothing more is volatilized. The resulting quantity will be about 184 grammes (2838·6 grs.). The composition of glycerine being $C_6 H_8 O_6 = 92$, and 100 parts of glycerine yielding 184 of nitro-glycerine, we may infer that the composition of nitro-glycerine is $C_6 H_6 (2\ No4)\ O_6 = 182$. I am at present endeavouring to ascertain if this inference is correct.

Properties.—Nitro-glycerine is an oleaginous liquid of a clear yellow colour, having a sp. gr. from 1·595 to 1·600. Heated to 160° C. (320° F.), it is decomposed, evolving red vapours; at a higher temperature it either explodes or inflames without any detonation.

It is difficult to determine accurately the point at which explosion takes place; it is best observed by allowing the nitro-glycerine to drop from time to time upon a piece of heated porcelain. At first it burns away with a vivid flame, but as the temperature diminishes, it violently explodes, evolving red vapours, and frequently breaking the porcelain on which it falls.

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By placing a drop on an anvil and striking it with a hammer, it instantly detonates. When properly prepared and free from acid, it may be kept for any length of time. I have some in my possession which has been kept for two years without undergoing the slightest change.

Upon the addition of sulphuric acid to the ethereal solution, decomposition ensues, and a great quantity of sulphur is thrown down.

I am engaged in investigating this reaction, which perhaps may throw some light on the constitution of nitro-glycerine.—*Journal de Pharmacie d'Anvers, Journal de Pharmacie,* and *Pharmaceutical Journal,* Nov. 1855.

Fas est ab hoste doceri.

Russian newspapers inform us that in Cronstadt there is a hospital containing 3000 beds, where the treatment pursued is entirely homœopathic. To such a state of civilization we have not yet attained. Our authorities may learn something from their barbarian foe.

Homœopathy and the Empress Eugenie.

A Prussian Newspaper announces that Dr. Bönninghausen, of Münster, has been consulted by the Empress of the French. The journal goes on to give a long account of the doings and practice of Dr. Bönninghausen, which reads very like a puff. Among other things it says, that he never gives more than two globules of the 200th dilution for a dose, that he seldom descends to the 30th dilution, but often gives higher potencies than the 200th, viz., the 800th, 1,500th and 2,000th, with the most wonderful results.

The North American Homœopathic Journal.

We have much pleasure in welcoming the re-appearance of our old friend and fellow-quarterly, after a suspension of nearly two years. It has come out under a new editorial staff, with the exception of Dr. Marcy, who still sticks to the old vessel. He is assisted by three new colleagues, Drs. Peters, Holcombe and Preston, names already familiar to every student of homœopathic literature. A novel feature in this new series, is an appendix containing a revised materia medica, by Drs. Marcy, Peters and Füllgraff, where the authors profess to register those symptoms only of the medicines which are positive and unquestionable. Every symptom recorded must have been experienced by several different provers, its

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genuineness must be corroborated by the pathological changes it causes, and a similar symptom must have been repeatedly cured by the drug. As far as the authors have gone with their work, it seems very satisfactory, and we doubt not a great boon will have been conferred on homœopathy, when the revision of the whole materia medica, in this style, shall have been accomplished. Once more we give a cordial greeting to our transatlantic contemporary, after its long hybernation.

Pulse Machine.

We learn from the Zeitsch. für hom. Klin., that Dr. Hering, of Philadelphia, has invented a machine, a species of telegraph of apparently a very complicated structure, for registering the pulse's beats. Seeing that nature has provided us with a very excellent instrument for the same purpose, in the point of the finger, we imagine that Dr. Hering's instrument will be more remarkable for its ingenuity than for its utility. It reminds us of the wonderful engine for drawing corks, depicted in one of Hogarth's engravings.

Carbo Vegetabilis in Gastralgia.

A treatise on Vegetable Charcoal has recently been published. The author, Mr. J. Bird, advises the administration of this remedy in cases of Gastralgia and other painful affections of the stomach. He details a number of cases, chiefly taken from the work of a French physician, on the same subject, to show the beneficial effects of Vegetable Charcoal in these affections. The kind of wood he recommends for making the charcoal is that of the poplar tree. Homœopathists have long been familiar with the use of Carbo vegetabilis in such cases. This then is another instance of the adoption of homœopathic remedies by our opponents.

Wonderful Allopathic Discovery.

We learn from the *Medical Times and Gazette* (Nov. 10th, 1855), that Drs. Peacock and Andrew Clarke, of the City Hospital for Diseases of the Chest, have made the very original and novel discovery, that Nux vomica is an excellent remedy for chronic constipation, depending on atony of the muscular structure of the bowel. We must allow that this important observation entitles those gentlemen to claim an equal rank among original discoverers with Dr. Routh of "Fallacies of Homœopathy" celebrity, who recently announced in the columns of the same journal that he had found Aconite to be an excellent remedy for pneumonia.

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Progress towards Homœopathy.

At the Meeting of the Medico-Chirurgical Society of Edinburgh, on the 5th of December last, a paper was read by its author, entitled "A few Remarks on Dilution as a Principle in Therapeutics," by Benjamin Bell, Esq., F.R.C.S. The remarks were chiefly confined to the metallic salts. Mr. Bell showed, in regard to iron, how very small a portion existed in the blood, and how preposterous, therefore, were the large doses attempted to be forced in, much of which must be carried out, in all probability causing irritation. He also showed how much more likely a substance largely diluted was to be absorbed by the capillaries than one presented in the rough state of nature. Similar remarks were then made in regard to other metallic substances, and even extended to external applications. The whole paper was eminently suggestive, and given by the author with a remarkable absence of all dogmatic assertion. *(Medical Times and Gazette, Dec. 15, 1855.)*

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The North American Homœopathic Journal, Nos. XIII and XIV.

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Clinical Researches concerning the Homœopathic Treatment of Asiatic Cholera, by J. P. TESSIER, M.D., translated by C. J. HEMPEL, M.D.: New York, Radde, 1855.

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Gymnastics an essential branch of National Education, both public and private, by CAPTAIN CHIOSSO: London, Walton and Maberley, 1854.

The Russian Bath; second edition, with some suggestions regarding public health, addressed to the Right Hon. W. F. Cowper, M.P., President of the Board of Health, by M. ROTH, M.D.: London, Groombridge and Sons, 1855.

Journal de la Société Gallicane.

Homœopathy, a letter addressed to the Editor of the "North and South Shields Gazette," by J. F. KENNEDY.

Homœopathic Gleanings, Nos. I. to VI.: Manchester, Turner, 1855.

WM. DAVY & SON, Silver-street, Golden-square, London.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

EPIDEMIC DYSPEPSIA.

By S. Yeldham, M.R.C.S.

Read before the British Homœopathic Society, January 3rd, 1856.

That there exist, from time to time, if not at all times, certain agents, capable of impressing the human constitution so powerfully as to excite, in a number of persons simultaneously, a particular form of disease, is a point which the history of medicine sufficiently establishes. What those agents are, and through what media they exert their influence, are still unsettled questions. But, though uncertain as to their precise nature and modus operandi, the changes continually going on in the air we breathe, and the earth we tread upon, leave us in no difficulty to account for their existence. The grosser of these changes—from hot to cold, from wet to dry—are not only appreciable by our senses, but the way in which they impress the frame and disturb its healthy action, are, to a certain extent, understood, Depending mainly upon the succession of the seasons, they bring in their train certain diseases, wearing so uniformly the same features, that they are almost as familiar, and their advent may be almost as certainly predicted, as the changes of the seasons themselves. To these we owe the alvine diseases of autumn, the respiratory disturbances of winter, the exanthemata of spring, and the fevers of summer.

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There is another class of agencies—comet-like—eccentric in their course, and distant in the intervals at which they appear, the source and operation of which is enveloped in the deepest mystery. To these we owe those fearful scourges, whose history is written in hecatombs of victims—the black death, the sweating disease, the plague, of the middle ages; the cholera, small pox, and influenza, of modern times. It is to this class of diseases, probably on account of the violence of their symptoms, and their fatality, that the term epidemic has been almost exclusively, but I thing erroneously, restricted; whilst others, less violent, less fatal, but as truly epidemic, are entirely overlooked.

These changes I believe to be always in operation, that each one impresses the human frame in a particular way, and excites it to the development of a particular kind of disease, and that, as a necessary consequence, all diseases, not accidental, or having a local source, have a tendency to become epidemic: such epidemic being regulated in its extent and duration, by the power of each particular change, and the rapidity with which one succeeds another. In no other way can we satisfactorily account for the rise and spread of any epidemic, or for the variations that appear even in the most common and fixed form of epidemic disorder. How else can we account for the fact, that at one period scarlet fever shall be universally benign, and at another as universally malignant? If, then, it be granted that those changing influences, whatever they be, are so constantly at work as to effect such modifications in diseases of the most permanent character, are we not equally justified in believing that the same changes, as they succeed each other, impress upon the human frame successive tendencies to the development of different diseases? My own observation is strongly confirmatory of this view of the subject. It has rarely fallen to my lot to treat isolated cases of acute disease, (for all epidemic disorders belong of necessity to this class.) The first case is almost sure to be the forerunner of several more of the same kind. I make use of the qualifying term "almost," because there are exceptions to this, as to other rules. There are some causes of disease of so purely accidental a nature, as to take the complaint to which they give rise out of the category of epidemics; such, for instance as the

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production of Gastritis by a debauch, or Delirium tremens by prolonged intemperance. These, with others of analogous kind, will occur at any time, on the application of the particular exciting cause, and do not, therefore, come within the meaning of the term epidemic, which I would restrict to those complaints which cannot be traced to such palpable causes. Of these, I repeat, one rarely sees single cases; they come in batches, without assignable cause, last a longer or shorter time, disappear as capriciously, and are altogether lost sight of, until a recurrence of the conditions favourable to their reproduction brings them again upon the stage. Thus, at one period you shall observe, within the space of a few days, a rapid succession of cases of inflammation of the lungs; at another, of bronchitis; at another, of croup; at another, of asthma; at another, of hooping cough; at another, of sore throat; at another, of erysipelas; at another, of rheumatism; at another, of neuralgia, in its several forms of hemicrania, prosopalgia,* toothache, sciatica; at another, lumbago; at another, pleurodynia; at another, jaundice; at another, hydrocephalus; at another, ophthalmia; at another, convulsions; at another, cystitis; at another, shingles; at another, mumps; at another, vertigo. To these may be added the well known disorders of the bowels, cholera, dysentery, diarrhœa; the exanthema, with varicella, nettle rash, and other skin diseases; the common forms of fever, and lying-in fever; and even the disposition amongst females to miscarriage. I have enumerated this list of disorders upon the strength of my own experience, and so steadily have I found the epidemic tendency to pervade all of them, that I entertain but little doubt, that a wider field of observation, would equally display the same tendency in almost every acute disease to which humanity is exposed.

But not only do I believe that each particular disease is rendered epidemic by its specific agency; not only do I think that one change in the conditions of our existence engenders pneumonia this week; another, hooping cough the next week; and

* Within the month immediately following the disappearance of the severe frost in December, 30 cases of different kinds of face ache came under the writer's observation.

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a third, some other disease the week after, or all of them simultaneously, to be succeeded as speedily by others: I am further persuaded that besides those changes which give rise to the transient epidemic affections of particular organs, there is, also, in operation, at most times, another agency, of a more lasting kind, determining, not so much the particular organ that shall be affected, as impressing a particular character upon diseased action generally. I ventured to express this opinion, in a paper which I read before this society in 1852, on the Furuncular Epidemic, which then prevailed. On that occasion I endeavoured to illustrate my meaning by showing, that, dividing the previous 54 months into three periods of 18 months each, the first, from the beginning of 1847 to the middle of 1848, was characterized by a general inflammatory type of disease, including nearly all the phlegmasiæ, and ending with the Influenza epidemic. That the second period, from the middle of July 1848 to the end of 1849, was distinguished by a powerfully predominating tendency to the development of disorders of the stomach and bowels; this period including the second Cholera epidemic. That the third period, from the end of 1850 to the middle of 1851, was as strongly marked by a prevailing tendency to pustular disorders of the skin, of which the furunculus, or boil, was the leading type. There is one point connected with this last period, which the subsequent lapse of time has invested with peculiar interest—that interest which attaches to the fulfilment of a prediction. You will remember that, at the time to which I am alluding, there was a great deal of excitement on account of the somewhat sudden and violent outbreak of small pox. An alarm was raised that that frightful scourge was likely to resume its ancient dominion, and that vaccination had lost its protective power. I had no such apprehension. Regarding the greater prevalence of small pox, only as one form of the then existing tendency to the development of pustular disease, I did not hesitate to predict that "when that tendency shall have exhausted itself, small pox will recede within its former limits, and vaccination re-assert its supremacy." It is a matter of deep interest to my mind, as strongly confirmatory of the foregoing views, that this prediction should have been so completely verified.

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With these preliminary remarks I proceed to bring under your notice another example of the epidemic tendency, in an affection of the stomach, which, for want of a better, or equally comprehensive, name, I have called *Epidemic Dyspepsia.*

But, before doing so, I wish to observe, that the term epidemic can seldom or never be properly restricted to one unvarying type of the disease, but must embrace all the phases of the same disorder: cases differing in individual feature, yet all bearing to one another a sufficiently close resemblance to stamp them as members of the same family. So in the instance we are about to discuss, the numerous cases that have come under my observation, whilst differing greatly from each other in many respects, have yet retained, in common, certain general characters, sufficiently indicative of their being essentially the same disorder.

Epidemics, like invading armies, throw out their skirmishers in advance. Isolated cases first make their appearance; gradually they thicken, until, at length, they become so numerous as to leave no doubt of their epidemic character. The present instance forms no exception to the rule.

In September several cases of spasmodic disorder of the stomach, of an unusually severe kind, presented themselves. These were succeeded by others in increasing frequency, until, in October and November, the field of disease was to a great extent monopolized by the modifications of this disorder. As far as my note book serves me, (for I did not keep a record of all the cases,) the following was the progress of the epidemic in my own practice.

In the last fortnight of October....	12	cases.
First fortnight in November	22	do.
Last fortnight in do.	30	do.
First fortnight in December	36	do.

I have not thought it desirable to extend the record beyond the period of two months, my object being merely to adduce sufficient evidence to establish a fact, and not to compile a catalogue. A considerable number of cases, as I have just remarked, occurred before the first of the above dates, and cases still continue to occur, though much less frequently; and it is

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interesting to add, that the diminution began suddenly with the setting in of the late frost. In this sudden arrest of its progress by a change of temperature, we find it to be in close keeping with what we observe of epidemics generally, in this country.

Instead of wearying you with the details of illustrative cases, I have prepared a kind of tabular view of the hundred cases before referred to.

In this table the sex, age, and residence, of the patients, together with the leading symptoms and treatment of each case, are indicated. From it you will perceive, that persons of both sexes, and of all ages from childhood upwards, were alike affected, and that they were not confined to any particular locality, but were spread, pretty evenly, over the metropolis and its environs. The most constant symptoms, those which may be regarded as characteristic of the disease, were severe spasmodic pain in stomach, nausea, and water brash. These, of course, varied, both in positive and relative intensity, in different cases, and the one, or the other, of them, was sometimes entirely absent. The pain, in severe cases, was peculiarly intense, causing the patient to scream in sheer agony. It commonly passed from the epigastrium through to the back, and round the waist, and in three or four instances it ascended the chest to the region of the left nipple, where it terminated. In several cases its accession was periodical; in others it was instantly alleviated by food; whilst in the majority, it was induced, or greatly aggravated, either immediately, or an hour or two after a meal.

The cases were rare in which there was much constitutional excitement; on the contrary, the pulse remained calm, the skin cool, the tongue clean. The appetite was often very good, and there was little thirst. Several cases assumed a more violent form of gastric derangement, much resembling what is called Gout in the stomach, and in one instance, for several days, at the same hour, the fit of spasmodic pain was succeeded by vomiting of blood. Altogether the attacks partook more of a neuralgic than of any other character. The distinction between it and ordinary Dyspepsia is sufficiently apparent. The latter is, moreover, neither so severe, nor so difficult of removal. It was as much this latter fact, as the peculiarity of the symptoms,

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that first excited my suspicions that there was something specific in the disorder. The usual remedies for stomach disturbances failed to relieve with their wonted certainty and rapidity. Several of the cases were exceedingly obstinate, and yielded, ultimately, only to prolonged and careful treatment. Other points worthy of observation, were, the occurrence of the disease amongst children, who are little prone to dyspepsia, and the frequency with which other diseases were, for the time, arrested in their course, by having this one engrafted upon them.

Concerning the treatment it is not necessary to say much. The appropriate remedies for such a complaint, will at once suggest themselves to every homœopathic practitioner. Those which I found most efficacious were Aconite, Belladonna, Chamomilla, Cocculus, Nux vomica, Pulsatilla, Sulphur; and in three or four cases, the Nitrates of Silver and Bismuth. The lower dilutions were most frequently employed: the triturations of the two last named, and the second or third attenuations of the others. There is yet one other point to which I would refer; the property, I mean, which one epidemic seems to possess, of excluding, or superseding others during its course; as though two influences of the like nature could not exist at the same time. I have noticed this more especially with reference to that more permanent epidemic agency to which I have before alluded. During the inflammatory period of 1847 and 1848, we had little else to treat than inflammatory attacks. To this succeeded the cholera of 1849 and 1850; to this the Furuncular epidemic; to this, again, the Cholera and its allies of 1853 and 1854. What was the epidemic of the Autumn just passed? Where were the Diarrhœa, Dysentery, and Gastric fevers, which generally prevail at that season? Speaking broadly, they were altogether wanting. Is it too much to assume that their place has been occupied by epidemic dyspepsia, and that thus the rule of exclusiveness, as well as the epidemic chain, has been maintained unbroken?

I have alluded to the probability of mild epidemics passing unnoticed. Their very mildness accounts for this. When a disorder comes in some terrific form, like that with which we have of late years become so familiar, the fears of the public are

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instantly aroused, and the professional mind, from one end of the kingdom to the other, is on the alert. Every case is carefully watched, and as carefully recorded, and the great fatality of the disease obtains for it a too prominent place in the Registrar General's returns.

It is different with such a disease as that which I have brought under your notice. Happily, it contributes nothing to the bills of mortality. Its symptoms are hardly sufficiently novel or striking to arrest the attention, even of medical men; and the patients themselves, regarding it as an ordinary attack of illness, often endure pain for weeks, under the delusive hope of its spontaneous departure; and nothing but the obstinate persistence of their sufferings induces them, at last, to seek medical aid.

Hence the difficulty attending the attempt to establish such a point as that we have been considering; a point, the soundness of which can be determined only by extensive and combined observation. I wish, therefore, to be considered, in the foregoing remarks, rather as suggesting a train of inquiry to others, than as enforcing a notion of my own. Such an inquiry cannot be devoid of interest. Practically, it will assist us to a more successful treatment of diseases, by inducing us carefully to study the different types which the same disease assumes in different epidemics, and to suit our remedies to those differences. In this way it will guard us against the mistakes of routine practice. Abstractedly, it is pleasant to the mind to contemplate disease as the offspring of something like a definite agency, instead of regarding every separate case as the result of a solitary, an accidental, and unaccountable cause. Of this we may be certain, that no well established scientific fact, although its practical bearings may not be at once apparent, can ever prove entirely useless. Sooner or later, like the yet disjointed members of a building, it will find its proper place, and contribute something to the perfection of a whole.

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TABULAR VIEW OF ONE HUNDRED CASES OF DYSPEPSIA,

From the middle of October to the middle of December 1855.

Date.	Initials.	Age.	Locality.	Duration before treatment.	Symptoms.	Remedies.
Oct. 17	Mr. M. M. ..	51	Hampton-wick ..	2 d.	Vomiting, belchings, oppression at epigastrium, spasms in stomach, acid risings, &c.	{Merc., Acon., N.-v., Arnica, Sulph.
18	Miss A.....	32	Camberwell.... .	3 d.	Agonizing spasms in stomach, frequent nausea, twice vomited	Cham., Bell., N.-vom.
21	M. B.	37	Hackney.....	2 w.	Very severe pain in pit of stomach after food, lasts an hour.....	Puls., Cham.
22	Miss S.....	35	Hoxton	2 m.	Chiefly morning, tight and distressing feeling in epigastrium, fulness, tender, nausea	Puls.
23	Mrs. T.....	33	Soho	1 w.	Pain across stomach directly after food, in back and shoulders, pyrosis	N.-v., Arg.-nit.
24	Miss A.	28	Clapham-road ...	1 m.	Very severe pains in pit of stomach, chest, and bowels, spasmodic, pyrosis	Bell., Cocc.
25	Mr. J. T.....	32	St. Luke's	3 w.	Pain from epigastrium to back and shoulders, 9 A.M., pyrosis, relieved by bed	Nux vom.
27	Mr. T. C.....	37	Goswell-road	1 m.	Pain in pit of stomach, left side, to back and breast, pyrosis, easy in bed	N.-vom., Sulph.
30	Mr. S.	43	Bow.....	6 w.	Pain across epigastrium into bowels all day, easy in bed.....	Nux vom.
31	Mr. M. N. ..	40	Borough	3 m.	Vomits three or four times a day water, appetite good.....	Arsen.
31	Master F....	11	Stamford-street ..	4 d.	Pains in epigastrium frequently recurring, most after food	Nux vom.
31	Mrs. H.	34	St. John's-wood ..	5 d.	Constant nausea, sinking pain in epigastrium, no appetite	Verat.
Nov. 1	Mrs. W.	56	Fulham		Severe spasmodic pains in region of liver and epigastrium, last an hour	Cham., Puls.
2	Mary J.	32	Ludgate-hill	2 d.	Suddenly in evening at eight vomits blood, comes with spasmodic pain	Puls., Arn.
3	Mr. H.....	38	King's-cross	3 d.	Pain in epigastrium, acute, sharp, most before food, relieved by it, easy in bed	N.-vom., Sulph.
5	Mr. H.....	40	Bayswater	6 w.	Pain excruciating, immediately or an hour after food, feels sick, brings up water, vomited yesterday	Nux vom. Cham., Puls.
6	Sarah S.	9	Stamford-street ..	3 d.	Vomits twelve times in twenty-four hours, still sick, with severe spasm in epigastrium	Tart.-em., Ac o. Merc.

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Date.	Initials.	Age.	Locality.	Duration before treatment.	Symptoms.	Remedies.
Nov. 6	Miss A. B. ..	35	Esher	6 w.	Spasmodic pain, oppression after food.....	N.-v., Cocc., Chi.
8	Mrs. H.	48	Stoke Newington.		Pain in epigastrinm, after food worse, pyrosis, clear, acid, flatulent	Puls., Bis.
8	Mr. C.....	40	Bryanston-square.	2 d.	Pain before rising, and after food, in epigastrium.....	Merc., N.-vom.
9	Mrs. W.	40	Walworth		Prevents speaking loud, hysterical, sometimes distension after food, nausea, bad appetite, palpitation	Puls.
9	Miss C. H. ..	28	City	1 m.	Last few days worse, pain every ten minutes from epigastrium to chest, affects breathing.....	Aco., Bryon.
10	Mrs. B.	40	Broadwall	2 m.	Dyspeptic, bad appetite, bad taste, prosopalgia immediately after food	Nux vom.
10	Miss S.....	13	Horsleydown	2 d.	Hematemesis, violent vomitings, spasms.....	Arn., Arsen., N.-vom., Phos. Carbo veg.
12	Miss R.....	28	G ray's-inn-road..	1 w.	Weight and aching in epigastrium after food, spasmodic	Cocc., Arg., Nit.
13	Mr. S.'s child	9	Stamford-street ..	1 w.	Two days pains in epigastrium, increased by food, and vomits everything instantly except water, not feverish nor thirsty, sleeps well	Tart. emet.
13	Miss M. R..	12	Borough	1 w.	Pains in epigastrium, nausea and vomiting, anorexia	Aco., Merc.
14	Mary B.	37	Hackney	1 w.	Severe pain, directly after food, lasting an hour	Puls., Cham.
18	Mrs. S.....	60	Farringdon-street.	4 d.	Twelve hours violent spasmodic pains in pit of stomach, up left breast to shoulder, and down the arm to fingers ends, and across back and chest, of crampy kind, lasts five minutes, flatulent and nausea, has vomited once	Bell., Nux vom., Ars.
14	Anna A.	20	Finsbury.	5 d.	Agonizing pain in pit of stomach and hypochondria, not influenced by food, nausea, vomiting, pyrosis.....	Bell., Cham., Bis.
14	Miss R.	22	City.....	1 w.	Violent spasms in stomach, lasting ten minutes, flatulence, nausea..	Cham., Coccul.
14	Mrs. C.	51	Hoxton	1 w.	Violent pains in stomach, bowels, and between blade bones, nausea, flatulent	N.-vom., Cocc.
15	Mr. H.	22	Belgrave-street ..	2 w.	Pain across lower part of chest and epigastrium, persistant, but increased by food.....	Nux vom.
15	Mrs. M.	36	Gravesend	3 w.	Pain in epigastrium, chest and back, aching, anorexia, pyrosis	Puls.
16	Mrs. S.	55	Fenchurch-street .	1 m.	Violent spasms an hour after food, and then vomits gruel-like stuff, acid, constant nausea, great distress across chest, and round right side, and between shoulders	Aco., Ars., Nux vom., Arg., Nit. Cocc., Bis.

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17	Mrs. M.	62	Wellington-st. Boro	1 w.	Half-an-hour after dinner, sick, spasms, wind, and vomits, pyrosis	N.-v., Arsen.
17	Mrs. H.	63	Kensington	1 w.	Spasms and wind from epigastrium to back, vomited water	Bell., Nux vom.
19	Mr. C.....	42	Borough-market .	1 m.	Weight at stomach, wind, belchings	N.-v. Bry. Sulph.
19	Mr. B.....	45	Borough	3 d.	Violent pain pit of stomach, back and bowels, vomiting, and severe spasms	Acon., Cham., Nux vom.
20	Mrs. J.....	52	Borough	12 h.	Violent vomitings, and great pain in stomach	Arsen.
20	Miss W.	26	Kennington	2 w.	Consumptive, vomits clear water, no appetite, never vomited before	Arsen.
20	Mr. K.....	25	Hackney.....	3 w.	Heavy pain across epigastrium after food, somewhat spasmodic	Nux vom.
20	Miss S.....	24	Shoe-lane, City ..		Constant sickness, no appetite, terrible nausea, mouth fills with tasteless water	Nux v., Merc., Cocc.
20	Mrs. S.....	44	Clapham	6 d.	Pain pit of stomach to back, spasm, every six or seven minutes, makes her scream, salt, frothy matter rose to mouth, not influenced by food, nausea at sight of food.....	Cham., Bis.
20	Mr. R.....	26	Middleton-square.		Miserable pain in pit of stomach, five minutes after food, lasts an hour, bad appetite, tongue clean, no thirst, vomited once	Nux v., Arg., Nit.
21	Mrs. T.....	42	Southwark	6 h.	At 4 A.M. violent spasm, belching wind, since vomited	Nux vom.
21	Mrs. E.....	56	Borough	5 d.	Vomiting in morning between 5 and 6 water, always sick and uneasy after food.....	Nux vomica, Merc.
21	Miss B.....	22	Walworth	2 w.	Sick after or before food, which lies heavy, appetite poor	Cham., Sul.
22	Mrs. G.	36	Dover-road.....	1 w.	Pain pit of stomach, round left side, between shoulders, wind, sick, thirsty, lips parched.....	Acon., Bry.
23	Mrs. M.	25	Waterloo-road ..	1 w.	Pain from epigastrium to chest and back, from wind, worse after tea	Puls., Cham.
23	Mrs. S.'s child	3	Broadwall	4 h.	Sudden and violent vomitings, pale, sick	Tart. emet.
26	Mr. McP....	23			Flatulent, pain in left hypochondrium, after food, pyrosis	Nux v., China.
24	Mr. J.	40	Mile-end	1 w.	Dyspeptic, pain after food, flatulent, slight watery rising	Nux vom., Sul.
24	Mr. L.....	37	Farringdon-street.	4 w.	Pain from pit of stomach to chest, after food as from wind, eased by expelling it	Bell., Nux-v., Cocc., Sulph.
24	Mr. M.....	34	Fenchurch-street .	9 d.	Pain from pit of stomach to chest and throat, worse after food, flatulent	Cham., Puls.
26	Miss B.	46	St. George's-road .	3 d.	Violent vomitings, pains, spasms, hysterical	Tart. e., Ignat.

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Date.	Initials.	Age.	Locality.	Duration before treatment.	Symptoms.	Remedies.
Nov. 26	Mrs. C.....	65	Kennington.....	12 h.	Violent spasm in epigastrium, vomiting	Cham., Bell.
27	Mrs. G.....	52	South Molton-st..	2 w.	Pains round waist, back, epigastrium, at 3 or 4 A.M., filthy taste, flatulent	Nux v., Merc.
27	Mrs. M.	64	Croydon	..	Three times in two months nausea, flatulent, pyrosis, copious	Puls.
27	Miss C. M...	25	Brixton	2 m.	Constant nausea, aversion to food, great discomfort after it, pyrosis	Puls.
28	Mr. J. H. C..	52	Upper Clapton ..	..	Numbness in left side after food, belching, flatulent, confused in head	Nux vom.
28	Mr. M. . ..	37	Battle	1 m.	Pain across the epigastrium, tender, flatulent belching, worse after food	Nux vom.
29	Mr. R.....	48	Kingsland	..	Pain in epigastrium after food, wind, nausea at times, through to shoulders	Puls.
29	Mr. W.....	42	Snow Hill	10 d.	Dyspeptic, weight and fulness after food, loss of appetite.....	Nux vom.
Dec. 1	Miss L.....	37	Islington	5 w.	Pain in left hypochondrium, and spasms pit of stomach and chest, flatulent, nausea	Puls., Cocc.
1	Mr. C.....	34	Pimlico	5 w.	Pain in epigastrium after food, twice vomited, bad taste, tight in bowels	Nux vom.
1	Mrs. C.'s child	6½	Shoe-lane	3 d.	Violent vomiting after everything, fever, thirst.....	Tart. emet.
3	Mrs. S.....	26	City	4 d.	Nausea and pain in the epigastrium, evening worse	Puls.
4	Mr. C.....	75	Ealing	1 w.	Bilious, heartburn, nausea, vertigo.....	Nux vom.
4	Mr. J.	28	City	1 m.	Anorexia, headache, shooting pain in epigastrium after food, pyrosis, flatulent	N.-v., Coccul.
4	Master P....	3	Borough	3 d.	Spasms in stomach, wind, pain after food	Cham.
4	Mrs. P.	31	Borough	12 h.	Nausea, spasms violent, flatulence	Cham.
5	Mr. S.....	37	Cannonbury	1 m.	Flatulent, oppressed after food, loss of appetite.....	Nux vom.
5	Mrs. S.....	27	Bedford Row	4 d.	Headache, vomiting, pain in epigastrium and between shoulders ..	Puls.
5	Mrs. C.	19	Bethnell Green ..	3 w.	Pain across epigastrium from side to side, goes to back, spasmodic, draws her double	Bell., Cham.
6	Mrs. R.	52	Tower-hill	3 d.	Empty, watery vomitings, discomfort after food, or relieved by it..	Puls.
6	Mrs. A.	43	Kensington	1 w.	Bilious vomitings, and headache, and loss of appetite	Mer. N.-v. Cocc.
6	Mrs. G.'s child	10 m	Sydenham	2 d.	Spasmodic pains in stomach, vomits everything, thirsty, cool skin..	Ipec., Merc.
6	Mr. S.....	60	Covent-garden ..	..	Six weeks ago bilious vomiting, and now dizziness	Nux v., Conium.
7	Miss M. S...	17	Clerkenwell	5 d.	Dyspeptic, no appetite, pain in epigastrium, vomited to day	Puls., Cocc.

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7	Miss W.	24	City	3 w.	Pain pit of stomach, between shoulders, very violent spasms, pyrosis, nausea, appetite fair	Cham., Coccul.
7	Mrs. R.	37	Bethnal-green ..	2 w.	Pain across bottom of chest, and epigastrium, worse after food, aching, pressing, flatulent	Cocc,
7	Miss D.	29	Wandsworth	1 m.	Pain from abdomen to stomach, and chest, to back and shoulders, quarter of an hour after food, lasts two hours, water brash, constant nausea, no vomiting	Nux v., Cocc.
7	Mrs.G.'s child	4	Princes-street	5 d.	Vomits everything, constant pain in stomach, thirsty, cool skin, does not look ill, vomits on attempting to eat	Tart. emet.
8	Mrs. J.....	42	Bennett-street....	2 w.	Dyspeptic, pain and flatulence after food, distended.....	Puls.
8	Mr. M. junr.	19	Stamford-street ..	3 d.	Severe aching from sternum to colon, much worse after food, feels sick, flatulent	Nux v., Carbo v.
9	Mr. C. J.....	22			Vomits everything, even water, burning, acid, pain in epigastrium..	Aco., Ant., Crud.
10	Mr. G.....	44	Surrey-row.....	1 w.	Dyspepsia, headache, bad taste, loss of appetite	Nux vom.
10	E. W.	20	Charlton	3 d.	Pain in pit of stomach, dreadfully sick, pain spasmodic after food, goes through to back, flatulent	Cham., Bell.
10	Mrs. R.....	42	Shoreditch	3 m.	Vomits everything, with previous spasm in epigastrium	Nux vom.
10	Mrs. S.....	54	Brixton	6 d.	Pain after food, nausea, watery risings	Nux vom.
10	Mr. R.....	44	Gray's Inn	3 d.	Pain and tightness across pit of stomach, spasmodic, worse after food immediately, vomits daily	Nux vom.
11	Mrs. C.....	42	Stoke Newington..	2 w.	Vomits everything instantly, then spasms	Ars., Cham.
11	Miss E. S. ..	16	Malden	3 w.	Pain across lower part of chest and between shoulders, one hour after food, sick, pyrosis, worse in evening, flatulent, no thirst..	Puls., Sulph
11	Mr. G.....	32	Cannon-street-road	2 w.	Pain after food, flatulent	Nux vom.
13	Miss S.....	38	Fore-street	1 w.	Pain after food, appetite bad, flatulent, pyrosis.....	Puls.
13	Mrs. H.	26	John's-place	2 w.	Pain pit of stomach, back and round left side, increased by food, and causes sickness, and nausea, lasts an hour, no thirst	Puls.
14	Mrs. B.....	50	Gravel-lane.....	4 d.	Pain in epigastrium, after food, and between shoulders, vomits water, emaciated.....	Arsen.
14	Mr. B.....	31	City	..	Long time dyspeptic, vomits about every other day, like water....	Nux vom.
14	Mr. R.....	19	Balls-pond	2 m.	Bilious, pain under bladebone, vomiting, pain after food	Nux vom.

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THE PAST, PRESENT, AND FUTURE OF HOMŒOPATHY IN GREAT BRITAIN.

(COMMUNICATED.)

SIXTY years have passed since Hahnemann made known the law of healing, which he called homœopathy, expressing the law in the formula "similia similibus curentur"—*let like be treated by like.* It is to be noticed that he did not use the word *curantur*, though it is now in general use.

More than a quarter of a century has passed since homœopathy was introduced into England. In the present condition of our medical reform, it is worth while, before we speculate on its future, to take a rapid survey of the past, and to dwell briefly on the present. The retrospect is not altogether satisfactory, the aspect is somewhat overcast, and it behoves all who love homœopathy as a new truth, as the truth of healing by the agency of medicinal substances, to bestir themselves that the future may be hopeful. The present generation of homœopathists should consider themselves as trustees for the right management of Hahnemann's precious discovery of a law of healing, of general applicability. The future shall be our chief concern—we pass away—*dum loquimur senescimus*, we grow old while we speak. Comparatively few of the British homœopathists are alive to the awful importance of their duty in this respect. It does not suffice that a practitioner should derive an income sufficient for his purposes from homœopathic practice;—he has pledged himself to the maintenance and the establishment of a great principle. There is much at stake. A great truth has often been overlain; it lies dormant, and is, after the lapse of ages, resuscitated. In our case, our reform should make continuous progression; anything less than that is a disgrace to the passing generation, through whose sloth or luke-warmness such a trance is occasioned. Awake, ye sleepers! This is no time for folding the arms, or for thinking a victory is won. Sebastopol is not taken, while the north side is in possession of the barbarian.

According to Mr. F. J. Smith, who wrote an account of the introduction of homœopathy into England, which was published

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in the *Homœopathic Times*, Dr. Quin introduced homœopathy into England in the year 1827. He wrote from authority, and that of Dr. Quin himself.

The subject, however, was brought before the medical public of England the year before. A paper was read on homœopathy, and a discussion ensued before the Medical Society of London, which then held its meetings in Bolt Court, Fleet Street, on the 30th October, 1826. The two original maintainers, in England, of the proposition, that homœopathy should be enquired into, have not since adhered to it. Mr. Kingdon practised it partially for some years, in some cases using the homœopathic remedies, in others pursuing the allopathic practice; and Mr. Headland, the brother of our first chemist in this country, soon ceased from his own enquiries, and is now one of the chief general (allopathic) practitioners in the metropolis. It should be recorded, that the authorities of the Medical Society, now holding its meetings in George Street, Hanover Square, have peremptorily refused to allow their minute books to be searched, for the purpose of having that discussion of homœopathy reproduced or enquired into, though it is a matter of historical interest.

Dr. Quin, however, was the first practitioner of homœopathy in Great Britain, who professed to treat patients according to that method of practice only. He probably commenced his practice as a pure homœopathist in 1831 or 1832. We have been authoritatively informed that he introduced it as a mode of medical practice in 1827. He had, in fact, begun to investigate the subject in 1825 or earlier. In 1826 he was at or near Coethen, with Hahnemann, a favourite pupil of the sage. "He learned German on purpose to read the works written upon it, and not satisfied with the results which he had witnessd here, he went to Germany, to the fountain head—Hahnemann, and became acquainted with almost all the professors (of homœopathy) in the different towns of Germany, who practise it." This extract is from a letter of Mr. Uwins, R.A., dated Naples, May 3rd, 1827.

Dr. Quin was practising in London, partially, though not entirely, as a homœopathist, in 1827. "London," says the

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worthy historian to whom we are indebted for the account of the introduction of homœopathy into England, "Claremont, Esher, and Hampton Court, were the localities where the blessings of the new system were first made known. There, alike in the palace, the mansion, the cottage, and the hovel, were its powers felt and appreciated."

In speaking of Dr. Quin's first practice in 1827, as a homœopathist, Mr. F. J. Smith states—"Employing the remedies only in non-dangerous cases at first, he never incurred the risk of bringing the system (of practice) into discredit with his patients, or of affording his adversaries an opportunity of ascribing failure to this novel mode of practice, when it would have been due to the fatality of the disease. In other cases, where its efficacy will be contrasted with allopathic treatment, to the obvious conviction of the sufferer, he exhibited the remedial powers of homœopathy. In this way things continued till the autumn of 1830, when an event occurred calculated to excite the liveliest emotions amongst those who were interested in the progress of our great medical reform.

"The Earl and Countess of Shrewsbury returned (at that time) with two distinguished homœopathic physicians in their suite. The name of one was Dr. Francisco Romani, that of the other Dr. Taglianini." Those physicians returned to Italy in the following year; and so far as homœopathy was concerned, their visit to their country was a *res infecta*.

After Dr. Quin's return from the continent, where he went to see the treatment of the cholera of 1831-32, of the disasters of which he might truly say, "*et quorum pars magna fui*"—for he was himself attacked by it—he has practised only as a homœopathist.

Palmam qui meruit, ferat. Posterity will consider, and justly, that to this physician is due the establishment of homœopathy in Great Britain. It is to be desired that he would himself state the course of his enquiries from 1825, or earlier, to his coming out as an unhesitating homœopath. It would be unwise, on his part, to consider this as *infra dignitatem*. His claims as a homœopathist form a prominent part of the possessions of British homœopathists. His reputation is a part of British homœopathy.

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To the *bibliographist* we owe much, and we now turn to the meritorious labours of Dr. Atkin, for the rapid review that is proposed to be given of the *past* of homœopathy in these kingdoms.

After Dr. Quin, and the two Italians already mentioned, Belluomini seems to have been next in the field. Dr. Massol, a Frenchman with an Englishman's character, was probably the next. He has now returned to France, and is enjoying the *otium cum dignitate*, which is his due after a life of labour. He is *emeritus*. He deserves the repose he is enjoying, after his exposure to the *fumum strepitumque Romæ*.

So far as homœopathy is concerned in this country, its early history should not be buried in obscurity. The pioneer is to the fore, with that strong vitality and that broad thoracic development which denotes long life, if he will take proper care of it.

The earliest work in English recorded by Dr. Atkin, is a translation of the "Organon" of Hahnemann, by Charles H. Devrient, Esq., with notes by Samuel Stratten, M.D., 1833. This translation being out of print, its place has been supplied by that of Dr. Dudgeon; but we owe no small obligation to the original translator.

Dr. Borthwick Gilchrist's appeal was published in the same year (1833). His admirer, who learned the value of homœopathy from him—Silk Buckingham—has since sunk into the grave. Both were excellent men in their different ways.

In the year 1834 Dr. Quin published his edition of the *Fragmenta de Viribus Medicamentorum* of Hahnemann, and the *Pharmacopœia Homœopathica*.

In this year also appeared the Rev. Mr. Everest's letter, addressed to the medical practitioners of Great Britain, on the subject of Homœopathy. He was a warm advocate of homœopathy. In the fullness and vigour of life he departed last year. He was crotchety, but was a true disciple of our master. He had acute disease of the membranes of the brain, and took medicines by *olfaction*; when he was seen by a medical practitioner, he was *in extremis*. So he died, but he was a worthy man, one of the worthiest who has advocated our medical reform in these kingdoms. In the year (1836) he published

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his "Popular View of Homœopathy." In this year also appeared Dr. Simpson's "Practical View of Homœopathy." It was a timely work. The writer should have remained at his post; but he was discouraged, and took to a sheep-run in Australia. Whether he is yet alive, or is dead, this deponent knoweth not.

In the year 1837, Dr. Curie comes on the field. He writes a book "The Principles of Homœopathy," which must have been put into English for him, for to the last he knew not English. Poor Curie! worse men many have there been—he was an enthusiast for homœopathy—and he died a victim to his own mistaken notions. Exposed to typhoid influences, he starved himself. He was a pupil of Broussais, and the ghost of Broussais killed the living Curie. He did much for homœopathy—very much. He was not scientific, but he was enthusiastic. Like the poet he—

"Believed the magic wonders which he sung."

He was a very successful practitioner, and did much to unite the British public with the doctrine and practice of homœopathy. He has passed away.

In this year (1837) also appeared the treatise of Dr. Uwins, on homœopathy, in which he contrasted the large, small, and atomic doses. He too is of the past. In this year also appeared Dr. Scott's Thesis. He is now practising in London; it is to be hoped with the success he deserves.

In 1838 Dr. Curie published his "Practice of Homœopathy" and Harris Dunsford came into the field. He died some eight years later, of organic disease of the brain. He was an excellent practitioner, and had the distinguished honor of having been consulted by Queen Adelaide, of virtuous memory. He also published in this year, his "Popular View of Homœopathy."

In this year also, Dr. Epps first appears as an author. Dr. Scott also publishes (a translation from Hahnemann) "On the Spirit of the Homœopathic Doctrine."

In the year 1839 Dr. Broackes appears as an author on Constipation, Cutaneous Diseases, and Homœopathic Documents.

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In this year Dr. Epps published, so far as is known, the first English "Domestic Homœopathy." Since then, the name of these domestic books in English, is "legion." The first, however, maintains its ground with the books of Drs. Hering, Chepmell, Curie, Laurie, Pulte, (American) and others.

In 1840 Dr. Curie published his Annals of the London Homœopathic Dispensary. To him is due the establishment of the first homœopathic dispensary in these kingdoms. Mr. Blagdon Hurral's "Popular Outlines of the Principles and Practice of Homœopathy," was published this year. Dr. Karl Luther also published his book, "Homœopathy Explained and Objections Answered." A London millionaire, a patron of Dr. Curie, had for some time the credit of this tract, which Dr. Luther has since claimed. Dr. Luther has for the present retired from practice, and is in Germany. He is now planting trees, having performed the two other duties of man, as laid down by Confucius—"Plant trees, write books, and get children."

In 1841 Dr. Curie published his "Domestic Homœopathy." Dr. Dunsford gave to the world his "Practical Advantages of Homœopathy," which was dedicated to Queen Adelaide.

Dr. C. Davids published a sketch of Homœopathy. He too is gone. He was a Persian, and should have been called Davidson. He died of consumption while yet a young man. He was a very honest, painstaking, and worthy man. Dr. Epps appears as an author during this year, in four different publications:—"Affections of the Head and Nervous System;" "Epilepsy and other Nervous Affections;" "Homœopathy and its Principles Explained;" "Arnica Montana, and its beneficial effects for Bruises."

In this year also was published a translation of the "Manual of Homœopathy" of Jahr.

In the year 1842 Dr. Black published his treatise on the "Principles and Practice of Homœopathy."

A Sketch of Homœopathy, by C. Daniels, M.D., and a paper "What is Homœopathy?" by Dr. Epps, also appeared during this year. Nothing is known of Dr. Daniels.

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In 1843 Belluomini published his monograph on "Scarlatina, and its Treatment on Homœopathic principles." He soon after retired to Italy, and has since departed this life, at an advanced age.

Dr. Ludwig Calmann published, during this year, his paper "Homœopathy no Humbug," and Dr. Hayle, of Newcastle-on-Tyne, his "Address on the Homœopathic System of Medicine."

This year was signalized by the first appearance of the "British Journal of Homœopathy," which is now the oldest medical quarterly in these kingdoms. *Viget atque vigebit.* Its establishment, though several years posterior to the establishment of what has been called the Edinburgh School of Homœopathy, is yet more or less identified with that school; and the journal is remarkable for the scientific developments of homœopathy, of which it has been the exponent.

In this field of labour the names of Professor Henderson, and Drs. Drysdale, Black, Russell, Dudgeon, and Madden are prominent.

In 1847 Dr. Hamilton published a "Guide to the Practice of Homœopathy," compiled from the German of Ruoff, Huss, and Ruckert. Mr. Newman appeared also as the author of a "Concise Exposition of Homœopathy."

Dr. W. Batchelour published a paper, entitled "Homœopathy compared with the usual method of practice." He is now the upholder of certain *nostrums*. In this year appeared the Introduction to the study of Homœopathy, by Drs. Drysdale and Russell, a volume well worthy the study of all who take an interest in homœopathy.

Dr. Epps published also his "Rejected Cases," which he sent to the Lancet, but the publication of which, in that paper, was refused.

In this year also appeared Professor Henderson's Inquiry into the Homœopathic Practice of Medicine. The adhesion of this eminent pathologist to homœopathy, is one of the triumphs of our progress.

Dr. Constantine Hering's "Homœopathist and Domestic Physician" was this year reprinted in London, from the second Philadelphia edition.

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Dr. Luther in this year published his "Concise view of the system of Homœopathy," which has since attained a large circulation, and has been of great use in the advancement of our medical reform. Mr. Newman published also his "Homœopathic Family Assistant." Dr. Norton issued a translation of Ernest Von Brunnow's "Glance at Hahnemann and Homœopathy."

In 1846, Dr. Madden published an essay, "Homœopathy viewed in connection with Medical Reform."

Mr. Marmaduke Sampson issued his book on "Homœopathy, its principles, theory, and practice."

In 1848, appeared Dr. Chepmell's "Domestic Homœopathy," also Mr. Sampson's "Homœopathy, its principles, theory, and practice:" and "Truths and their Reception considered in their relation to Homœopathy," by the same author.

In 1849, Dr. Dudgeon published his translation of Hahnemann's "Organon of Medicine," and in this year we have also Dr. Kidd's "Homœopathy in Acute Diseases;" Dr. Marsden's "Notes on Homœopathy;" Dr, Rutherfurd Russell's "Treatise on Epidemic Cholera;" and Mr. Sampson's "Concluding task of the Disciples of Homœopathy."

In 1850, we have the first edition of Dr. Atkin's "Homœopathic Directory;" to the second, of 1853, we are indebted for this bibliographical summary; the first volume of the "Pathogenetic Cyclopædia," by Dr. Dudgeon, and Dr. Laurie's "Elements of Homœopathic Practice of Physic," also appeared in this year.

In 1851, we have the "Lesser Writings of Samuel Hahnemann," translated by Dr. Dudgeon; Dr. Hamilton's "Flora Homœopathica," since completed; "Homœopathy as applied to the disease of Females," by Mr. Leadam; Dr. Malan's "Pocket Book of Homœopathy;" Dr. Norton's Homœopathic Family Medicine;" "Jahr's Homœopathic Handbook," translated by Dr. Spillan, now departed this life; the "Homœopathic Prescribers' Pharmacopœia," by the same compiler and translator; "Homœopathy in acute diseases," by Mr. Yeldham.

In 1852, we have Mr. Haycock's "Elements of Veterinary Homœopathy;" the first part of the "Hahnemann Materia Medica;" and "Homœopathy in 1851," edited by Dr. Russell.

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Since then, Dr. Dudgeon has published his lectures, and Dr, Sharp his tracts on Homœopathy, there have been few other additions to our English Homœopathic Literature.

It will be seen from the summary we have given, that there has been but little original Homœopathic Literature, on the part of British Homœopathists.

Only one medicine has been so proved as to have been received with complete acceptance, "Kali bichromicum," proved by Dr. Drysdale. There is a vast field yet open to the honest industry of Homœopathists.

Dr. Curie, it has been observed, opened the first Dispensary for the treatment of the poor, according to the Homœopathic method of practice. He continued this work to within a few days of his death.

Dispensaries were soon after opened in different parts of the Metropolis, and in the neighbourhood, and in every city and town where Homœopathy was introduced. Dr. Drysdale a few years ago, published an interesting account of these Institutions.

Some ten years ago, an attempt was made to establish a Homœopathic Hospital in Hanover Square. The attempt failed.

In 1850, two Hospitals were opened in London, the "London Homœopathic," and the "Hahnemann" hospitals. The former only survives. There is also a Homœopathic hospital in Manchester.

The number of Medical men who practise Homœopathy in these kingdoms, is now upwards of two hundred; and there are many besides, who practise it in part openly; and many more who practise it in part secretly. The doctrine and practice of Hahnemann have now been among us for a generation of men. All classes of society have, in a greater or less degree, favored it.

It is acknowledged that there is a "Homœopathic Public." The question arises if as much progress has been made as might have been expected, and the further question, if that progress has been healthy and satisfactory. If our progress is compared with that of Homœopathy among our transatlantic cousins, we must answer decidedly in the negative; we have produced fewer working men, fewer *provers*, fewer writers of note, and our homœopathic public, as well as the body of medical practitioners,

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is much less in number than theirs. They have colleges and confer degrees in medicine; we have no colleges or schools of Homœopathy; and we have no privilege of conferring the license to practise.

Though the number of our practitioners has increased, the progress of homœopathy has not been so satisfactory as we could wish. There are some calling themselves homœopathists, who practise without diplomas; some advertise themselves in any and every way; and some are otherwise disreputable in character. Thus the character of our body has suffered more or less damage.

It is not meant that our black sheep bear a larger proportion to our whole number, than similar characters among the allopaths bear to their whole number. But as our list is comparatively small, the discredit falls more heavily on us.

Of the lieges of the three kingdoms, probably one million are homœopathists, all classes being included. With a million of supporters, most of them it is true, the poor, but many in comfortable circumstances, and some very rich, we ought to be able to do much for our reform. It has, in this country, passed through its first stage, and it should now proceed to a vigorous maturity. What hinders?

In the first place the medical practitioners do not agree among themselves, and are not very cordial, one to another. This cannot be helped: it is human nature. Let us however make the best of our situation. Whether he belongs to a *clique*, or considers himself isolated, let each of our practitioners do as much as in him lies for the cause. It cannot be supposed that any earnest homœopathist would refuse to do this, if a way of doing it effectually is pointed out to him.

A new danger is before us. With very few exceptions the number of our practitioners has been derived or recruited from persons who had been previously engaged in allopathic practice; and we require an infusion of new blood. The professors and lecturers in the different schools of medicine, are adverse, with the single exception of Professor Henderson, to our therapeutics. The very name of homœopathy is an abomination to them. For some years we have been threatened with a Medical Registration Bill, and such a bill is now before the House of Commons, and

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may pass in the present session of Parliament. One of the effects of this bill, whether designedly or not, will be the exclusion of young men, who have not yet taken their diplomas, from our ranks.

No one will be allowed to practise who is not registered, and no one can be registered unless he is licensed by certain corporations, which will refuse their license to any avowed homœopathist. If he has a diploma from a foreign University, it depends on the pleasure of the medical registrar, whether that diploma shall entitle him to be registered or not. It follows, then, that we must for the purpose of securing our *future*, make good use of the *present*. We must have hospitals, and schools attached to them. This is the first requirement. There should be such hospitals, each with a school attached to it, in London, Edinburgh, and Dublin. There is now only a very small hospital in London, which is quite ineffectual from the smallness of its income. Its number of in-patients does not exceed twenty. It should have at least one hundred beds. It is notorious that though the success of its medical officers in the treatment of Cholera, the year before last, was much greater than that of any other class of medical men—its reports were contemptuously rejected by the Medical Council appointed by Government to report on the different modes of practice adopted for that disease. If instead of sending in a report of some sixty cases, treated in thirteen or fourteen weeks, the medical officers had been enabled to send in a report of 600 cases,—would that report have been contemptuously rejected?

Let our practitioners then begin a co-operative work, in obtaining large funds for a large metropolitan hospital. The hospital should be endowed, and have a secure income. An individual, a bookseller (Guy), endowed the magnificent hospital that bears his name. The plan proposed is this: let there be a local committee in every city and town, where homœopathy is practised, to collect funds for a large metropolitan hospital—say the London Homœopathic Hospital—which is already at work. The just objections, on the part of many of our practitioners to the constitution of this hospital, may prevail over its governing body to modify that constitution.

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Let the said committee meet quarterly, to count their gains: let lectures be delivered by medical men or laymen, according to the faculties of earnestness and eloquence in either class: let the homœopathic public in each place, or in other words, the friends and patients of each practitioner, be moved to do as much as possibly they can, in the way of donations and subscriptions, for the proposed hospitals and schools,—for that of London first—then for that of Edinburgh—then for that of Dublin. Let the sums collected for this purpose, be so large as to secure an endowment for each of the three metropolitan hospitals designated. Furthermore, let those who are friendly to homœopathy, in the British Colonies, adopt the same plan, and send home their quarterly or annual contributions.

It is in this way that such large sums are annually collected for religious societies, especially for missionary service, and for the diffusion of the Scriptures.

A meeting may be called together, without any unnecessary delay, for arranging the machinery of this scheme. Its success will depend on the heartiness and the zeal with which the local committees enter on their work of love. As soon as a hospital containing one hundred beds is organised, with a secure income, a school may be attached to it, for teaching our therapeutics and *materia medica*. If the existing medical Corporations will give their license to our students, well and good:—if not, we could then with a show of reason, ask the Government for a Chartered College of our own, as a matter of justice. The claims under such circumstances, would hardly be denied. Let this plan, then, be at once adopted, and be faithfully and energetically acted out.

Another point of consideration is, the differences of homœopathists in the matter of the dose. Our body, like the Church Establishment, is divided into three distinct classes—the high, the low, and the broad. Our *high* church rejects, or pretends to reject all dilutions below the 30th; they ascend to the 100ths and 1000ths. The *low* church of our body, on the other hand, ascends not above the 3rd, and delights in drop doses. Some of them use the mother tinctures, and give drops for a dose. The *broad* party, being neither high nor low, claim for themselves the

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use of all the dilutions, generally from the 3rd to the 30th. They would in rare cases use a mother tincture; and sometimes give the 100th or 200th in the way of experiment. *Quot homines tot sententiæ.* Let us live and learn—a large hospital would give ample field for arriving, by experience, after a multitude of experiments, at useful discrimination on the subject of the dose, and so approximate at least to something like a standard. The large dispensaries which now exist, may furnish their *quota* of experience on this subject.

Another want of the present time, is a proving society. Few persons engaged in practice in large towns, can undertake this; and in such places, those to be proved on, are not easily found, and kept to the necessary diet. The provings of Hahnemann are and must ever be models for his followers. There are some of our body, who are fitted for this task, and are at the same time favourably situated for its proper accomplishment.

In the absence of any school of homœopathy, it is desirable that those of our practitioners, who are not overworked, should take medical students into their houses as pupils. The dispensaries, which maintain house surgeons, might also accommodate such students. Thus while they are pursuing their studies, they may be impressed with the importance of our therapeutics, and might learn our *materia medica.* In the good work of providing for the future generation of medical homœopathists, the lay homœopathists might do much good, by encouraging their sons to undertake the study of medicine, with a view to homœopathic practice. The Church, the Bar, the Army and the Navy, are recruited from the ranks of the Aristocracy—many of the cadets of our noble houses have gone to our colonies—why should not some of them devote themselves to the medical profession, in importance and true dignity, inferior to no other pursuit? *In nulla re homines propius ad deos accedunt quam dando salutem hominibus,* was Cicero's testimony to the value of useful physicians.

If the principle of life peerages should hereafter be adopted, ought eminent physicians and surgeons to be excluded from them, while clergymen and barristers, and military and naval men have the distinction?

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Some of our medical homœopathists, we have said, should take medical students into their houses as pupils. This would be an effectual way of preserving them from the seductive influence, and the still more dangerous ridicule of the Philistines. One devoted homœopathist furnished a young man with the means of obtaining his medical education. He was at St. George's hospital: the ridicule of his teachers and fellow pupils overmastered him, and he is now a flourishing allopath in the medical service of the Corporate Majesty of India, whose palace is in Leadenhall Street. Another sincere homœopathist gave another young man his education; he too was similarly overpowered at King's College, and he also has entered, as an allopath, the service of the same oriental majesty. There are, no doubt, other instances of the kind. Neither of the persons alluded to above, ever gave himself the trouble to inquire into homœopathy, or to test it in any way, or to see it tested. This was creditable neither to the heart nor the understanding of these medical men.

Messrs. Headlam and Brady, two of the three endorsers of the Medical Registration Bill, now before the House of Commons, have declared that they have no wish to interfere with homœopathy—and that their only desire is to provide that none should be admitted into the registry as medical practitioners, who have not obtained some diploma or license from a recognised University, College or Hall. If this principle be carried out, and all are registered who have proper qualifications, the present generation of homœopathists will have nothing to complain of. But though these gentlemen must from their declaration be ignorant of it—*latet anguis in herbâ.* It is to be hoped that they will make such alterations in the bill, before it goes into Committee, as will remove the apprehended danger of exclusion of homœopathists, or if not, the friends of homœopathy, who are in parliament, must see that such alterations are made.

There should be no ambiguity whatever; the wording of the clauses of the bill that relate to the admission or non-admission of the applicants for registry, should be clear as crystal.

In the wording of the bill as it now stands, it might be implied or construed that physicians in addition to their diploma, shall have the license of one of these four corporations:—

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The Royal College of Physicians of London.
The Royal College of Physicians of Edinburgh.
The King's and Queen's College of Physicians in Ireland.
The Archbishop of Canterbury.*(Sic !)*

As the law now stands, the first and the last of these four corporations (how is the individual Archbishop a corporation?) have the legal right to give a license to a physician to practise in London. It is well known that there are hundreds of physicians within the *tabooed* circle, (ten miles round?) of which Warwick Lane was the centre, who practise without the fellowship or license of the College of Physicians, and without the diploma of his Grace, the Archbishop.

Will this bill give a new vitality to these effete corporations? Is there to be an age of medical persecutions? Must her Majesty's lieges be compelled to take pills and potions by act of parliament.

The Medical Council under this bill, is armed with something like irresponsible power—

> "'Tis glorious to have a giant's strength,
> 'Tis tyrannous to use it as a giant."—

Alas! when an adversary is to be crushed, the temptation to be tyrannous is too much for poor human nature.

Fine and imprisonment on summary conviction, are the penalties on those that may be put under ban. There is no appeal allowed—there is no *locus pœnitentiæ* for the convicted; the professional life of one not registered, is extinguished. There has been no such tyranny as this in England, since the Star Chamber. We thought that sort of thing had gone out with the Stuarts. But its re-appearance and against a class, is again threatened under the pale star of Brunswick.

Again, consider this clause: "If any of the said colleges or the said faculty, shall at any time, strike off from the list of such college or faculty, the name of any one of their members, who has been guilty of misconduct, such college or faculty shall signify to the medical registrar the name of the member so struck off; and the medical registrar shall erase forthwith such name from the register, and shall not restore such name to the register until he shall receive from a college or faculty a certificate that

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his name has been placed upon the list of their members." What kind of misconduct? Drunkenness, adultery, lying, thieving? Alack! colleges and faculties do not trouble themselves about such things. Quackery would be the misconduct. By all means extinguish the advertising blackguards—the uneducated—those who have had no medical education, and have no diploma of medicine or surgery, obtained after due examination. Extinguish them root and branch. But would the colleges and faculties so confine themselves? might they not choose to say that Dr. Gully is a quack, who uses for his patients the water-treatment; that Dr. Quin is a quack, who has just prescribed a homœopathic remedy for H.R.H. the Princess Mary of Cambridge or for any other royal or serene highness? Are these men, whose amount of brains is equal to the best of the Royal College of Physicians, to be extinguished, because they claim a therapeutic liberty? This clause must be made plain as day, clear as crystal.

We have no objection to a fair Medical Register Bill. Quite the contrary—we should rejoice at having the black sheep of our body sent to Coventry. We should do much better without them than with them. We care not for the massacre of such innocents. Let the bill exclude all who have not had a proper medical education, and have not obtained after examination, make it as stringent as you please, a diploma or license to practise. But do not bring any under the power of effete corporations.

Remember that the College of Physicians of London twice plucked Armstrong, a better man in every sense of the word, medical or non-medical, than any of those who examined him, simply because they misliked him.

Remember that though every graduate of the University of Edinburgh has a right to the fellowship of the College of that city, such fellowship has been refused to homœopathists. The tender mercies of bigots are more cruel than those of the wicked.

A very few alterations in the bill would make it fair. It is to be hoped that Messrs. Headlam and Brady will make them before it is committed—on the 2nd April. If not, we must depend on the good sense and spirit of fair play of Parliament to make such alterations as will make it fair for all the dluy qualified practitioners.

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We have considered so far the present generation of homœopathists. If some clause is not introduced, decisive against inquisitorial persecution as to therapeutic doctrine, what security have we that the students, who are known to be homœopathists, will be allowed their diploma? A candidate, not long ago, after passing his chief examinations most creditably, was refused his diploma at Edinburgh—because he avowed himself to be a homœopathist. Is this to be repeated? In a word, is this bill meant to protect the educated and qualified medical practitioner, whatever be his therapeutic views, or is it meant to be a "heavy blow and great discouragement" to homœopathy?

The past and the present of homœopathy have been thus rapidly glanced at. With the exception of the Edinburgh school of homœopathists—the prominent names of which have been mentioned—there as been little or no original homœopathic literature in this country, since the introduction of Hahnemann's law of practice. The list of our medical numbers has increase d but more in quantity than in value.

An infusion of new vigorous blood is wanted. We do not want *tact*, but enthusiasm for a good cause. Finesse and courtiership are not needed—we want workmen who need not to be ashamed of their work.

We want hospitals in London, Edinburgh, and Dublin, with schools attached to them. Judging by the past, half-a-century must pass before any homœopathist will be elected to any (now allopathic) hospital or infirmary, either as physician or surgeon. Even Professor Henderson was fain to retire from the infirmary of Edinburgh.

The medical registration bill now before the House of Commons may pass into law—for the senators are tired of the perpetual reproduction of such a bill, and the government has agreed to support the present one. If it passes into law in such a shape as not to injure the present or future of homœopathy—it is well. If it is passed in a form and spirit hostile to our medical reform, both now and hereafter, it remains for us to obtain the privilege of having a college of our own, and so we shall be compelled to separate from the schismatic bigots of the old school of medicine, as it is called.

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"Son of man, can these dry bones live?" We have now cause enough to ask the question. We want a fresh and active vitality for the skeleton of our regiment. Our public is large enough—our medical number is sufficient, if we could evoke a corporate and co-ordinate action. We want unity—not unanimity. The one is possible—the other is not.

Before dismissing the subject of the present, it should be said that all homœopathists are bound to be grateful to Lord Robert Grosvenor, for his manly speech in behalf of homœopathy on the second reading of Mr. Headlam's bill.

The future of Homœopathy.

The late Mr. Everest said that he should be well content that homœopathy should be now extinguished, to be resuscitated in some future *æon*. Not so we. It is our duty to hand it down to our successors not impaired—we ought to transmit it with additional force for its onward progress.

There are only some half-dozen medical practitioners of homœopathy in Scotland, and about as many in Ireland; is that to be characteristic of the future in these kingdoms? Have a hospital and school attached to it, in Edinburgh—and another in Dublin—and then for a new era.

The future of homœopathy depends much on the risen, and rising generation of homœopathists. We have no right to be vain-glorious or proud on account either of the past or the present. The wonder is not that so much has been done, but that so little has been done in the last quarter of a century. "The concluding task of homœopathists" indeed! In this country the work is hardly begun. We have Alp on Alp to ascend, before we can descend into the sunny plains of Italy—aud then we have to beware of Capua.

When Hippocrates, or the writer of the essay on the subject that bears his name, wrote two thousand years ago, that there were two modes of treatment, the homœopathic and the enantiopathic, little did he dream that a little German should so many ages after him, discover that "*treat like by like*" was the sole

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of healing by medicinal agents. How can we tell what is reserved for the future development of homœopathy? It is a truth as universal with us it has been flowing through very earthen channels. Hahnemann himself, though of fine clay, was not of the finest. There were many flaws in him—that is to say, he was human.

In Germany and on the Continent generally, homœopathy has by no means made the progress it ought to have done, from its indestructible qualities of truth, reality and beneficence. In lively America it flourishes most.—That go-a-head race has adventured on it, much as its volunteers marched on Mexico. They have annexed it. It is part and parcel of the Star and Stripe Empire.

Small Barbadoes—no larger than the Isle of Wight—has as many medical practitioners as Scotland or Ireland.

Alas! for our future—if the next generation of homœopathists does not more for our advancement than the past and the passing have done.

The first and paramount qualification for a medical homœopathist is, that he should be a gentleman—the next that he should know disease—the third is, that he should be a good homœopathist, that is, know our therapeutics, and our *materia medica*.

To get the accession of well-educated gentlemen, trained in our therapeutics, is then our requirement. Therefore the three metropolitan hospitals and schools—therefore the devotion of the sons of the gentry, who favor homœopathy, to medicine; therefore a willingness on the part of medical men to receive such as pupils; therefore a co-ordinate if not co-operate action of all true homœopathists.

If homœopathy, as we declare it to be, is the natural law of healing by drugs—it is a law of God: and if it be His—in His own good way and good time, He will order its prosperity.

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OUR HOSPITAL SYSTEM.

If there is one institution we English regard with more pride and satisfaction than another, it is our system of charitable hospitals. So intimately connected in our minds with one another are the words "hospital" and "charity," that we have almost come to persuade ourselves that hospitals ought to be charitable institutions, and that it is quite right and proper that the sick poor should be dependent on the eleemosynary contributions of their richer neighbours for their restoration to health. Fortunately for themselves, the sick poor are not so dependent; and perhaps it will surprise many to learn, that our charitable hospitals are incapable of relieving—and actually do not relieve—one-half of the cases of sickness that occur among our poor population. The prominence given to the charitable hospitals, by their being perpetually thrust before us in newspaper advertisements, public dinners, and private solicitations for assistance, makes us forget that our Poor Law system professes to relieve all our sick and infirm, as well as our unemployed poor, and that it in reality does afford hospital accommodation to fully one-half of those who require it. This it does unostentatiously, and perhaps also shabbily and inefficiently, but still it does it after a fashion; and were it to cease doing it for one instant, our vaunted charitable hospitals would be unable to contain a moiety of the sick poor who would besiege their doors.

"There are many phrases cherished by the nation, and inscribed by it on flags of triumph, which are not so really glorious as the inscription commonly seen running across the walls of a great hospital: 'Supported by voluntary contributions.'"* So most people seem to think, and certainly a vast deal may be said, and has been said, and will be said, in favour of this opinion; but we are not so sure that the

* Household Words, Dec. 15, 1855.

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principle of voluntary hospitals is altogether free from possibility of cavil, nor that the actual working of the voluntary contribution plan is untainted with very serious blemishes.

We propose in the present article to examine the hospital system of this country, as exemplified in our metropolis, to compare it with that of other countries, and to enquire if ours is the very best system, or if some hints may not be obtained from the hospital systems of some parts of the continent, which might be usefully applied to that of England. We have no intention on the present occasion to examine into the medical treatment pursued in the hospitals at home and abroad; this has been done over and over again, and the result has been to shew that the success of the ordinary British and foreign practice is pretty much the same.

In order not to occupy too much space, we shall limit ourselves to a description of the hospital systems of London, Paris, and Vienna, as these three differ sufficiently among each other to illustrate the various principles on which the exigencies of the sick poor may be provided for by the state.

We shall not stop to enquire which of the two was in the right, Aurung-Zeb when he alleged that a rich state needed no hospitals, or Montesquieu when he asserted that it was in rich countries only that hospitals were required; nor shall we join issue with Arthur Young's statement, that hospitals are the source of much more evil than good, that the better they are conducted, the worse are their effects on the mass of the poor, that the worse their administration, the less is the evil they do. A great deal might be said pro and con on all these points, but our present purpose is to take a survey of hospital administration as it exists, and without enquiring whether hospitals are an evil or a benefit, to endeavour to ascertain how they may be conducted so as best to answer the demands made upon their services, and to satisfy at the same time the economical spirit of the times.

In order to determine these questions, we must furnish the materials which are to form the premises for our deductions. And first we shall give as succinct an account of the hospital

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accommodation for the sick poor of London as we can do from the documents within our reach.*

In theory our Poor Law professes to relieve the wants of all the unemployed poor; whether their being out of employment depend upon inability to obtain work, or incapacity from sickness to accept it. Our unions, therefore, besides containing workhouses for the whole, have hospitals for the sick, and infirmaries for the aged and incurable. The following table shews the amount of hospital accommodation afforded by each of the thirty-eight London workhouses. In parallel columns we have placed the number of beds for the sick in each workhouse, the number of medical officers for the in-door hospital service, the mode of supplying the medicines, and the number of nurses, where these particulars could be obtained. On the last named point our information is not so precise as we could wish, still on all these points the details are sufficiently full to give the reader a good general idea of the working of the workhouse hospital system, as far as is necessary for our purpose.

Our account of the workhouse hospitals refers to the year 1848, and is taken from a report presented to Parliament in that year,† by a commission appointed for the purpose of ascertaining the hospital accommodation afforded by the workhouses, specially in reference to the threatened invasion of cholera. On application to the Poor Law Board, we were informed, that there is "no printed return which gives later information on the subject referred to." This does not much signify, for since that period it is not probable that the workhouse hospital accommodation has materially altered, and moreover the other data we have to allude to in this article are not very remote from the period to which this report refers.

* We shall not include, in our account of hospitals, the lunatic asylums, as these belong to quite another category from the hospitals for the sick, to which alone we wish at present to direct attention.

† Report on the Capabilities of the Metropolitan Workhouses for the reception and Treatment of Cholera Cases, 1848.

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Workhouse.	No. of Sick Beds.		No. of Med. Officers	Medicine supplied by	No. of Nurses.	
	Single	Double			Paid.	Unpd. *
St. George the Martyr ..	103	12	1	Med. Officr.	5	8
St. Olave	25	..	1	do.	0	?
St. Saviour's	71	..	1	do.	5	0
Whitechapel.....	140	50	1	do.	0	35
Christchurch	36	16	1	do.	0	?
St. Giles	192	..	2	Parish.	1	30
Lambeth	111	12	1	Med. Officr.	8	16
St. James.....	66	..	1	do.	0	10
St. Margaret's.....	83	..	1	do.	0	18
St. Martin's.....	78	2	1	do.	0	30
Bermondsey.....	53	8	1	do.	0	12
St. Marylebone	198	..	5	Parish.	†	0
Ratcliffe	100	14	1	Med. Officr.	0	16
Mile End Old Town	85	..	1	do.	4	8
Limehouse	..	50	1	do.	5	0
Wapping	38	3	1	do.	0	7
St. Mary, Newington....	55	..	1	Parish.	0	8
Bethnal Green.....	92	..	1	Med. Officr.	1	?
St. Luke's	84	..	1	Parish.	1	12
Greenwich	201	..	1	Med. Officr.	0	?
St. George's in East	46	3	1	do.	0	?
Camberwell	37	..	1	do.	0	6
Chelsea.....	68	15	1	do	0	8
Poplar	88	..	1	do.	1	?
St. Pancras	181	..	1	do.	1	?
Holborn	202	..	3	do.	1	6
Clerkenwell.....	40	17	1	do.	0	?
St. George's, Hanover Sq.	84	..	2	do.	0	13
Shoreditch	154	8	1	do.	3	?
Paddington	28	..	1	do.	1	5
Strand	48	.	1	do.	0	4
Islington	70	..	1	Parish.	0	?
Rotherhithe.....	25	..	1	Med. Officr.	0	2
Kensington	59	..	1	do.	0	?
Hackney	65	..	1	do.	0	?
East London, Bishopsgate	37	..	1	do.	1	?
East London, Aldersgate.	30	..	1	do.	1	3
West London	90	7	1	do.	0	?
	3172	217	46			

Total..... 3,389 beds, = accommodation for 3606 patients, 1 medical officer to nearly 84 beds (deducting 8 honorary medical officers); the maximum being 1 to 240 beds (Whitechapel), the minimum 1 to 25 beds (St. Olave and Rotherithe).

* In most of the workhouse hospitals there are no regular paid nurses. The usual nurses are pauper inmates of the workhouse, who are glad to perform the duties for some small weekly gratuity, or still more generally for some slight addition to their usual diet. We may imagine how efficiently the nursing is carried on by these untrained paupers, hired at the wage of an extra ounce or two of meat, or an extra glass of beer.

† All nurses paid; three of the medical officers honorary.

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Although, as above stated, the Poor Law provides for all the sick poor in theory, yet it is otherwise in fact. Long anterior to the conception and construction of the Poor Law system, there existed a set of institutions for the reception and treatment of the sick poor, either endowed by princes, corporations, or rich private individuals, or supported from year to year by voluntary subscriptions, or partly endowed and partly dependent on annual subscriptions. Moreover other similar institutions have been set on foot since the existence of the Poor Law apparatus, and others may yet be established, for there is no limit to their number, except what is imposed by the contents of the purses of the charitable. These institutions are the hospitals of London. The hospitals, par excellence, for who knows anything about the workhouse hospitals? And who thinks of these when hospitals are spoken of? What hospitals do our medical students walk? What hospitals do our fashionable physicians and our world-renowned surgeons belong to? What hospitals do the medical journals write reports of? What hospitals do we shew our illustrious foreign colleagues over with pride and triumph? What hospitals is it an honour to be appointed to, that is considered to be not dearly purchased by as arduous a canvass as that of a borough member? In fine, which are our London hospitals? Not surely our workhouse hospitals—

> Oh no, we never mention them,
> Their name is never heard.

The only London hospitals the majority of our population ever heard of are the endowed and charitable hospitals, Bartholomew's, St. Thomas's, Guy's, &c. When the poor law system came into play it found in London and in many other towns a considerable provision for the sick poor already made by the charitable hospitals. The Poor Law system, which practises every where the most cheese-paring economy, was no doubt very glad to find so much of its proposed functions taken off its hands, and therefore it took very good care not to disturb the existing arrangements of charitable hospitals, for the more of the sick poor the latter relieved, the less the Poor Law would have to do, the less consequently would be its expences, the less the drain upon the parochial pocket, and the more satisfied

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would be its supporters, the rate-payers. Far from discouraging the charitable hospital system, the Poor Law is doubtless charmed to see new charitable hospitals arising all around, and would not object if these hospitals increased to such a degree as to take all the trouble and expence of the sick poor off its hands. Indeed many of the Unions affecting to consider it wrong to introduce fever cases into their sick wards, bundle such patients off to the Fever Hospital, and thus save the expence of a few additional patients per annum.

The following table of the London hospitals is as complete as the documents at our disposal enable us to make it. The year to which the statistics generally refer is 1852, and our authorities are chiefly Mr. Low's *Charities of London*, the *British Medical Directory*, and some of the reports issued by the Hospitals. There are one or two other small charitable institutions where patients are received, but we are unable to obtain any information respecting them, and the numbers of their beds and patients are altogether too insignificant to influence our deductions or averages. For the purpose of comparison with other countries we have put in all the hospitals for special diseases, though such hospitals do not exist in other countries, the special diseases, such as fever, consumption, small pox, and eye diseases, being treated in the general hospitals abroad. We have selected the reports of 1852 by preference, as they refer to the condition of the hospitals during 1851, the year of the census, to which we shall have to make some reference. The table gives at one view the following particulars respecting each hospital:

1. The number of beds it contains; and here as a rule we have stated the absolute number of beds capable of being made up in the hospital, not the average number actually occupied, though the latter is generally considerably less than the former; thus the average number occupied in Bartholomew's is 520, in Westminster 151, in Guy's 500, Middlesex 255, and so on.

2. The number of patients treated during the year. In three instances we have for want of information had to calculate the probable number of patients treated, which is of course only a simple question of the rule of three. In the case of some few of the special hospitals where the number of patients treated

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annually could not be ascertained, it was not possible to calculate the probable number of patients treated, as the data from other similar hospitals were insufficient. We have accordingly omitted them altogether, but the number of patients thus omitted, which at the utmost would not amount to 500, cannot influence our general deductions.

3. The income of each hospital for the same year to which the other data refer. Or rather we should say the expenditure, for whilst in some few cases the income exceeds the sum stated in the table, in others it falls short of that sum. A good many of the hospitals contrive to outrun the constable one year, and make up the deficiency the following year by those ingenious contrivances for stimulating a weak charity, balls, fancy fairs, flower shows, concerts and sermons.

4. The average cost of each bed during the year. As we have calculated this from the actual number of beds in the hospital, and not from the average number occupied, the cost of each bed is evidently understated. Thus, had we taken the average number of beds occupied, the cost per bed at Bartholomew's would have been £ 55 : 15, at St. Thomas's £ 56 : 16, at Westminster £ 31 : 4, at Guy's £ 54, and so on. An immense difference will be observed in the average cost per bed at different general hospitals, from the lowest (Middlesex) £ 24 : 11, to the highest (Royal Free) £ 71 : 17. We shall endeavour hereafter to guess at the causes of these immense differences. It should likewise be remembered that the apparent cost per bed and per patient is increased by no account being taken of the expences of the dispensary and extra hospital practice in our calculations. This dispensary practice is carried on to a much greater extent in English hospitals than in Continental ones, though it likewise prevails to a considerable amount in the latter. The increase upon the apparent comparative cost of the beds in the London hospitals cannot however be very great, for the chief, if not the only expence of out-patients, is the medicine, and at those establishments where the largest numbers are treated, it cannot amount to above a few hundred pounds a year, which would not make a difference of above a few shillings in the cost per bed, and a few pence in the cost per patient.

5. The average cost of each patient is less liable to error, still

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in many of the special hospitals the number of patients relieved in the house forms but a small part of the expence of the establishment. Allowances must therefore be made for a considerable exaggeration, when we see the patients of the Soho Square and Orthopædic Hospitals costing apparently from £25 to £27 per head.

LONDON HOSPITALS.

Hospitals.	Beds.	Patients per Annum.	Income.	Cost of each Bed per An.	Cost of each Patient pr. An.
			£	£ s. d.	£ s. d.
1 Bartholomew's	580	5797	29,000	50 0 0	5 0 4⅝
2 St. Thomas's	460	4305	25,000	54 6 11½	5 16 1¼
3 Westminster	174	1581	4,811	27 12 11⅝	3 0 10¼
4 Guy's	550	4480 (?)	27,000	49 1 9⅝	6 0 6¼
5 St. George's	320	3549	15,000	46 17 6	4 4 6¼
6 London	400	4051	10,500	26 5 0	2 11 10
7 Middlesex	285	2328	7,000	24 11 2½	3 0 1½
8 Charing Cross	100	1200	3,000	30 0 0	2 10 0
9 Royal Free	100	906	7,185	71 17 0	7 18 7½
10 King's College	120	1030 (?)	4,981	41 10 2	4 16 8¼
11 University	119	1219	6,000	50 0 1	4 18 5½
12 St. Mary's	150	1343	5,000	33 6 8	3 14 5½
13 Seamen's *	200	2242	6,000	30 0 0	2 13 6¼
14 German	40	359 (?)	1,030	25 15 0	2 17 4⅛
15 London Homœopathic †	20	173	1,010	50 10 0	6 0 3
16 Fever	200	926	2,500	12 10 0	2 13 11⅛
17 Consumption ‡	90	474	4,324	48 0 10⅜	9 2 5½
18 Small-pox	75	800	1,720	22 18 5	2 3 0
19 Lock ‖	50	369	2,753	55 1 2½	7 9 2½
20 City of London Chest	80	....	3,575	44 13 9	....
21 Sick Children §	30	143	393	13 2 0	2 15 1½
22 Women, Soho Square	21	92	2,439	116 2 1⅓	27 5 5¼
23 Queen Charlotte's Lying-in	30	240	....	....	....
24 British Lying-in	20?	160	350	17 10 0	2 3 9
25 City of London Lying-in	?	361	....	....	....
26 Central Ophthalmic	6	....	200	33 6 8	....
27 North London Eye	..	19	150	....	7 17 10⅔
28 Westminster Ophthalmic	30	142	700	23 6 8	4 18 7
29 Royal Orthopædic	36	73	2,000	55 11 1⅓	27 7 11⅓
30 Verral's Orthopædic	20	68	566	28 6 0	8 6 5⅔
31 City Orthopædic	6	18	459	76 10 0	25 10 0
32 Harrison's Orthopædic	6	....	530	88 6 8	....
33 Samaritan Free	16	58	1,400	87 13 0	24 2 9⅓
	4334	38,506	176,576	41 0 0 nearly.	4 9 9⅓

* The number of beds and of patients has increased at this hospital since the date of the above statement (1851), but as we have not seen a Report of the increased annual income, we prefer the completed Report of 1851.

† From the Report for 1854.

‡ The income for the year 1852 was £8,982; the sum in the table is the year's expenditure.

‖ The Lock Hospital is also an Asylum which maintains about 100 inmates.

§ The sum stated to have been raised in 1851 is £4,431, of which £393 were from annual subscriptions; what was spent is not stated. We have reckoned only the subscriptions in the table; though by so doing we believe we understate materially the sum actually expended.

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The sixteen hospitals, from 1 to 20 (excluding 13, 15, 18, and 19), containing 4,068 beds, are served by 82 physicians and surgeons, which gives one medical officer to about every 50 beds. They have besides, 50 assistant physicians and surgeons, 18 consulting physicians and surgeons, and 4 physician and surgeon accoucheurs; besides resident apothecaries, visiting assistant medical officers, ophthalmic and aural surgeons, and dentists. In some of the endowed hospitals the medical officers are well paid. Thus, in Bartholomew's, their salaries, including apothecaries and dispensers, amounted in 1854 to £2480; in St. Thomas's the medical officers received in the same year £1825; in Guy's the medical and civil officers received £4747; in St. George's, in 1853, all the officers received £1655. In the charitable hospitals the medical officers, though unpaid by the hospital, manage to obtain a moderate income by the fees of students to the clinical and other classes, established in connexion with the hospitals.

With the exception of Bartholomew's, St. Thomas's, and Guy's, which derive their income from ancient endowments, all the other hospitals are chiefly dependent on voluntary subscriptions and donations for their support, and in very many (indeed, we may say in most) of them the expenditure is in excess of the receipts.

All the beds in these charitable hospitals, like those in the workhouse hospitals, are free. Patients are admitted on the recommendation of a governor, *i. e.*, a subscriber or benefactor of the hospital, but cases of emergency are admitted without such recommendation. Many of the governors confide their recommendations to the medical officers or officials of the hospital, who are thus enabled to admit the patients they have room in the hospital for.

The medical officers of the charitable hospitals are usually elected by the governors of the hospitals. In the case of the endowed hospitals, these governors consist of a limited number of influential individuals. The governors of the hospitals that live from hand to mouth are the annual subscribers and benefactors of the hospitals—their number is unlimited.

The total number of free beds in the workhouse hospitals

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and charitable hospitals is 7,723, or, counting double beds as two, 7,940, which gives one bed to about every 297 inhabitants of the metropolis.

Having thus stated the particulars of the hospital system of London requisite for our purpose, we shall proceed to describe those of France and Austria, as shewn in their capitals.

The Hospital System in France.

All the hospitals and asylums (*hospices*) in France are under the direct control of government. The civil hospitals and asylums form the especial care of a department of the Ministry of the Interior (Home Office). There are in France in all 1,270 hospitals and asylums, under the direction of 1,133 governing bodies, termed *administrations hospitalières*. As a rule these administrations are composed of five members, one of whom retires annually, and his place is supplied by a member selected by the Minister of the Interior, from among three candidates nominated by the administration. The members composing these administrations perform their duties gratuitously. The mayor (*maire*) is *ex officio* president of the administration, and does not count as one of the five members. In every arrondissement there exists a consultative committee of hospitals, composed of three lawyers chosen by the prefect, who perform their duties gratuitously. Their business is to act as referees in the event of any dispute, and to give their opinion on all matters on which the administrations desire it.

The number of individuals employed in the management of the hospitals and asylums of France is 31,488; in Paris alone, 2,892. The following is a list of the employés in France and in Paris:—

	France.	Paris.
Administrators	5,927	6
Directors or secretaries	732	2
Receivers	1,133	1
Stewards	504	14
Almoners	733	13
Architects	167	5
Inspectors of properties	55	7
Sundry employés	1,052	199
Religieuses	7,622	333

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	France.	Paris.
Teachers	292	6
Overseers	514	229
Sub-overseers	167	35
Male nurses	1,961	407
Female nurses	2,183	594
Various servants	4,762	20
Foresters	432	593
Physicians	1,552	88
Surgeons	615	37
Apothecaries	294	18
House pupils	413	193
Midwives	66	3
Midwifery pupils	310	71
Total	31,488	2,892

The 1,270 establishments presided over by these administrative committees, and served by the above employés, are thus divided:—

	France.	Paris.
Hospitals	337	17
Asylums (hospices)	199	11
Hospital-asylums*	734	0
Total	1,270	27

No hospital or asylum can be established in France without the express authorization of the government.

As it would occupy too much space to enter into minute details regarding the whole hospital system of France, and as this would be foreign to our purpose, which is to compare the system in the French and English capitals; we shall confine ourselves to an account of the Paris hospitals, more especially as regards their accommodation, administration and economy.

The hospitals and asylums of Paris are under the direction

* By *hospital* is implied an establishment where the sick poor are received and treated. By *asylum*, an establishment in which old people, incurables lunatics, orphans, or foundlings, are received and provided for. When an establishment subserves both these purposes, the name of *hospital-asylum* is given to it by M. de Watteville, the Inspector-General of French Charitable Establishments, in his excellent report on the subject of his department, addressed to the Minister of the Interior.

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of a special body, entitled, *Administration de l'Assistance Publique*, which was first organized in 1849: It is composed of (1) a Director-General, nominated by the Minister of the Interior; (2) of a Council of Surveillance, consisting of twenty members, of whom the Prefect of the Seine is *ex officio* president, and the Prefect of the Police *ex officio* member; the other members are nominated by different corporations for three years; (3) of a general secretary department, composed of three divisions, two inspectors, and a cashier. Each of the members of the council is charged with the surveillance of one or several establishments. Their functions are purely honorary. The Director-General is the guardian of the property, and superintendent of the surveillance of the various establishments; he directs the bureaus of the central administration, seconded by the chiefs of divisions, the chiefs of bureaux, the sub-chiefs, and the employés, to the number of about one hundred souls.

As regards the admission of patients, this is managed by what is called the *Bureau central d'Admission*, which has its office at No. 2 Place du Parvis.

Twelve physicians and six surgeons compose this central bureau. They obtain the post by public competition, and they ultimately form the hospital staff, after having served five years in the central bureau.

The bureau is open every day, from ten to four o'clock, and the business of its members is (1.) to ascertain the diseases of the poor who seek admission to the hospital, and who, with certain exceptions to be presently mentioned, must apply personally at the bureau for this purpose; (2.) to verify the maladies of those sent by the superior administration, by the *bureaux de bienfaisance*, or by the founders, in order to obtain the vacancies in the asylums; (3.) and on the third Thursday of each month they have to ascertain the blindness or complete paralysis of such as seek to obtain the monthly allowance of five francs for the blind, and three francs for the paralytics, granted by the *bureaux de bienfaisance* to persons affected with these infirmities.

They have, moreover, to supply the poor recommended by the *bureaux de bienfaisance* with bandages, laced stockings,

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suspensories, wooden legs, crutches, sounds, and urinals. They have also to furnish orthopædic apparatus, and to give gratuitous advice to all who present themselves. They have also to judge if those who apply for admission to the asylums for incurables, are really labouring under incurable diseases. They deliver to the patients fit for hospital treatment their ticket of admission, after having carefully examined them, and direct them to the hospitals which have vacant beds. All the hospitals are required to send to the central bureau every morning, a statement of the number of empty beds they have.

In the case of accidents, or sudden and dangerous illnesses, demanding immediate medical aid, the patients are received at the nearest hospital, at any hour, without going through the preliminary ceremony of presenting themselves at the central bureau. Further, patients who could not present themselves at the bureau without risk, may be admitted directly, on the certificate of the physician or of the house pupil.

The apothecaries of the hospitals are, like the members of the central bureau, elected by public competition (*concours*).

The physicians and surgeons of the hospitals are chosen by the Minister of the Interior, from a list of three names, presented by the general council, and chosen by it from the members of the central bureau. They are elected for five years, but are re-eligible at the end of that time.

The external pupils are elected by public competition (*concours*) in November. In order to be able to compete, the candidate must be eighteen years of age, and have attended at least one session of one of the faculties of medicine.

To be admitted to the competition for the place of internal pupil, the candidate must have served at least a year as external pupil, or six months only if he have been nominated to the office by the administration.

The board of examiners, who interrogate and nominate the candidates, is composed of a number (usually seven) of physicians and surgeons, chosen by lot from the medical officers of the hospitals, and the members of the central bureau.

The medical officers make their visit every morning, betwixt six and ten o'clock. Each medical officer is attended by

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several external and internal pupils, who do the dressing and execute the prescriptions. Each medical officer has under his care from eighty to one hundred patients. All day and all night there is one surgeon in constant attendance for every three hundred patients. A pupil in pharmacy is attached to every medical officer, and in the larger hospitals there is a chief apothecary, to superintend the making up of the prescriptions. The patients are attended in the wards by sisters of charity or matrons, who have under their direction a number of inferior nurses proportioned to the number of the patients.* As in our hospitals, great complaints are made of these inferior nurses, who, like our own, seem to be insufficiently remunerated.

We shall now proceed to give a brief account of the hospitals of Paris (omitting the asylums), as regards the number of beds they contain, the number of in-patients they receive per annum, and the expence of their maintenance.

Although we have before us, in the work of Dr. Meding, entitled *Paris Medical*, the statistics of the Paris hospitals for 1850, we prefer to use those of 1847, as they are given in the elaborate compilation of M. de Watteville, published by the authority of the government, respecting whose authenticity, therefore, there can be no doubt. The difference between them is not important, and can in no way affect the deductions we shall be able to draw from a comparison with the London hospitals. As the number of beds and patients treated was somewhat greater in 1850 than in 1847, it is obvious that our case would have been stronger, had we presented the statistics of the more recent date. We prefer, however, to give the government returns, although three years older than those furnished by Dr. Meding, as they are published with the stamp of authority, and unimpeachable authenticity.

* As the number of beds in the Paris hospitals and asylums is 17,517, and the number of hospital attendants (nurses, sisters, &c.) is 2156, this will give the proportion of one attendant to about every eight beds, which would seem to be rather a large proportion of attendants. In some of the smaller hospitals of France, according to M. de Watteville, there are as many as five, eight, and ten sisters, besides two or three servants, for every ten, fifteen, and twenty patients.

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Hospitals.*	No. of Beds.	No. of Patients per annum.	Daily expence of each Patient. fr.	c.
Hotel Dieu	810	12,337	1	91
Ste. Marguerite ..	300	3,340	2	15
Pitié	620	10,962	1	84
Charité	492	7,964	1	95
St. Antoine	320	5,344	2	10
Necker	329	4,705	1	91
Cochin	130	2,271	2	5
Beaujon	419	6,215	1	97
Bon-Secours	300	5,323	2	18
St. Louis	800	7,836	2	25
Midi	300	3,124	1	84
Lourcine	300	1,827	1	80
Enfants Malades ..	600	4,574	1	35
Maternité	514	7,982	2	32
Cliniques	120	3,203	2	60
	6,854	87,007		

The total income for 1847, of all the hospitals and asylums in Paris, numbering, as will be seen above, 27 establishments, was 12,690,823 francs, = £507,633. The gross expenditure for the same year of these establishments was 12,262,439 francs, = £490,497. Thus it will be seen that a good economy is exercised, and the expenditure kept considerably below the income.

The average cost of each bed in all the Paris hospitals and asylums is 700 francs, = £28.

The income of the Paris hospitals and asylums is derived from various sources. We think it may be useful and interesting to the reader, to learn what these sources are, and the

* We have purposely omitted from this list the Maison de Santé, with 150 beds, although it is under the direction of the Administration of Hospitals, because the patients treated there pay a fixed sum per day, therefore it cannot be reckoned in the same category as the free hospitals, nor be admitted into the comparison with our charities. Besides the above, a new hospital is about to be opened with 600 beds. In addition to the hospitals in the table, there are others not under the direction of the *administration*. Thus, there is the prison hospital of St. Lazare, where there are on an average 300 female patients. There are also the large military hospitals of Val-de-Grace, with 900 beds; Gros Caillou, with 440 beds; and Du Roule, with 700 beds. Adding these would make the grand total of hospital beds in Paris, where patients are treated gratuitously, 9194.

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... which we therefore present at one view in ...

		fr.	c.
Accidental Events	...	451,857	39
	...	237,666	46
	...	258,239	69
	Receipts worked by the administration ...	320,505	19
	Receipts belonging to the establishments	27,735	06
	...	38,758	62
	Grants from the state funds ...	1,607,578	85
	,, from the corporation funds ..	595,824	62
	,, from private persons ...	1,946	96
	Interest of capital in pawnbroking establishments ...	306,457	62
	Interest of funds in the treasury	23,034	33
	Voluntary grants from the corporation	3,133,174	87
	Poor-tax on public spectacles *.....	1,048,411	71
	Donations, legacies, and alms	759,589	33
	Fines and confiscations	9,694	02
	Grants in the cemeteries.....	115,501	50
	Profits from the chapels.....	3,650	50
	Produce of burials	2,895	00
	,, of work.....	210,127	30
	Sale of the effects of deceased inmates	29,557	20
	,, of old materials, bones, cinders, &c.	23,247	81
	Produce of dairies and piggeries	9,044	02
	Sale of medicines.....	149,415	89
	Various unforseen receipts	257,592	37
Repayment of expenses.	Grants of departments for foundlings	1,377,985	35
	,, ,, for lunatics ..	1,178,875	52
	Board of paying patients and lunatics	464,408	42
	Board of midwifery pupils.....	40,048	10
	Total....	12,690,823	70 = £507,633

* This is a tax of one decime (one penny) per franc on the price of admission to all theatres and daily concerts, and a like proportion on places rented for a long period. Balls, exhibitions of fireworks, and concerts which are not daily, races and exhibitions of horsemanship, where admission is by payment, have to pay a quarter of their receipts. This is the only sumptuary tax that exists in France, and it seems to be a perfectly legitimate one. It is, however, so carelessly collected throughout the remainder of France, that the whole tax raised by it throughout the country, deducting Paris, is only fr. 86,255 24c. = £3450.

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The number of gratuitous hospital beds, in proportion to the population of Paris, is nearly one bed to every 150 inhabitants.*

The Hospital System in Vienna.

The hospital system of Vienna differs in many important particulars from those of London and Paris.

The first thing that strikes us is the almost complete monopoly of hospital relief by one gigantic establishment, which alone possesses 2948 out of the total number of 3856 beds in the civil hospitals, inclusive of the Lunatic Asylum.

Another equally remarkable peculiarity is, that with the exception of the few establishments supported by religious orders, and the criminal hospitals, none of the hospitals furnish entirely gratuitous assistance.

A third feature is the apparent pains taken by government to deprive the hospital of the semblance of a charitable institution. Although the Viennese are naturally a generous and charitable race,† they are not permitted to make donations to the existing hospitals, nor to endow new ones.

The following table shows the number of beds and the number of patients annually treated in the different hospitals of Vienna, together with the cost per annum of their maintenance, as far as that can be ascertained from the documents before us.

	Beds.	Patients per Ann.	Expenditure.	Cost of each bed per ann.	Cost of each patient.
			£ s.	£ s. d.	£ s. d.
General Hospital	2214	22,153	28,022 4	12 13 0	1 4 8
Lying-in Hospital	384	5,457	3,601 10	9 7 6	0 13 2½
Sisters of St. Elizabeth ..	91	819	1,277 18	14 0 1¼	1 11 2½
Brothers of Charity	180	4,077	3,739 0	20 16 6¾	0 18 4¼
Sisters of Charity (2) ..	74	1,365	1,200 0	16 4 4	0 17 7
Inquisition Hospital	169	1,289	2,284 0	11 13 0½	1 15 2¼
Gaol Hospital.....	126	626	1,651 6	13 2 1¼	2 12 9
Jews' Hospital	40	299			
Wieden District Hospital	150	1,802			
Mauthner's Childrens' H.	36	378			
Wieden Children's Hosp..	20				
Commercial Hospital ‡ ..	22				
	3506	38,265			

* As our hospital statistics refer to the year 1847, we have used in our calculation the numbers of the census of 1846, which, exclusive of the garrison, gives a population of 1,034,096 inhabitants.

† One society alone, that of the Noble Ladies, spends between £ 7000 and £ 8000 annually in charity.

‡ The Military Hospital of the Josephinum, with 90 beds, likewise receives civil patients gratuitously, or for a small payment.

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Those hospitals only whose names are given in the above table in *italics*, give entirely gratuitous treatment. The two general hospitals do so of course and unavoidably, but it is a remarkable circumstance that the other four hospitals which are entirely gratuitous, are all supported by the private benevolence of religious orders, or associations of charitable persons.

The average cost of each patient in all those hospitals of which we have a financial statement is £1 : 3; of each bed £13.

The proportion of hospital beds to the population of Vienna is nearly one bed to every 102 inhabitants.

The regulations of the General Hospital for the admission of patients and for taxing them for treatment, are of the most remarkable character. We shall give a brief resumé of them.

The hospital is open to sick persons of all conditions, nations and religions. Those affected with chronic diseases are alone excluded, but exceptions are made of consumption, dropsy, and some other diaeases. Children under four years of age are only admitted when affected with natural small-pox. Patients are divided into three classes. Those of the first class pay per diem 1 fl. 20 kr. (2s. 8d.), those of the second class 51 kr. (1s. 8¼d.), those of the third class who belong to Vienna, 18 kr. (6⁴/₅d.), but if they are strangers they pay 22 kr. (8⁴/₅d.)

The various guilds of trade either pay a certain sum annually which entitles all their members to free treatment, or they contract with the hospital to pay by the head. If a master sends his servant to the hospital he must pay for him all the time he is there, if he retains him in his service; but if he intends to dismiss him he has only to pay for one month. If the patient is well able to pay, he enters immediately on pre-payment of a month's board. Every other patient must be provided with a magistrate's certificate stating his name, age, religion, condition, occupation, his birthplace and residence, especially if and where he has lived continuously the last ten years, whether he has relatives capable of paying for him, and who and where they are.

If a patient is quite poor, was born or has been ten years settled in Vienna, if he has no relations who can pay for him,

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if he belongs to no guild, and has no master to pay for him, he is treated gratuitously. Those patients recommended by the Vienna poor-house establishment are also treated gratuitously. Poor patients who do not belong to Vienna are also treated gratuitously, but the parish they belong to is charged with their board. Patients sent from prisons are paid for by the gaol authorities. Those from the debtors' prisons are paid for by their creditors. Poor Hungarians and Lombardo-Venetians are treated gratuitously, and this is reciprocated by the countries they come from. Austria has also an understanding with Bavaria, Saxony and Prussia to treat the poor of each other's country gratuitously. Should a poor Englishman or other foreigner however come into the hospital, his Embassy is charged with his maintenance.

The 2214 beds of the General Hospital are served by the following officers, who all receive payment.

1	Director at a salary of	£300	per annum.
1	Vice-director „	£230	„
6	Head-physicians „	£125	„
5	Head-surgeons „	£108	„
12	Assistant-physicians	£12 : 10	„
9	Assistant-surgeons „	£18	„
30	Dressers „	£4 : 2 : 6	„

The averages of the salaries of the five last classes are given. Those of the three last classes seem ridiculously small, but when we take into calculation that they receive besides board and lodging, coal and candle, the post is not so contemptible.

The Director and Vice-directors have nothing to do with the patients, and the dressers have no independent charge of patients. The 2214 beds are therefore distributed among the thirty-two physicians and surgeons, which would give an average of one medical officer to nearly every seventy beds.*

The foregoing general account of the different hospital systems, and the amount of hospital accommodation in London, Paris, and Vienna, cannot fail to give rise to numerous reflections as to the comparative merits of the different plans pursued, and to suggest grave doubts as to the perfection of the system prevalent in this country.

* Our statistics relative to the Vienna hospitals are taken from Herzig's *Medicinische Wien*, and the salaries of officers from Wilde's *Austria*.

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The hospital accommodation for the sick poor in London is divided almost equally* between that afforded by the Poor Law system and that provided by the charitable institutions.

It is very desirable that the hospital system of a large city should be on one general plan, and that the best possible. The two very different plans that obtain in London cannot be equally good, but it is not so clear that they may not be equally bad—equally removed from the best possible.

The management of the workhouse hospitals differs in the most marked degree from that generally prevalent in the large charitable hospitals, and is open to some most obvious objections. The 3389 beds they contain are distributed among 38 hospitals, which contain as a minimum 25, as a maximum 202 beds, or, counting double beds as two, 240. The hospitals containing the smaller number of beds are much too small to serve any useful purpose as places of instruction, and those with 100 beds and upwards are, as far as we know, never used for the instruction of students, so that all the enormous material they offer for the study of pathology and therapeutics is, we may say, completely lost to science. No medical journal ever describes the practice of the workhouse physician, or gives a description of the remarkable cases of disease occurring in the workhouse hospitals. No annual report is published containing the statistics of the maladies observed and treated in those establishments. The 3389 beds are there filled to overflowing with their interesting pathological studies, but they are as if they existed not; for, with the exception of the medical officers, the guardians, and occasionally a curious parishioner, who pokes his unwelcome nose into the wards to sniff out some deficiencies on which to found a charge of neglect at the next vestry meeting, nobody knows, nobody seems to care for knowing, anything about the patients treated in the workhouse hospitals.

Another highly objectionable—we may say disgraceful—practice in the workhouse hospitals, is the multitude of double beds

* The number of beds in these charitable institutions appears to be 1000 more than those in the workhouse hospitals, but the difference is not nearly so great as this, for while the beds of the former are rarely nearly all occupied, more patients are received in the latter than there are proper beds for.

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they contain. Can anything be imagined more revolting to the feelings of a patient suffering from a painful disease than to have for his bedfellow another patient equally unwell, perhaps suffering from some loathsome and disgusting malady?

Another feature in the workhouse hospitals that strikes us is the great inequality that exists in the amount of medical attendance furnished by the various Unions. Thus in the St. Olave and Rotherhithe Unions there is 1 medical officer to 25 beds, whereas the Greenwich Union which contains 201 beds has only 1 medical officer. M. de Watteville in his report to the Minister of the Interior of France, already alluded to, says, and in this we are disposed to agree with him, that 40 beds are quite as much as one medical man can efficiently serve. If that be the case, then Greenwich presents us with the spectacle of one medical man having five times as many patients as he can properly attend to.*

The third point in these Union hospitals that appears to us extremely objectionable is the plan almost universally prevalent, of allowing the medical officer to furnish by contract the medicines used in the hospital. This plan, as the Parliamentary Report we have before referred to says, "places the duties and the interests of the medical officer in very unfavorable contrast." It does more, it offers a premium to him to withhold from the patients the medicines he might, were they not of an expensive character, deem expedient to provide for them, Whether this is the result we are not prepared to say, but the temptation to save his pocket at his patients' expence is too great to expose the medical officer to. That it is found to be the most economical plan is evident from the number of Unions that have adopted it, but we cannot help thinking that its cheapness is more a matter of consideration with the guardians than its advantages to the sick. According to the Report before us only five workhouses have their own dispensaries. The sooner they are all compelled to adopt this plan the better for their credit for humanity and common sense.

The next circumstance that surprises us not a little is the fact that 22 out of the 38 workhouse hospitals have no regular

* Worse still is the Whitechapel Union with 140 single and 50 double beds = 240 beds, with but one medical officer.

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nurses. The duties of attendance on the sick are performed by inexperienced paupers, in consideration of some slight extra articles of diet, perhaps an extra glass or two of beer or ounce of tobacco. In these days when there is so much talk about properly trained nurses, it does look rather ludicrous to find the guardians of our sick poor practically avowing their belief that a very good nurse may be extemporised out of a pauper by a little extra feeding. Naturalists tell us that queen bees are manufactured out of common bees by feeding them on a particular kind of food, perhaps our parochial busy bees would be good enough to inform the world in general, and the promoters of the Nightingale fund in particular, what is the dietetic process to which they subject their inexperienced paupers in order to convert them into efficient sick-nurses.

But there is more against the Union workhouses than what appears in the table we have drawn up. In the report to which we are indebted for our information on the foregoing points, we have a sad account of the actual condition of the wards in the workhouse hospitals. Without one exception the ventilation in all is stated to be "defective," "imperfect," "very defective," "none at all," or "injurious." Many of them have a very insufficient supply of space for the number of patients crowded in the wards. No less than 23 of the hospitals are in the immediate neighbourhood of nuisances of the most offensive and unwholesome description, such as cess-pools, slaughter-houses, tallow-melters, nightman's-yards, dust-heaps, burying-grounds, open sewers, and other horrors. In fact, what with imperfect ventilation, and other anti-sanitary conditions, most of the Workhouse hospitals must be most unfavourable for the restoration to health of the unfortunate patients conveyed into them, and some of them seem to possess such an accumulation of bad influences that they can be little better than pest-houses.

We may safely say of the workhouse hospitals that they are as far as possible from realizing the ideal of model hospitals. All the defects in them we have pointed out are mainly owing to the niggardly economy insisted on by the guardians of the poor, in order to save the pockets of the parishioners. Hence the imperfect, ill-ventilated, ill-situated, crowded houses. It would cost too much to erect a building expressly adapted for

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hospital purpose, in a salubrious situation, with lofty wards, separate beds, sufficient medical attendance, dispensaries, well-trained and well-paid nurses. Therefore it is we find crowded, unwholesome wards, double beds, one medical officer to attend on an inconceivable number of patients, a contract with the medical officer for the medicines used, and a general lack of trained and paid nurses.

As the Poor Law system proves such a miserable and inefficient purveyor of hospital accommodation for the sick poor, we must decide against it being entrusted with the sole administration of our hospitals.

And yet the principle of supporting hospitals by a rate upon the inhabitants of a town or parish appears a good one, and we are unwilling to abandon it entirely, because it proves such a wretched failure in the hands of our parochial authorities. Under the present system, the principle of a hospital-rate has not fair play. We must remember that there is no special rate collected for the sick, but one general parochial rate for all the workhouse management. Now as the great object of the parochial authorities is to keep down the rates, they cut down the expences of workhouse management as much as ever they can. The workhouse hospital offers a fine field for the exercise of a skin-flint economy, and it must be allowed that the facts we have adduced shew that the guardians of our poor are adepts in the art of paring off everything that would increase the expences of the hospital management.

If hospitals are to be supported by a rate, it must be by a rate collected for that purpose alone, and managed by a separate body of guardians, or by some other authorities who shall consider the actual requirements of the poor and of medical science more than the feat of reducing the rate by a farthing or a halfpenny.

Let us now turn to the charitable hospitals, and examine the system on which they are conducted and maintained.

We find that they present the most marked contrast to the workhouse hospitals in every respect. They (we speak of the large general hospitals, and of some of the more important, special ones) are generally noble buildings, situated in salubrious localities, their wards are lofty, well ventilated, clean and

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inodorous; thay have every convenience of bath, water-bed, spring couch, well stocked dispensary, scrupulously clean linen, the best of beds and bedding, skilful medical officers in plenty, resident surgeons, diligent dressers, well-trained nurses, matrons, chaplains, in short, a perfect luxury of all the means calculated to mitigate the sufferings of patients, and to restore them to health. No expense is grudged in keeping them up to the mark of the latest improvements in hygienic science. The food provided is of the best description, no limit is imposed on the quantity of wine or other stimulants the doctor may see fit to order, the most expensive medicines may be prescribed in any quantity the medical officer deems necessary. In fine, the charitable hospitals differ as greatly as possible from the workhouse hospitals in everything that regards the comfort and requirements of the patients.*

May not then our charitable hospitals be regarded as models worthy of imitation, by which the workhouse hospitals ought to take an example? In all that regards the comfort and care of the patients, the charitable hospitals may be considered as leaving nothing to be desired. If we were to find fault at all, it would be to accuse the boards of management of providing almost too profuse a supply of the articles required in their hospitals, of allowing almost too much space for each patient, of exercising too little control over the delicacies, luxuries, and expensive medicinal means ordered for the patients; which perhaps serve only to render the contrast to their own miserable homes more keenly felt by the poor patients, and to offer a temptation to malingering. But we cannot quarrel with the management for providing more liberally for the wants of the patients than is absolutely necessary, if they have a sufficiency of funds. If however the extravagance of the management of

* To shew the difference between the hygienic character of the Workhouse wards and those of the charitable hospitals, we may mention that while the former, with very defective and sometimes with no ventilation, have an average of between 400 and 500 cubic feet of air per patient, the latter with the most efficient and scientific ventilation have in some cases as much as 2000 cubic feet of air per patient, and seldom less than from 600 to 800 cubic feet. In one of the wards of a Workhouse hospital (Christ Church) where the ventilation is described as being "very defective," the amount of cubic feet of air per patient is stated to be only 132 feet!

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these hospitals lessens the amount of accommodation they are capable of providing, and that is required by the sick-poor, then we think that the subscribers and trustees should insist on a more careful economy of their funds by the managing boards.

We have no means of comparing the cost of the management of our charitable hospitals with that of the workhouse hospitals, and indeed the shabbiness of the latter is even more censurable than the lavishness of the former; but we may very properly compare the expenditure of the London charitable hospitals with that of the Paris hospitals, for in both capitals the cost of the necessaries of life may be considered nearly equal.

We find then that the average cost of a bed in all the London charitable hospitals is £41 per annum, whereas in the Paris hospitals, reckoning asylums, foundling hospitals and all other institutions under the hospital administration, it is only £28 per annum. Again, the cost per patient in the London hospitals is £4 : 9 : 9½ per annum, and in the Paris establishments just alluded to, it is £4 : 10 : 8. But though in our comparison of *beds* it does not much matter including all the establishments of Paris under the hospital administration, it is very different when we come to compare the cost of *patients*. For it is clear that while the average period of the sojourn of patients in hospitals is from three to four weeks, that of lunatics in asylums is much greater (amounting in Paris to 238 days), and that of the aged, incurable, orphans, and foundlings, greater still. We must therefore compare hospitals with hospitals in order to arrive at an accurate comparative result. Let us take the first hospitals at the head of the lists of London and Paris hospitals, Bartholomew's and the Hotel Dieu, to which we may add for curiosity's sake, the Vienna General Hospital. We find the following to be the comparative cost of their respective management.

	Expenditure.	Cost of each Bed per annum.	Cost of each Patient per ann.
Bartholomew's	£29,000 0	£50 0 0	£5 0 4¾
Hotel Dieu	£22,177 16	£27 7 7	£1 15 9½
Vienna Hospital..	£28,022 4	£12 13 0	£1 4 8

At present the Vienna hospital may be left out of view, in

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consequence of the greater cheapness of living in that capital. The enormous disproportion however between the cost of maintenance in the London and Paris hospitals is something quite surprising. In the London hospital the cost of maintenance of each bed is nearly twice as great as it is in the Paris hospital, and the cost of each patient nearly three times as much. It will be observed by the reader, if he will take the trouble to run his eye over the table of the London hospitals given in a former page, that with some noteworthy exceptions, the management of the large endowed and partially endowed general hospitals (Bartholomew's, St. Thomas's, Guy's, St. George's) is much more extravagant than that of the purely voluntary general hospitals. The most striking exceptions to this rule are afforded in the case of the London hospital, which is dependent for less than half its income upon voluntary subscriptions, where the cost per bed is actually somewhat less than that of the Hotel Dieu, and the cost per patient is only about 16s. per annum more. The other exception is the Royal Free Hospital, where the cost per bed is £71 : 17 (about 2½ times as much as the Hotel Dieu), and the cost per patient is £7 18 7¼ (more than four times as much as the Hotel Dieu*).

Another point that must strike the most casual reader, is the amazing disparity between the number of patients treated in proportion to the beds in the London and in the Paris hospitals; and moreover London is considerably behind Vienna in this respect. Thus we find that

In London....	38,126	patients are treated in	4,242 beds	=	8—9 patients per bed
In Paris.....	87,007		6,854 „	=12—13	„ „
In Vienna....	38,265		3,464 „	=11—12	„ „

Were the London hospitals to treat a number of patients in proportion to their beds equivalent to the Paris hospitals, their 4,242 beds would receive 53,995 patients per annum in place of the above number.

* We have calculated from De Watteville's Report the expences of some of the other hospitals of Paris, which do not greatly differ from that of the Hotel Dieu.

	Expenditure.	Cost per Bed.	Cost per Patient.
La Pitié.....	£16,340	£26 7 1	£1 9 9¾
La Charité....	13,036	26 9 11	1 12 8¾
Ste. Marguerite	8,058	26 17 2¼	2 8 2¾
St. Louis.....	23,463	29 6 6¾	2 19 10¼

The last is the most expensive hospital in Paris, and it is scarcely fair to compare it with the general hospitals, it being more especially for skin diseases.

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This calculation will appear more free from objection if we confine ourselves to the chief hospital in each of the three capitals: thus—

In Bartholomew's 5797	patients are	580 beds	= 9—10 patients per bed
In Hotel Dieu....12,337	annually	810 „	=15—16 „ „
In Genl. H. Vienna. 22,153	treated in	2214 „	=10 patients per bed.

Were Bartholomew's to treat the same proportion of patients as the Hotel Dieu, 8833 patients should annually be relieved within its walls in place of the above number.

The cause of this great disparity in the proportion of patients to beds in London and in Paris is two-fold. In the first place the average duration of the sojourn of patients in hospital is much longer in London than in Paris. Thus in 1850 in 11 of the general hospitals of London, the patients remained on an average 34 days in hospital,* whereas in 16 Paris hospitals the average period was only 24 days.† Why this should be we are greatly at a loss to determine. It cannot certainly be owing to the greater mortality in the Paris hospitals, for we find that in the years to which these reports respectively refer, the mortality in the London hospitals was 1 in 12, and that in the Paris hospitals was 1 in 11.

The other cause of the disparity is the fact that the beds in the London hospitals are seldom if ever all occupied. Thus, in Bartholomew's, the average number of beds occupied is 520 out of 580, in Westminster 151 out of 174, in Guy's 500 out of 550, in London Hospital 330 out of 400, and so forth.‡

The usual cause of the beds not being all occupied must be insufficiency of funds. As regards the large endowed hospitals, we have shewn that the incomes they have are sufficient, if economically administered, to support nearly twice the number of beds they now do. With respect to the voluntary contribution hospitals, their income is so very uncertain, and the projects of their managers are usually so much in advance of the means at their disposal, that every now and then they are forced to shut up a ward or two, to prevent themselves getting hopelessly into debt.

The lavish expenditure of the endowed hospitals shews clearly that their present system of management is very faulty. There

* Weekly Return of Registrar-General, May 17, 1851.

† Watteville's Rapport, p. 354. ‡ See Low's Charities.

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seems to be no controlling power to watch over the acts of the managing directors, hence extravagance is without a check, and the enormous resources of these benevolent foundations scarcely perform one half the good they are capable of effecting under a system of strict economy. In order to obtain from them the amount of good their immense resources are calculated to effect, they must be subjected to controlling authority more efficient than their present merely nominal one.

As regards the system of voluntary contributions for the support of general hospitals, we think it objectionable in principle and bad in practice. Not that we are at all opposed to institutions supported by voluntary contributions, in the abstract, but we hold that general and necessary hospitals are improper subjects for such a system of support. A great many fine things may be and undoubtedly have been said respecting the eminently christian virtue of charity in relation to hospitals, but we hold that the hospital accommodation required by the sick poor should not be left to the support of the charitable. The sick poor have as much right to relief and succour as the healthy poor. This right is acknowledged by our Poor Law system, and partially met by the establishment of Workhouse hospitals. But we contend that no portion of the relief of the sick poor should be left to the uncertainties and vicissitudes of eleemosynary institutions.

The voluntary contribution plan is at once the most expensive and the most precarious that can be adopted for the support of any institution. The virtue of charity which we English fondly think we possess in a superlative degree, has very little to do with the matter. At all events it is elicited by very strange methods. Subscribers are bribed by the offer of so many recommendations to the hospital for every guinea subscribed; this induces many to contribute for the sake of being able to send to the hospital their sick servants and poor dependents, whereby they may be saved considerable expense. But this bribe is not sufficient to elicit a sufficient amount for the maintenance of the hospital. Accordingly those most actively interested in its success, pester unweariedly all with whom they come in contact for subscriptions and donations. Circulars are printed by thousands and dispatched through the post, and the wants and

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merits of the hospital are advertised in the newspapers as pertinaciously as Holloway's pills. Meetings are held presided over by noble lords. Annual dinners are given at the London Tavern, in the hope that the generous fare partaken of may induce the guests to come forward liberally in support of the excellent charity. Concerts, balls, raffles and sermons are all enlisted on behalf of the hospital, and yet after all we find on looking through Mr. Low's book, that almost all the hospitals supported by voluntary subscriptions are struggling to maintain their very existence. Thus Middlesex Hospital spends £2000 more than its income; the Royal Free Hospital is in a chronic state of debility, and is unable to occupy one half of the building. King's College has an expenditure in excess of its income. The sufferings of University College Hospital and St. Mary's are notorious, and even the well-endowed London Hospital is on the point of shutting up a wing for want of funds. In fact the voluntary system shews itself to be precarious in the extreme, and it would not astonish us to find that during the past year, what with the demands on our purses made by the Crimean Army Fund, the Patriotic Fund, the Nightingale Fund, the double income tax and the high price of provisions, the incomes of the hospitals dependent on voluntary contributions have fallen lower than ever.

The immense sums of money spent in printing, advertising, and dining, are all sheer waste. The two former items go to swell the bill of expences of the hospital (hence, perhaps, the enormous proportional expenditure of the Royal Free Hospital, which is the most expensively managed, and at the same time, the most extensively advertised hospital in London). The expence of the dinner falls on the guests; and less than £2,000 per annum cannot be spent in London for hospital dinners alone. This sum goes to enrich the coffers of Messrs. Bathe & Staples, but is completely lost to the hospitals. These dinners are generally considered a great bore by every one; and yet no better method has been yet invented for loosening the purse-strings of the rich.

With all these aids and appliances, the requisite amount of subscriptions cannot be squeezed out of the pockets of indifferent or unwilling individuals; and the principal supporters of

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the hospital are compelled to have recourse to the unpleasant task of personally importuning their friends for pecuniary assistance; and how disagreeable this is, those only know who have attempted it.

You attack your rich friend, expecting possibly, that no sooner shall you have mentioned the excellent institution you are interested in, than down goes his name for a good round sum. What is your disappointment and disgust when you find, that the more you expatiate on the excellences of the hospital, the more Mr. Crœsus screws up his features into a set expression of determination not to give anything. You persevere, and perhaps your effusion of fervid eloquence is rewarded by the donation of a paltry guinea, which is only bestowed from a wish to put a stop to your importunity; and you are made to feel as if the rich man were conferring a personal favour on yourself. And this is called "charity;" and such extorted guineas are termed "voluntary contributions." Oh greatest of the christian graces, what meannesses are called by thy sacred name! The charity and voluntariness of the transaction are on a par with those of Gil Blas, when he bestowed his reals on the soldier who begged from him with a blunderbus levelled at his head. The frequent recurrence of such incidents as this will soon put the most enthusiastic advocate for charitable hospitals out of conceit with the "voluntary contribution" system. We do not find fault with Crœsus for his stinginess, for it is in the nature of many men, and especially of rich men, to make a great to-do about giving away any money when they are not compelled to do so; but we find great fault with the system which allows Crœsus to get off with his guinea, or, if he is very resolute, scot-free; while a more generous, but poorer man, gives his five or ten pounds, which he can, perhaps, ill spare; whereas, were a proportional tax levied on the community for the support of hospitals, Crœsus would have to pay his five or ten pounds, and the other perhaps a guinea only, or even less.

Let us now examine the hospital accommodation of London in reference to its total amount, and to the wants of the sick poor.

We find, then, that the total number of hospital beds in London at the service of the sick poor, is 7723, affording accom-

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modation to 7940 patients.* On comparing this with the hospital accommodation of Paris and Vienna, we find the following remarkable difference in the relative proportion of hospital beds in the three capitals :—

	Hospital Beds.	Population.	Proportion to Population.
London	7940	2,362,236	About 1 bed to 297 inhabitants.
Paris†	6854	1,034,096	„ „ 151 „
Vienna‡	3506	357,927	„ „ 102 „

This remarkable inferiority of hospital accommodation in London as compared with Paris and Vienna, would seem to imply, that if the proportion of sick poor in our metropolis be not much less than it is in the other two capitals, the number of hospital beds in London must be greatly below the requirements of the community: and such, indeed, is the case; but the mode in which our hospitals are managed serves to deter a large number of those who would seek admission into them were the admissions regulated on another plan.

Thus the workhouse hospitals are in such bad odour with the poorer classes, that it is only the direst necessity, and the utmost extreme of poverty and sickness, that force them into these repulsive establishments. The account we have been enabled to furnish of these hospitals will sufficiently justify the prejudices of the poor against them.

Then, as regards the charitable hospitals, there are forms and ceremonies attending admission into them—except in the case of the very seriously ill—that keep back many poor patients, who might derive much benefit from careful hospital nursing, from attempting to gain entrance into them. In most, perhaps in all, cases of very serious, especially acute disease and accidents, are admitted without difficulty, if there are any beds vacant; but less serious cases must either be at the trouble of seeking a letter of admission from some governor, which savours very much of begging an alms, and is repugnant to many of our poor, but proud citizens, or they must take their chance of being

* In consequence of 217 of the workhouse beds being double.

† The population is the census of 1846; the beds are from Watteville, and refer to 1847.

‡ We have not reckoned among the beds in Paris and Vienna those of the Military hospitals, nor of the Penitentiary hospital of St. Lazare in the former town; and we have given the numbers of the population exclusive of the garrisons.

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thought of sufficient interest to obtain the favour of admittance from the attending medical officer. The letters of recommendation of governors and subscribers are, of course, first attended to, and if any vacant beds remain after these are supplied, some of the unrecommended may be admitted; but very frequently it happens, that after hours of weary waiting, the patient is dismissed with the disheartening words,—"No more vacant beds;" and he returns home, either to struggle on as an out-patient as best he may, or to become eventually an inmate of the abhorred workhouse hospital. Hence it is that the charitable hospitals are tenanted by quite a different class, generally speaking, than that which fills the workhouse hospitals. The governors and subscribers send thither their sick servants and workpeople. Those who have the happiness of an acquaintance with a governor, are sure of admission; but the very poor are seldom known to the class of hospital governors, and they know not how to obtain letters; hence they are compelled, when sick, either to wait and wait in wearing-out uncertainty among the crowd of applicants at the charitable hospitals, in the hope of being admitted there by favour, or to seek their very inferior Union hospital, where they are admitted by right—*i. e.*, if the doctor approves of them as fit cases for hospital treatment, and there is room in the workhouse.

How very much superior the Paris system, in regard to the facilities it offers to the admission of the sick poor into hospital, and the consideration it pays to their feelings. The patient (we allude not to those very dangerously ill, who are admitted directly into the hospital), applies to the central bureau, where he undergoes a medical examination, and, if judged a fit case for in-door treatment, he is at once directed to the hospital suitable for his malady. In this there is nothing degrading to the patient. The hospital is an institution of his country which he has a right to make use of when he may require it. He does not look upon it as an eleemosynary establishment. It is very different with our hospital system. The greater number of our hospitals are charitable institutions, and to be admitted into them at all, the patient (unless, as before said, his case is one of urgency), has to beg a letter of recommendation from a governor, or to address

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a humble and degrading petition* to the governors of the hospital. If he object to hospitals which put him in the position of a humble suppliant for alms, he can claim as a right parish relief, whereby he is at once made to bear the stigma of pauperism, and is received into a crowded, ill-ventilated ward, where the nurses are untrained paupers, and where the medical officer physics him by contract.

It may, perhaps, be objected, that if the hospital accommodation were greater, and the facilities of admission into them increased, it would fare ill with the medical practitioners, as many who now pay for medical attendance would enter the hospitals, and thus save their doctors' bills. Were this objection founded on reason, we should naturally expect to find in those towns where the proportional hospital accommodation is greater, the proportional number of medical men less than in London. How far this is from being the case, the following figures will prove :—

Proportion of Beds to Population.	No. of Medical Men.	Population.	Proportion of Medical Men to Population.
London,† 1 bed to 297 inhabitants	2615	2,362,236	About 1 to 904 inhabits.
Paris,‡ „ 151 „	1441	1,058,262	„ „ 731 „
Vienna,‖ „ 102 „	551	357,927	„ „ 649 „

Thus, it will be observed, that the towns which possess the greatest proportional number of hospital beds, also possess the greatest proportional number of medical practitioners.

The hospitals in Vienna being conducted on quite different

* The following is the form of petition in use at Bartholomew's:

"To the worshipful the President, Treasurer, and Governors of St. Bartholomew's Hospital. The humble petition of ——, residing at ——, in the Parish of ——, sheweth, that your Petitioner is afflicted with ——, and is likely to perish without the charitable assistance of this house; therefore humbly prays to be admitted into the said hospital for cure; and, as in duty bound, will ever pray."

† The number of medical men is that given in the *Medical Directory* for 1852; the population is the census of 1851.

‡ The number of medical practitioners is taken from the *Parisian Medical Directory* at the end of Dr. Meding's "Paris Médical," 1853. The population is the census of 1851.

‖ The number of medical men, and the population, are those stated by Dr. W. Herzig in his work, "Das Medicinische Wien," already referred to.

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principles from those of Paris and London, do not allow us to make a perfectly fair comparison of that town with our metropolis; but the same objection does not apply to Paris, where the hospital beds, like our own, are gratuitous. The above figures shew clearly that increased facilities for obtaining admission into hospitals does not diminish the number of medical practitioners required by the paying part of the population.

To what, then, is owing the much less proportional number of medical practitioners in London? We are in the habit of believing that London is a much richer town than Paris. The cost of living is pretty much the same in both towns; and the fees in London are supposed to be much larger than those given in Paris. How, then, is it that the supply of medical practitioners is proportionally so much smaller in London than in Paris? We believe that more than one cause is in operation to keep down the numbers of our profession in our metropolis. One very obvious one is the unrestricted free trade in physic that exists in England. London abounds in unlicensed practitioners;—they are not allowed in Paris. In London prevails a kind of practice which is unknown in Paris—we mean counter practice. In the phraseology of the poorer classes, every chemist's shop is a "doctor's shop," and every chemist is looked upon as a doctor, and we may add, looks upon himself as such, and prescribes accordingly. These unlicensed and unregistered, and unlegalized practitioners take away from the diplomaed, and legally qualified medical man, a vast amount of practice.

But there is another agency at work which interferes greatly with the remunerative practice of medical men; and that is, the vast number of free dispensaries in London, which, together with the dispensary practice of the hospitals, do an enormous quantity of gratuitous practice. Thus we find, that 68 hospitals and dispensaries in London, of which we have before us the reports, give advice and medicine gratuitously to 643,451 patients per annum. This enormous figure does not represent nearly the actual number of patients gratuitously treated in London, for of several of the dispensaries and hospitals we have no account; nor does it include the immense numbers of out-door hospital patients treated at the 38 workhouses: moreover a very large number of the medical practitioners of London (especially

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the younger ones, who have little paying practice, and much leisure time), give gratuitous advice at certain hours. We are sure we do not overstate the facts when we affirm, that gratuitous medical advice (in which we include the patients treated in hospital, numbering 38,506 in the charitable hospitals alone), is annually given to a number of patients equal to at least one-third of the population of London. This will be the more readily believed when we mention some curious statistics of a single one of the London hospitals, as recently furnished by Dr. Guy, one of its medical officers. The hospital books of King's College Hospital for the year 1854 shew, that the number of cases treated in that year from the parish of St. Clement Danes amounted to two-fifths of the whole population; from St. Mary-le-Strand, the same proportion; from St. Dunstan and the Temple, one-fifth of the population; from St. Giles, one-sixth; from the Liberty of the Rolls, one-tenth; from St. Paul's, Covent Garden, one-tenth; and from other parishes respectively, tenths, twelfths, fourteenths, &c., to fiftieths, according to their distance.*

The calculation we have made does not include the so-called provident dispensaries, where, by a weekly payment of some trifling sum (generally one penny), the members are supplied with advice and medicine, if requisite, at their own houses.

Of course it is impossible to believe that one-third of the population (the number we may safely assume to avail themselves of gratuitous advice), can be paupers. That an immense proportion of these gratuitously treated patients are persons well able to afford to pay for medical attendance, is well known; and the King's College statistician to whom we have referred, acknowledges this—a fact which is, moreover, known to all who were ever connected with a dispensary in London. No control —or at least no efficient control—is exercised over the admission of persons as out-door patients of our hospitals, or recipients of medical aid at our dispensaries. The consequence of this is, that medical men are, as it were by their own act, deprived of the remuneration they might otherwise obtain for their services; and as long as they consent to act so inimically to their own interests, the great mass of patients will impose on their gene-

* *Household Words*, Dec. 15, 1855.

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... and prefer to receive the advice of the renowned medical ... of a public institution for nothing, rather than pay for that of a less known practitioner.

When we state that one-third of the population annually avails itself of gratuitous advice, it must be remembered that this is not one-third of the sick, but one-third of the whole population, sick and well. Now, when we remember that a very large proportion of the population do not need, and do not seek medical advice in the year, we shall then be able to imagine what a vast proportion of those actually requiring and seeking medical advice this third of the population implies, and what a small margin of paying sick must be left to remunerate the 2,615 medical practitioners of London, a large share of whom is, moreover, diverted from the legally qualified practitioners by the unlicensed practitioners and chemists. No wonder, then, that the ratio of medical practitioners to inhabitants is so low as we have shewn it to be;—rather, indeed, is it a wonder that, with so many channels diverting away the stream of patients, enough still remains among his quota of 904 inhabitants, to afford the legally qualified practitioner the means of subsistence.

This gigantic abuse of so-called charity seems to be on the increase every year. Less and ever less supervision is exercised over the admission of improper persons to the benefits of our dispensaries, which were designed for the poor alone. The consequence is, that thousands who are well able to pay for advice, get as much as they require without paying for it;—nor can we wonder at their doing so—the opportunity is too tempting to be resisted. If a few dozens of tea shops were established in different parts of the metropolis, where tea was dispensed gratuitously to all who pretended to be unable to pay for it, can we doubt that many would falsely set up that pretension in order to get their tea without spending their money? This case seems to be precisely analogous to that of our system of gratuitous advice, and medical men have themselves to blame if they find their practice yearly diminishing.

That medical practitioners are pretty generally experiencing a decline in their practice is pretty evident, as well from the private confessions of individuals, as from the public complaints of many in the medical journals, and especially from the persever-

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ing efforts that have been made of late years for getting a bill through Parliament for the protection of medical men. They are mistaken, however, when they ascribe, as they pretty generally do, this decline of their practice to the prevalence of homœopathy and hydropathy, for these heresies can divert but a small proportion of patients from the ordinary practitioner; and moreover, as their professors are, almost without exception, members of the established colleges, and consequently legally qualified medical men, the patients they attract are not lost to the profession. We may safely venture to say, that the practice of all the two hundred homœopathists in Britain does not equal that of fifty popular allopathic practitioners we could name; and that of the sixty-two homœopathists of London, is greatly outnumbered by a dozen of the leading allopathists of the metropolis.

The decline of medical practice will not be remedied by any bill like the one at present before Parliament, which is a clumsy attempt to injure homœopathists, but which leaves the great question of unlicensed practice by quacks and uneducated chemists entirely untouched,—for what do these gentry care for a vague threat of exclusion from public appointments, to which they never could aspire; or for penalties imposed for calling themselves "legally qualified" practitioners, which they have no need to do.

Nor is the remedy proposed by a late writer in one of our allopathic contemporaries,—that physicians should double their fees—a whit wiser. This scheme would rather have the effect of driving more patients to the dispensaries, where the most celebrated practitioners, and perhaps the writer himself, may be consulted without either double or single fee.

The real remedy for that loss of profitable practice of which our allopathic colleagues complain, is to be found in placing proper restrictions on the admissions to gratuitous dispensaries. How this is to be done it is none of our business to point out, and would be foreign to the purpose of this paper, from which the subject of dispensary practice is, in fact, a digression.

When we compare the hospitals of London and Paris, we are struck by the immense difference there is in the accommodation provided for even special diseases in the two towns; and the

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comparison redounds greatly to the advantage and humanity of our French neighbours.

Thus, while London possesses but one special hospital for syphilitic patients, male and female (the Lock), containing only 50 or 60 beds, Paris has two large hospitals,—one for males (Midi), and another for females (Lourcine), each containing 300 beds, besides a number of wards for syphilitic patients in St. Louis. Syphilitic patients are doubtless received into the general hospitals in London, but surely it is more advisable that such diseases should be treated in special establishments. The London Lock Hospital has a rule which we cannot help regarding as a refinement of prudery, suitable perhaps for a reformatory, but quite unworthy of a soi-disant hospital—it is, that no patient will be received a second time on any recommendation.

Again, London possesses but one hospital (Hospital for Sick Children, Great Ormond Street), where sick children are received, containing the insignificant number of 30 beds.* Paris has a large hospital (Enfants Malades), containing 600 beds for sick children.

London has three Lying-in hospitals (Queen Charlotte's, British, and City of London), containing in all—certainly not above, probably below, 100 beds. Paris has one large hospital (Maternité), with 514 beds; another hospital (Cliniques de la Faculté), provides from 90 to 100 beds for accouchments. Some of the larger hospitals in London have wards for lying-in women, but we are unable to ascertain to what extent accommodation is afforded to them; there is, however, no doubt that it is neither comparatively, nor even positively nearly equal to that of these two Paris hospitals. A great many cases of midwifery are attended by the students of the hospitals at their own houses, no doubt; but this is a very different thing to the poor patients from providing them with a comfortable bed and the superior attendance of a hospital.

In London, the hospital treatment of skin diseases is represented by two wards (number of beds not stated), in the di-

* The Royal Infirmary for Children, Waterloo Bridge Road, is said to be capable, with a few alterations, of containing 80 beds; but we have no reason to suppose that it does yet contain any; and as its funds are stated to be very limited, there seems small hopes of its taking in sick children for the present.

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minutive Hospital for Diseases of the Skin, in Bridge Street, Blackfriars. What are these few beds compared with the Hospital St. Louis in Paris, with its 800 (now 825) beds, devoted chiefly to cutaneous diseases? This enormous hospital likewise receives patients affected with scrofula, rheumatism, and syphilis; and has a large provision for cases of accidents and wounds.

London has a special hospital for fevers, which Paris has not; nor is its utility very evident. London has special hospitals for consumption, and diseases of the chest, which Paris has not; but it is not very apparent why diseases of the chest should have a special hospital. Moreover, we may rest assured, that a very large proportion of the diseases treated in the general hospitals are of the chest, and the special hospitals for these affections are ridiculously small, incapable of accommodating a tithe of the patients suffering from such diseases.

London has a special hospital for small-pox, which Paris has not. It is a question, however, if vaccination were efficiently carried out in London, whether a small-pox hospital would be required. In London, be it remembered, the deaths from small-pox are 16 per 1000 deaths; whereas, in Bohemia, Lombardy, Venice, Sweden, and some other countries where vaccination is more generally performed, the deaths from small-pox are only from two to three per 1000 deaths; and yet London has the smallest ratio of deaths from small-pox of any part of Britain. In some parts of our country the ratio is as high as 60 per 1000. (See Parliamentary Paper—*Report on Small-pox and Vaccination, 3rd May*, 1853.)

London has several special ophthalmic hospitals—the largest of which has only 30 beds. Paris offers nothing similar, but Vienna has ophthalmic wards in two of its hospitals, containing 42 beds between them.

London has four orthopædic hospitals, containing, among them, 68 beds. Paris has no special orthopædic institutions of a gratuitous character, though this is a branch of the medical art that is not neglected in the general hospitals.

There has for several years past been a talk of establishing in London a hospital for incurables. Paris has two such

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hospitals, containing between them 1077 beds,—a number London can never hope to reach, on its present system, in a century. As such a hospital bears more the character of an asylum, we have not quoted it in our list of Paris hospitals. Our incurables and many of our curable poor affected with chronic disease are tenants of the workhouses, and utterly neglected as far as medical treatment is concerned.

In the preceding pages we have given as detailed an account as is necessary of the hospital systems of our own capital, and of Paris and Vienna. We have, we think, clearly shewn that there are some parts of our hospital system that are not as good as they might be. We have shewn that the Poor Law system furnishes, in London at least, a style of hospital relief that is a disgrace to our refined and civilized age.*

We have shewn that the endowed hospitals, though exceedingly rich, do not afford an amount of hospital accommodation commensurate with their enormous incomes;—in other words, they are most extravagantly conducted.

We have shewn that the system of voluntary contributions for the support of a hospital is a delusion, its charity generally a farce; and that it is unable to maintain an adequate income for the support of the hospital without resorting to sundry shifts and contrivances that are far from dignified; and even with these unworthy devices it seldom suffices to provide sufficient funds.

Having shewn that the hospitals provided for the sick poor of our metropolis are either conducted with disgraceful shabbiness, as in the case of the workhouse hospitals; or with lavish waste, as in the case of the endowed hospitals; or that they are perpetually bordering on bankruptcy, and threatening to shut up altogether, as in the case of most of those "supported by voluntary contributions," we imagine we have made out a fair case for a thorough reformation of our hospital system altogether. We may be permitted to venture an opinion as to the nature of the reform required, and state what we believe would be a more satisfactory system than the present.

* As we write, a report by Dr. Bence Jones, of the St. Pancras Workhouse, undertaken by desire of the Poor Law Board, has just appeared, revealing a state of things connected with the accommodation for the sick in the hospital, which must inspire every reader with disgust and indignation. (See *The Times*, 27th February, 1856.)

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In endeavouring to ascertain the best method of hospital administration, we shall derive some useful hints from the systems prevalent in Paris and in Vienna; and this is one of our principal reasons for having described those systems in detail.

It may be safely assumed, that it is the duty of every well-governed state to provide for the succour and relief of the sick poor; and that it is absurd and cruel to leave this duty to the precarious charity of private individuals. Our Poor Law system acknowledges theoretically the truth of this principle, and makes a show of acting up to it. The leading feature in the Poor Law system is, without doubt, its wonderful parsimony. The rate-payers put the screw on the vestry, who put the screw on the guardians, who are thus compelled to put the screw on every person connected with the administration of parochial relief. The utmost ingenuity is exercised individually and collectively by all these worthies to do everything in the cheapest possible way. Hence the workhouses are overcrowded;—the number of cubic feet of air that each inmate has to himself is fabulously small, and would look decidedly more respectable if stated in cubic inches. This air, small though the quantity be, is in all the workhouses of very indifferent quality,* in consequence of the very imperfect ventilation. Hence the wonderfully large number of patients entrusted to one sole medical man;†—one doctor is cheaper than two. Hence the contract with the doctor to supply the physic. This contract, be it remembered, is not subject to control like the contract with the butcher and the baker; it therefore holds out a temptation to the doctor to furnish as little and as cheap medicines as he can. Perhaps that may be best for the patients; but the fact of such a contract being made at all is simply a disgrace, and it is prompted by the most odious parsimony.

The parochial Poor Law authorities naturally make no objections to the existence of charitable hospitals in their respective parishes, for these hospitals relieve them of the burden of providing for a considerable number of the sick poor—not so many, however, as might be at first suposed, for the patients

* See the Report of the St. Pancras Workhouse already alluded to, and the Parliamentary return before quoted.

† The Whitechapel Workhouse has but one doctor to 240 beds.

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received into the charitable hospitals are usually of a much better class than the abject paupers of the workhouse hospitals.

There is no fear that the parochial authorities will ever wish to obtain the management of the charitable hospitals; and certainly we should think there is little chance of their being allowed to finger the funds of the endowed hospitals.

We would like to see a special Board or commission appointed for the purpose of superintending all the general hospitals. We would give them the supervision as well of the Poor Law hospitals as of the charitable and endowed hospitals. We would make a complete and thorough separation of the proper workhouse for the reception of paupers in health, and the hospitals for the reception of the sick poor. It ought to be imperative that the accommodation, ventilation, and medical care of the latter should be of the very best description. There should be a fixed minimum space for each patient, which should certainly not be as it is in the St. Pancras Workhouse, "164 cubic feet for each patient, exclusive of children.*" A sufficient number of paid medical officers should be appointed to take care of the patients, and they should not have "their duties and their interests placed in very unfavourable contrast"† by a disgraceful contract for the medicines used in the hospitals.

We would hand over the general hospitals at present supported by voluntary subscriptions to the management of the commission. General hospitals are not fit subjects for voluntary contributions. The sick poor should not be left to the precarious charity of the public, and therefore voluntary general hospitals should not be allowed. The duty of relieving the sick poor should be recognized as imperative on the state, and the hospitals for this purpose should not be liable to be partially or wholly shut up in consequence of an uncertain income. The endowed general hospitals should also come under the care of this commission, both for the sake of securing an economical application of their funds, and of protecting the interests of the sick poor, thereby carrying out the intentions of their benevolent founders.

Having rejected the principle of voluntary contributions for the

* Report by Dr. Bence Jones, *loc. cit.* † Parliamentary Report, *loc. cit.*

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support of the general hospitals, it may be asked, what we propose instead? We think the best mode of supporting the hospitals would be by a special hospital tax. If we recognize it to be the duty of the state to make provision for the succour of the sick poor, we must admit that this duty should be performed efficiently. If we declare the necessity of a rate for this purpose, we must admit the propriety of this rate being sufficient for the purpose aimed at. A portion of the ordinary parochial rate is a rate levied for the sick poor. This is not nearly adequate for the relief of all the sick poor: we would have it made large enough. This would do away with the injustice and inequality of the present system of voluntary contributions, by which a good-natured, tender-hearted individual is mulcted to a large amount; whereas his richer but more close-fisted neighbour escapes scot-free, as there is no law to compel him to subscribe to the most useful and necessary charity if he does not choose to do so.*

If this mode of supporting necessary hospitals were adopted, the spare cash of the charitable would be available for the support of other charitable institutions, the duty of maintaining which by state authority is not so obvious; and on the other hand, special and urgent appeals on behalf of some charitable object of extraordinary and immediate interest (such as Patriotic and Crimean Army Funds), would not endanger the existence of these hospitals.

The commission for the management of hospitals should be immediately connected with the Home Secretary's department, but the ratepayer's interests should be represented in it, in order that there may be a check upon any extravagant expenditure of

* There is in this country a prejudice against sumptuary taxes, yet we cannot but think that a tax for hospitals, raised by a royalty on the prices of admission to places of amusement, as theatres, balls, concerts, tea gardens, fireworks, &c., as in France, would not be unpopular in England. The consciousness that our amusements contributed to the relief of the sick would divest them of their present utter selfishness, and add a zest to our enjoyment. Again, as alcoholic liquors are among the chief producers of poverty and sickness, we think that a tax upon them, to be applied to the support of hospitals, would be perfectly fair and reasonable, and assuredly much more popular than the enormous tax upon our necessary coals, levied by the corporation of London to enable Aldermen and Common-councilmen to have periodical surfeits of turtle and venison. There would be something like poetical justice in the idea of every glass of spirits the drunkard swallowed contributing to his future support in the hospital to which that drink will inevitably conduct him in the end.

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their money. The example of France in the matter of local hospital administrations is worthy of being followed.

The present mode of electing medical officers by the votes of governors and subscribers, should be at once got rid of. It is not only degrading to the candidates, but absurd as a test of efficiency. What mode should be substituted we shall not attempt to determine; but there is much to be said in favour of the French method of the *concours;* though we would not wish to see this adopted as the exclusive mode of obtaining a situation as hospital physician or surgeon.

The medical officers of the hospitals should be paid. It is too bad that medical men, alone of all professional men, should be expected to undergo the toil, anxiety, and responsibility of an onerous office without remuneration. An appointment to a hospital should be the reward of proved skill, or of well-earned reputation. It should be the ambition of the medical practitioner, as the woolsack is that of the lawyer, and like the latter, it should be a substantial prize. We have shewn that in Vienna all the medical officers, and even the dressers, are paid; and we have stated their respective salaries. The amount paid to the medical officers of the General Hospital of Vienna alone, exclusive of the Lunatic Asylum and Lying-in Hospital, is upwards of £2,000, out of an expenditure of £28,000 a year. In Paris, also, the medical officers and dressers are paid. The salaries of all the medical officers in the Paris hospitals and asylums, amounts to £9,930, out of an expenditure of £490,000 a year. It is only in the workhouses and some of our endowed hospitals that the medical officers are paid. We see no reason why the medical officers of our hospitals should not be similarly paid.

The great deficiency in London of special syphilitic, lying-in, cutaneous, children's, and incurable hospitals, should be at once supplied.

We have previously observed on the very marked difference in the class of patients to be found in the charitable and in the Poor Law hospitals. There is no doubt that many who are treated in the charitable hospitals would be able to contribute toward their maintenance; therefore we think the plan adopted in Vienna, of exacting payment in certain cases, is not altogether so worthy of reprehension as some writers have considered it.

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We think, on the contrary, that with certain modifications, it were well worthy of imitation in this country. Those patients who are absolutely unable to pay should be freely admitted; but those who are able to pay a small sum should be required to do so. There might be, as in Vienna, several classes of paying patients, the comforts and accommodation provided increasing with the increase of expence to the patient.

Paris possesses a hospital of 150 beds,—the Maison Imperiale de Santé—under the administration of hospitals, where the patients pay from 2½ francs up to 5 francs a day, according to the accommodation given. M. de Watteville, in the government report so often alluded to, thus expresses himself with regard to the subject of having classes of paying patients:

"The sums received from paying patients, which are nothing more than a repayment of expences, are considerable. This is an amelioration that is well worthy of encouragement. The introduction of paying beds in the hospitals and asylums is not only useful to these establishments, but it is of great service to the working classes. Besides the indigent, there is a large number of individuals whom sickness causes to pass from a state of hardship to one of misery, if we do not come to their assistance. What succour can be more efficacious than to restore to health, at a trifling expence, and by the care of a skilful doctor, the father of a family, who has no other income than what he obtains by his labour. In all parts of France there are mutual benefit societies. These societies are bound to pay for the maintenance of their members during sickness. Why should not this noble sentiment be encouraged? The creation of paying beds in the hospitals is an excellent plan, and will be productive of the best effects."*

In these sentiments we heartily agree; and we think the plan which has been found to answer so well in France and in Austria, must recommend itself to the good sense of all reflecting persons. Once get rid of the idea of charity in connexion with general hospitals, and this plan of affording the best medical treatment for moderate payment, in commodious public hospitals, will become very popular with the working classes them-

* Watteville, *op. cit.*, p. 12.

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selves, for then they will be able to enter a hospital without feeling that they are demanding alms, and without in any way wounding their spirit of independence.

It should be remembered that the hospital accommodation of London, including charitable and workhouse hospitals, is, as we have already shewn, very far below the requirements of the population, and greatly inferior to that of Paris, and of Vienna. In order to raise the hospital accommodation of London up to the ratio of that of Paris, in place of 7,940 beds, London should possess 15,656 beds, or nearly double its present amount. The total expence of maintaining these 15,656 beds, at £30 a bed (the actual price per bed at the Charing Cross Hospital—not the most economically conducted hospital in London, and more than that of any Paris hospital), would be £469,680 per annum.

Now who would not be content to see the hospitals efficiently managed, the wants of the sick poor adequately supplied, and the scandal and disgrace of the present workhouse hospitals got rid of entirely, and for ever, by a moderate rate upon the inhabitants of this rich metropolis, to the extent of under half-a-million sterling per annum? Who would not feel a relief at the cessation at once and for ever—at least, as far as hospitals are concerned—of the ludicrous hypocrisy of charity dinners, where we contract an indigestion on indifferent fare and bad wine; of charity balls, where we dance and flirt; of charity concerts, where we are wearied with indifferent music; of charity bazaars, where we are wheedled into buying useless trash by charming and aristocratic young ladies, who condescend to cheat and rob us—all in the sacred name of charity.

Half-a-million sterling! The 4,334 beds of the London charitable hospitals cost nearly one-third of that sum in actual expences—and who can tell how much more in the process of collecting it? If the plan of moderate payments for hospital treatment, by those above the condition of paupers, were adopted, the sum required for 15,000 beds would of course be much less than that stated.

It may be objected, that London does not require more than its present amount of hospital accommodation; that the hospital should only be regarded as the last resort of the sick man; that

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only very serious maladies should be treated there; that the present hospital accommodation amply suffices for all the cases of serious disease in London, as shewn by the acknowledged fact, that no cases of very severe illness are turned away from our hospital doors; that, finally, there are the dispensaries and the union surgeon for the poor, whose maladies are not sufficiently grave for the in-door hospital treatment.

But we contend that it would be most important that the poor man should be able to have hospital treatment before his disease was of the present required standard of gravity. How often are his maladies caused by the anti-hygienic influences to which he is exposed in his poor abode;—and how can a black draught, or a bitter infusion, cure the poor man who is suffering from over-work, foul air, indifferent food, filth, and want of proper nursing? If he were taken at once into hospital, repose, good nourishment, proper ventilation, and careful nursing would restore him to his work and his family in a few days. Leave him exposed to those unwholesome influences that caused his malady, he gets worse and worse; he must leave off his daily work; his small savings are speedily expended, and he becomes a burden on the parish, together with his wife and children, if he have any. Which is the most economical plan to the rate-payers—to receive the man for a few days in the hospital, or to have to support him, his wife, and his family, for weeks, if not months?

While advocating the maintenance of a sufficient hospital accommodation by government, we would not, as in Vienna, refuse the contributions of the charitable for hospital purposes; nor would we prevent the establishment and support by those who wished to do so, of hospitals for special purposes, not comprised in the general hospital system. Thus the partisans of homœopathy should still be free to establish hospitals for the treatment of patients homœopathically, and the adherents of any other system should have equal liberty as regards that system. We would not discourage the establishment of ophthalmic, orthopædic, or cancer hospitals. We would only insist on those about to establish such institutions shewing to the satisfaction of the government that such hospitals were wanted, and that

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sufficient funds were forthcoming for their support; because, when such institutions are established, they speedily become a necessity for those that apply to them, who would suffer were they to cease abruptly.

As the Bishop of London refuses to consecrate churches not properly endowed, so should the government refuse to allow of the establishment of voluntary hospitals not likely to be supported. But in the event of general hospitals being supported by a rate, the charitable would have more money at their disposal for the support of special charities, and therefore there would be less fear of their decadence.

The importance of the subject of hospital reform must, we think, be apparent from the facts we have adduced in the previous pages. Owing to the very independent style in which our charitable hospitals are conducted, it has been impossible for us to obtain all the information we could have desired respecting them; and owing to the number of heterogeneous elements that are mixed up together in the Poor Law system, and the reticence of the Poor Law authorities, we have been unable to eliminate to our satisfaction many points regarding the administration of the hospitals connected with workhouses. Enough however, has been adduced to shew that the hospital accommodation of London is insufficient, and in one part of it disgracefully bad; and a fair case has been made out for instituting further enquiry respecting it, with a view to its total and immediate reform.

We hope the subject may be taken up by our government; or, if they are indisposed to move in the matter, that it may rouse the energies of some independent member of Parliament. More permanent applause is to be won in providing adequate hospital accommodation on a secure foundation for our sick poor, and in cleansing that Augean stable, our workhouse hospital system, than even in reforming army abuses, or in plucking undeserved laurels from the brows of incapable generals. He who shall succeed in removing from England the stigma of providing insufficiently for her sick poor, while she makes a hypocritical profession of superlative charity, and who shall effect such a reformation in our hospital system as shall secure the

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best treatment, and the most perfect hygienic conditions for our sick poor, will deserve the title of the Howard of Hospitals.

The first thing that is needed is a full and complete return, by order of Parliament, shewing the entire system of hospital administration throughout the country, similar to that drawn up by M. de Watteville by command of the French government. This admirable report might serve as a model for our imitation, with some necessary modifications to meet the peculiarities of our system of hospitals. The return should enumerate the various hospitals in the different towns and counties of England, distinguishing the Poor Law and charitable hospitals. It should likewise mention those towns and districts that are unprovided with hospital accommodation, if such there be; it should give a full detail of the sources of the revenues of the various charitable and endowed* hospitals, and of the expenditure of each, as also of the actual expence of the workhouse hospitals, if this can be ascertained; it should give the actual number of beds, single and double, in each hospital, together with the average number occupied during the year, the ratio of beds to the population, and the average cost per bed; it should shew the number of patients treated in each hospital, distinguishing males, females, and children, and shewing the average duration of their sojourn in hospital, the mortality per cent. per annum, the ratio of patients to the population, and the average cost per patient; it should give a list of the *employés* in each hospital, distinguishing the paid from the unpaid.

These and some other details which it might be useful to obtain, would form the data from which the necessity of a thorough reform of our hospital system would be made apparent, and they would serve to guide the statesman in the preparation of a plan of hospital administration probably more efficient than that we have hinted at as advisable in the foregoing pages.

* In the case of the endowed hospitals, the Charity Commission receives a full account of their income and expenditure.

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ON CATARRHAL PNEUMONIA OF INFANTS,

By Dr. Trinks.*

The pneumonia of infants is regarded by all physicians as one of the most dangerous diseases of childhood, and is by very many placed in this respect by the side of croup. From the homœopathic point of view we cannot accept this unfavourable prognosis of either, for there exist in the homœopathic materia medica certain remedies for both. Croup, at its commencement, is one of the easiest inflammations to cut short; and even in an extreme case, which had been allowed to linger on by allopathic quackery, in which the allopathic physicians declared that suffocation was no longer to be prevented, I saw a cure effected by homœopathic medicines, which allopathy was unequal to, even by tracheotomy, and which remains a melancholy *testimonium paupertatis*. This spring I saw a child of very scrofulous constitution who had undergone the operation of tracheotomy for a very bad attack of croup. It was rescued from death by croup, but the wound would not heal, but remained open, shewing all the appearances of tuberculous ulceration of the larynx and trachea, with high fever, &c., and as I learn, the child has recently sunk under this disease.

I believe homœopathy to possess certain remedies against the pneumonia of infants, and that this disease would not be a cause of dread if the physician can attack it early enough, and it have not been allowed to pass into its last stage by improper treatment.

We find a true picture of the phenomena of this disease given by the older physicians; and to this in recent times, we have had in addition the objective appearances by which it is more perfectly recognizable.

In the cases which I have observed, the disease came on suddenly, and without any premonitory symptoms, with strong fever of a synochal type, characterized by very quick pulse, dry burning skin, and great thirst; the cough when present came in

* From the Fourth Number of the 6th Vol. of the *Homœop. Vierteljahrschrift*, 1855.

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short but violent fits, while the little sufferer could not breathe deeply, was mostly of a dry character, without any expectoration, for only the saliva which collected in the mouth was ejected. In one case the cough was entirely absent—a fact noticed by other observers in very young children. It was attended at first by a sharp sonorous cry; at a later period, dull stifled short whimper. Before the cough the children were restless and uneasy. The cough was excited by movement, sucking, and swallowing. These cannot be considered pathognomonic indications, as they attend other diseases of the respiratory organs, and some of them are not unfrequently absent in this.

The breathing is very frequent then, varying from 70 to 90, or even 120 respirations in the minute (according to Cumming in *Froriep's Notizen*, 21st Book, No. 22); it is superficial, short, difficult, painful, diaphragmatic, and abdominal; often interrupted by sudden paroxysms of coughing; the breath is very hot, as well as the lips and the whole buccal cavity; the nostrils are rapidly moved by the breath, and drawn outwards.

This change in the breathing is in every case the pathognomonic indication of the disease, and must always at once lead the observer to its recognition, which the other phenomena will enable him to confirm with certainty.

The percussion-sound is of an empty character only when there is a considerable extent of the pulmonary substance affected, and crepitation is not to be detected unless the inflammation has embraced a large portion of the lung; besides these the strong rattle which attended the original catarrhal affection (?) is to be heard, although in general, all physical examinations are attended with difficulty, if not rendered impossible, owing to the restlessness, crying and whimpering of the children.

The countenance has an expression of extreme restlessness and uneasiness; the redness of the face which characterized the commencement of the attack alternates frequently with paleness; the eyes have an extraordinary dazzling appearance, and move restlessly; the root of the nose and angles of the mouth at a later period are surrounded by a blue or violet circle, as observed by Billard, and which I saw in a case that ended fatally; the

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children prefer to lie upon the back, and are restless when laid on their side, in which posture their feet are drawn up to the abdomen. These symptoms are associated, for the most part, with a white-coated tongue, total loss of appetite, gastric and intestinal catarrh, vomiting caused by the cough, sleeplessness, excessive restlessness, or in older children, starting up out of sleep, slight twitches of the limbs, and delirium, and in the last stage, sopor.

In the cases that came under my notice, the patients were children of scrofulous parents; and they had been exposed to the influence of a sharp north-east wind during a rather low general temperature in the months of February and March.

I find in my diary the case of inflammation of the right lung in a boy of two years of age, of scrofulous constitution, which came into my charge in the cold winter of 1845. It was not till the ninth day of the disease that I was called in to attend it, when already a fatal termination was looked upon as by far the most probable issue. Two allopathic physicians had already employed the resources they had at their command without producing the slightest improvement, and I made a trial of the effects of phosphorus to induce a curative action; but even this failed, and the boy died on the eleventh day of the pneumonia. The *post mortem* examination exhibited grey hepatization of the whole lower right lung.

A second case had a more favourable termination. E. K., a scrofulous, ill-fed boy of sixteen months old, was exposed in the month of March, 1851, to a sharp north wind one forenoon, and was taken ill the same afternoon. I saw him the same evening, and found a rather high fever, with very frequent pulse, great heat, skin hot, and face red, a short, unfrequent croupy cough, which made him cry and be restless. The boy had previously suffered from an attack of croup, with very superficial, hurried diaphragmatic breathing, great restlessness, inclination to cry and whimper, frequent desire to drink, &c.

Auscultation revealed vesicular crepitation, with coincident rattle at the lower part of the left lung. The breath, as well as the lips and mouth, were hot. The child lay on his back with the legs drawn up; he drank often, but little at a time, and the

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urine he passed had a very pungent smell. I gave a drop of the second dilution of Aconite in water every hour, without producing any abatement of the pneumonia in the course of twenty-four hours. He passed a sleepless and very restless night, but the fever was sensibly diminished. In the afternoon I resolved to give Belladonna, three drops of the third dilution every three hours, in water; and this medicine had so beneficial an effect, that on the third day of the attack there was a considerable diminution in the rapidity of the respiration, in the cough, the pulse, and temperature of the skin; and by the fourth day the improvement had advanced so much, that I declared all danger over. Under the use of the same medicine the child was cured, and free from all symptoms upon the sixth day.

In the month of March of the present year (1855), in which inflammatory affections of various kinds were unusually frequent, I met with two cases of this disease which I noted in my diary.

Ch. E., a boy of eight months old, the son of scrofulous parents, was taken out by its nurse on a day when a cold cutting east wind blew, as the sun shone brightly. In the afternoon he was attacked with considerable fever, and when I visited him at seven o'clock in the evening, the disease had become so developed as to be beyond mistake. The pulse was very frequent, 100 in the minute, the face red and hot, the skin dry and hot, the breath hot, the respirations 75 in the minute, the thorax covered with its dress, shewed by its short, interrupted, superficial, although general and slight elevation, the breathing to be chiefly abdominal; the cough was short and dry, causing whimpering, crying, and restlessness, and excited by drinking and movement. In the lower part of the left lung vesicular crepitation, with bronchial rattle, were audible. The nurse found the lips and mouth very hot, the tongue had a white coat, and the intestinal evacuations were natural. There was somnolence, but the child was wakened out of its sleep by the tossing of the arms towards one another.

Diagnosis.—Inflammation of the lower part of the left lung, with catarrhal affection of the bronchial tubes, and synochal fever.

A drop of the 2nd dilution of Aconite in water was given

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every hour. On the morning of the second day there was considerable remission of the fever, although the child had passed very restless nights, being constantly wakened out of sleep either by the cough, or by drawing itself up in alarm. There was no change in the local symptoms.

On the evening of the second day I observed a slight exacerbation of the fever, with steady continuance of the local phenomena. I now wished to try what effect Bryonia would have upon these inflammatory symptoms, and gave the child two drops of the second dilution of this every two hours.

On the morning of the third day remission of the fever had again taken place, but the night had been restless. The child had slept occasionally, but had been wakened out of its sleep by the cough, although the starting in a fright had not occurred.

On the evening of the third day, as there was no diminution of the cough or dyspnœa, nor of the crepitation of the affected portion of the lung—on the contrary, as the respirations were more frequent (95 in the minute), the pulse more rapid, the countenance paler, and the expression more anxious and restless, and it became necessary to take measures to arrest the threatened exudation into the pulmonary cells, I resolved to give Phosphorus, of which medicine the child got two drops of the 3rd dilution every two hours.

On the morning of the fourth day I found a very different state of affairs. After midnight a continuous sleep, a slower rate of respiration, and greater rest had taken place; the high pulse had likewise abated, the cough came seldom, and did not appear so painful, for the child did not whimper with it, and the expression of the eyes and other features of the face was no longer so anxious and disturbed, yet vesicular crepitation was still audible at the affected lung. In the evening I found the improvement proceeding, and so continued the medicine.

On the fifth day of the disease there were still some traces of it discernible. The breathing was almost natural, as well as the pulse, nor was there any vesicular crepitation audible, but there was a greater amount of mucous rattle in the bronchial tubes. There was nothing abnormal in the general demeanour of the child, but he was still very pale; he took his nourishment

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times by slight delirium, and the drawing up of a limb. It was in a most impatient, irritable, peevish temper, and gave much trouble to its attendants.

Diagnosis.—Bronchial pneumonia of the inferior portion of the left lung.

The following was the treatment pursued:—Aconite, 2nd dilution, every two hours, two drops at a time in water, which, as it always does, allayed the vascular excitement, but produced no alteration upon the local affection. It was given for twenty-four hours only. Bryonia of the 2nd dilution, two drops every two hours, did just as little during the next twenty-four hours; but Phosphorus of the 3rd dilution, at the rate of three drops every two hours, entirely cured the local affection of the lung in seventy-two hours; and the bronchial affection was quickly removed by a few doses of Tart. emetic.

While we must admit that both the pathology and pathogenesis of this disease, as well as the changes that occur during its course, have been much explained by the anatomical and pathological researches, and further, that its diagnosis has been brought to greater clearness and certainty, yet by none of these has the curability of the disease been advanced one step in recent times; and in spite of the hair-splitting definition of catarrhal, primary and secondary, lobar and lobular—which forms are all exactly recognizable in the living subject—in spite of all this, just as many die of this disease as when the pathology and diagnosis were in obscurity. Let any one turn up the most recent Manual of Children's diseases—as Hennig's—and he will see with what haste, brevity, and poverty the therapeutic portion is despatched; how impotent the therapeutic assumptions are. It is not rational empirical medicine, but the most pitiful poverty-stricken quackery.

I believe that the treatment of this disease by homœopathic specific medicines, which operate directly on the inflammation of the bronchial tubes and lungs, will be attended with equally favourable results as exhibited by croup, even in its most perfidious form, and in its latest stage.

We have just as little to expect from Aconite as from Bryonia in this inflammatory condition. The former, indeed, allays the

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fever which attends the local inflammation;—a longer perseverance in its use would be a loss of time—after the first it does no good if repeated.

Bryonia, a medicine whose operation upon both surfaces of the pleuræ, and on the mucous membrane of the larynx and trachea is equally powerful, and which is one of the most sovereign and certain remedies when they are inflamed, is of no use here, as I have repeatedly experienced. Other homœopathic practitioners may save themselves the pains of making the experiment which I made to ascertain whether Bryonia was to be reckoned on in this disease. I made it because I wished to know whether Bryonia was equally useful in this inflammation as in the other catarrhal affections of the mucous membrane of the respiratory tubes.

We must look upon Belladonna and Phosphorus as the proper remedies for this inflammation. According to my observations, Belladonna is indicated when the disease comes to be treated in the first stage of its development; when there is much synochal fever, and the local inflammation, so far from being arrested, threatens to extend; when the ear detects lively vesicular crepitation in the affected part, and as yet there is no exudation, and consequently no hepatization of the lungs has taken place. I have reason to believe that Belladonna is able to cut short the inflammation, and so to terminate alone the whole morbid process.

Whether Phosphorus can be given with effect at the very commencement of the attack, I have no observations from which I can draw a conclusion. I have given it with effect only after the synochal fever had been allayed by Aconite, and after the fruitless administration of Bryonia, before the local inflammation had produced hepatization of the lung, but threatened to do so when the cough was frequent, abrupt, painful, and distressing, the respiration short, hurried, superficial; when the anxiety, restlessness, whimpering, thirst, and sleeplessness were on the increase; when the countenance was pale and fallen, the pulse not so hard, but accelerated and more frequent. Whether this medicine is of use in the later stages, when the red has passed into the grey hepatization, must be determined by further observations.

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The diet is easily managed. Infants at the breast take the milk of their mother or nurse, while older children, when there is no diarrhœa present, may have milk and water; and if there is, gruel and such like food. The desire for more solid food does not return till after the disease has been subdued.

A CASE OF SPONTANEOUS CURE OF EMPYEMA,

By Dr. Acworth.

Miss C. P., now æt. 12, came under my care eighteen months ago, on account of frequent attacks of bronchitis. From these she recovered, more or less speedily, by the help of Aconite, Bryonia, &c., from all except the last severe attack, which was not so easily subdued. In this, indeed, the symptoms proved so obstinate as to seem to baffle all homœopathic treatment. But then I ought to add, that in this attack the pleura also became involved. Along with the utmost difficulty of breathing, and mucous rales that made themselves heard in almost every part of the chest (and at one time even hæmoptysis too), there was very great pain, as well as dulness, extending from below the right scapula downwards. The pain, though not acute, was intense; and, on examination of its site, there could be little question of pleuritic effusion having taken place. Gradually the dulness attendant thereupon invaded the whole right side of the chest, till, even immediately below the clavicle percussion gave but a leaden sound, and the respiratory murmur became indistinguishable. During this desperate state of things (which medicines seemed unable to relieve), the patient sat propped up in bed, harassed by cough and difficulty of breathing, worn out by want of sleep and rest, and wasted latterly by hectic fever. At last, after long continued pain, what seemed an abscess might be seen to point between the angles of the eighth and ninth ribs. Was this external? or was it the effusion making itself a way through the parietes of the chest? This question time would very quickly solve. I ought to state here, that at no time in this case was the condition of the lungs supposed to be such as to warrant the idea of tapping the chest. So

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matters went on from day to day, till the patient was reduced to such a state as well might make her recovery seem hopeless. It appeared hardly possible she could long survive the bursting of the abscess. Unfortunately, just at the moment this was looked for, I was obliged to leave home for several days, and to trust my patient to the care of a friend. During this time the abscess burst, making way for the discharge of large quantities of pus, or what, according to my informant, less resembled pus than purulent effusion. Judging by the account he furnished me with, there could not have been less, I should say, of this discharge, than at least two or three pints, from first to last, the latter part of which, to use his words, seemed, as it were, *pumped away*. On my return the orifice was so far closed that I dared not disturb the healing process for the gratification of my curiosity, for which, indeed, there would have been the less excuse, as the closure was not looked upon as permanent. It proved, however, to be so—most completely. The opening healed without any let or hindrance; and though, at the time the matter found an outlet, the constitutional irritation set up was such as to make the patient's life despaired of, yet gradually all bad symptoms passed away; the fever subsided—the general health improved—the difficulty of breathing grew daily less and less—the respiratory murmur, in the course of time, returned—and now, at this present moment that I write, the symmetry of the chest is so far restored, that any difference between its two sides it would not be very easy to detect. The patient, since her recovery, has suffered from catarrh, and slight bronchitic attacks, but, in spite of these, she goes out in all weathers, and is stronger, and healthier, and a great deal fatter, than she ever was before.

The medicines I used with most advantage in her case, during the latter stage of the complaint (at least, so I thought), were Sulphur and Silicea. I ought, perhaps, to add, that as the patient had been unaccustomed to animal food for some months previously to the time of my attending her, I thought it best to make no great change in her fare; but, even while the copious discharge was going on, supported her mainly by such things as milk and eggs, and farinaceous food.

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Note by Dr. Dudgeon.—A case analogous to that recorded by Dr. Acworth occurred recently in my own practice. A married woman, head nurse in a gentleman's family, had been frequently under my care for occasional coughs and colds. About the autumn of 1854 she became affected with a cough, dry and hacking, that would not yield to any remedies employed, but continued to get worse and worse. The breathing became short, she grew thin, bowel complaint set in, and almost constant sickness. The breath became extremely fœtid; the whole of the left side of the thorax, especially at its lower part, was the seat of almost constant pain. She got little or no sleep at night, and then only by lying with her arms crossed over her head, and on her back or belly. I carefully examined her chest, and diagnosed empyema of the left side of her chest. I ordered her to her native air, where she improved considerably; but after three months' residence there she returned to the family of her employer. Her symptoms rapidly became as before, and indeed worse. The breathlessness increased; she had no sleep at night; the sickness was excessive, hardly allowing her to eat anything; she had hectic and very frequent diarrhœa. I formed a very unfavourable prognosis of the case, and did not even think it would avail to remove her again to her native air. Her weakness, emaciation, and breathlessness increased to such a degree that it was pretty evident she could not last long. When things were at the worst, one night she was seized with unusual pains in the stomach, and intense sickness. She threw up nearly a basonful of pure pus, after many painful efforts, and felt, as she said, immediately relieved, and able to breathe freely again. She had no more vomiting, but the following morning passed a large quantity of pus by stool. After that she continued to improve, pick up flesh and strength, and is now in a tolerable state of health, being just about to be confined of a second child, after an interval of eight or ten years since the first child was born.

The remedies used in this case were Arsenic, Hepar, Silicea, and China, principally. How the pus found its way into the stomach, I could not ascertain, as the "verification of the diagnosis" by *post mortem* examination was prevented by the recovery of the patient.

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REVIEWS.

Medical Notes and Reflections. By Sir Henry Holland, Bart., M.D. 3rd Edition, 1855.
Chapters on Mental Physiology. By Henry Holland, MD.

The extensive popularity of these volumes, both within and beyond the pale of the medical profession, and the allusions they contain to homœopathy, justify, if they do not demand a notice of them in this Journal, even irrespective of the intrinsic value of their contents. Their large circulation is doubtless in a great measure due to the reputation of their author, and to the enticing character of the subjects selected for remarks. Sir Henry Holland is every inch a physician, and of the College of Physicians. His periods are set to the roll of a well-appointed chariot; he illustrates obscure points in medicine by copious Greek quotations, and the nearest approach to a joke is conveyed by a reference to Terence or Juvenal. His table of contents, "On Medical Evidence," "On Hereditary Disease," "Method of Inquiry into Contagion," "On Diseases commonly occurring but once in Life," &c. &c., reads like a catalogue of a bachelor's effects, from the utter incongruity of the objects, such as "The Whole Duty of Man," "The Rape of the Lock," "Goldsmith's Animated Nature," a specimen of Labrador Spar, two boot jacks, "The Rake's Progress," "Judith and Holofernes," and "The Storming of Seringapatam;" and it makes the same impression on the mind in so far as it suggests the conclusion, that as in the bachelor's apartment nothing came there from the upholsterer, but each separate article had been bought for its own sake, and from the interest felt in it by the possessor; so our author must have felt a special interest, and believed himself to possess peculiar thoughts upon these various topics of universal interest, otherwise he never would have selected them out of notes and observations extending over nearly forty years of practice as the subjects of his observations; and we

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naturally expect that so great a man writing so entirely *con amore* will mark all his chapters with the impress of his individuality. We fear that in this expectation the reader will be disappointed, and discover an unusual absence of originality, as well as of exactness, throughout the whole work. The very miscellaneous and vague character of all the chapters renders it hopeless to attempt any satisfactory arrangement in our own remarks; we must be content to act the part of the auctioneer, and to make our observations, to some extent at least, in the order of the catalogue, passing from Goldsmith to bootjacks, and thence to Seringapatam.

The chapter on medical evidence stands first in the list, and is thought by the author to be of so much importance that it appears in both the volumes;—to it, then, let us first direct our attention.

"Look at what is necessary," he exclaims, "in strict reason to attest the action and value of a new remedy or method of treatment;—the identity or exact relation of the cases in which it is employed; a right estimate of the habits and temperament, moral as well as physical, of the subject of the experiment; allowance for the many modifications depending on close combination; quality of the medicine and time of use; due observation of the indirect or secondary, as well as direct effects; and such observations applied not to one organ or function alone, but to the many which constitute the material of life. All these things, and yet more, are essential to the completeness of the testimony. All can rarely, if ever, be reached; and hence the inevitable imperfections of medicine as a science."

This is an excellent sample of the sort of talk by which the so-called medical philosophers attempt to put homœopathy out of court by raising a false issue; and it sounds so plausible that it deceives many who do not take the trouble to search into the exact import of the language, and bring it to the test of common sense. If we do so, we shall be struck, not less with its vagueness than with its fallacy. In the first sentence two widely different problems are proposed, as if they were quite the same—viz., to test the value of *a new remedy* or *method of treatment*. It is quite manifest that the value of a new remedy may be tested in a very different way from the value of a method

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of treatment;—supposing by method of treatment a system involving a principle be meant. The idea of method of cure, however, is allowed to slip out of sight as he charges the public jury upon the difficulties of coming to a decision. He rests his case entirely on the difficulty of determining the relation of cause and effect between a given remedy and a consequent recovery. And what a jumble of difficulties we meet! First, that the conditions of the subjects on whom the experiment is made are never the same; then that there may be a difference in the quality and quantity of the remedy; and lastly, that the indirect or secondary effects are to be observed. To all this a very simple answer may be given. It is quite within the achievement of the chemical and physical sciences to secure the identity of the substance given—let us suppose a salt of mercury—and the dose; and it is equally possible to select cases, which, although differing in everything else, all agree in some special point, on which, if we only knew what remedy it was required to test, we might decide with as great accuracy as we attain on a large number of established matters of science, on which we daily trust our lives; such, for example, as the elasticity of steel, and the durability of oak. We may not be able to state the precise law of either, or the exact limits, much less all the causes and conditions; but within certain limits we can say with confidence, that steel is elastic, and oak durable; and so we can say, that given an inflammation of the tonsils, certain remedies will cure it, notwithstanding the dissimilarity of constitution between the individuals, and notwithstanding certain exceptions to the rule, all of which we may not know. But to test our remedy, we must know it; that is, unless we have some *a priori* method to induce us to select, and steadily persevere in trying remedies having a special relation to the disease, there is no chance of our making experiments in so large a scale as to obviate the objections raised by Sir H. Holland. In short, the "*a postiori*" proof becomes possible after the "*a priori*" method has been established; and so, while we fully agree with our author that so long as medicine had no principle to guide it, it was and could not but be essentially unscientific, now that we have a law the reproach is removed. The numerical method, which has been the source

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of scepticism in the old school of medicine, is our security. All it has done for them is the establishment of certain fixed relations between different morbid actions, as the deposition of tubercles in the lungs taking place in four cases out of five when they were found in any other organ; but for us it has established, that there is a fixed relationship between the laws of morbid action and the curative power of remedies.

When we know as a fact, that out of a thousand cases of severe inflammatory sore throat, nine hundred and ninety recovered in a shorter time than the records of medical treatment could have led us to expect, under the administration of Belladonna and Mercurius, given in every case in nearly the same quantity, does not the vague language of the learned baronet shrivel into something very like nonsense? And does not the relation between the remedies and the recoveries assume the indubitable character of a positive and undeniable cure of the one by the other? So much for chapter first of both these volumes.

Let us now direct our attention to the series of essays upon Mental Physiology, which contain much suggestive materials for speculation and enquiry. The table of contents is as follows:— "Effects of Mental Attention on Bodily Organs," "On Mental Consciousness in its relation to Time and Succession," "On Time as an element in Mental Functions," "On Sleep," "On the relation of Dreaming to Insanity, &c.," "On the Memory, as effected by Age or Disease," "On the Brain as a Double Organ," "On Phrenology," "On Instincts and Habits," and lastly, "On the present state of Inquiry into the Nervous System."

We should certainly have inverted the order of this enumeration, for all the topics relate to some of the functions of the nervous system, and it seems natural to precede any consideration of the obscure points involved in discussing these mysteries of our frame, by an accurate survey of the exact amount of our knowledge of their seat. We shall, therefore, take the liberty of casting our net at the tail of the stream, and hauling upwards to its commencement.

There are two distinct methods of investigating the functions

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of the cerebral and nervous systems—the one from within, the other from without. We may begin with the fact of consciousness, and pursue its relation to such physiological conditions as sleep, time, as an element in natural functions, &c.; or we may begin with observations on the outlying portions of the nervous system, and by experimental investigation of the nerves of sensation and voluntary motion, advance towards the centre till we arrive at the confines of consciousness, where all such observations are arrested. To attempt to give any summary of the results of physiological researches, would be at once absurd and presumptuous; nor do we find anything of the kind in this volume. All we meet with is an allusion to certain well ascertained facts, and many vague conjectures as to what future observers may discover. Most of the problems suggested are of a kind which rather invite the other method of investigation, and so by it we shall chiefly allow ourselves to be guided in the labyrinth into which our author leads us.

The two facts, from one or other of which all reasoning must start, are the perceptions of our own minds, our impulses, our moods, our memory, &c., and our perception of objects outside of us. Beyond these two is no *point de depart* conceivable; and hence it is that we must be brought to a standstill at once, when we attempt to speculate upon the phenomena of sleep. We cannot observe the dreams of another person, we cannot investigate our own; so that anything like a satisfactory elucidation of dreams is impossible;—still, the subject of sleep and dreaming is so important, that we would fain push a little way into it, and the hints we meet with in the chapter on that subject are worthy of attention.

Sleep may be either general or partial, perfect or imperfect. If the human frame be likened to a republic, consisting of numerous states, independent of one another in so far as local government is concerned, but capable of general or congressional action in regard to other countries, we may represent sleep in its ordinary degree as the cessation of all such activity. The sleeper is dead to the world; he no longer acts upon it, but it acts upon him. The changes required to sustain his life and energy go on with unimpaired or increased force and regularity;

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and as these changes depend on the integrity and wakefulness of some parts of the nervous system, it is manifest that they, at least, cannot submit to the influence of sleep. To prove the rule by the exception, we may quote a case where sleep seems to have invaded the nerves of respiration. It is thus reported in Sir C. Bell's work ("Bell on the Nerves," p. 425) :—

"Mr. ——, surgeon, called on me to hold some conversation on his own case. He attributed his unhappy condition to a malignant fever, with erysipelas, during which there had been exhibited a great deal of calomel, as much as 30 grains at one dose, which cured him; but he thought it left him subject to a gastric affection with chronic inflammation. However that may be, this is his present condition. On falling asleep, just at the moment when volition and sensibility cease, the involuntary motions also stop, with a sensation of death, under which he wakes generally convulsed. His medical friends have sat by him and watched him, and they have found that when sleep is overpowering him, the breathing becomes slower and weaker; the heart and pulse also fall low, and cease to beat as sleep comes on; and after a short time he awakes in terror."

Such would be our nightly condition if sleep overwhelmed the nerves of respiration as it does the brain. We may, then, safely assume that some part of the nervous system is always awake. It is a very difficult and important enquiry to determine what these perpetual sentinels of life are. Do the nerves of voluntary motion, and do the parts of the spinal chord whence they arise partake of sleep? or is this function confined to the brain? The former view is supported by many analogies, and will, perhaps, explain a fact familiar to all physicians—that many patients, although apparently in a profound sleep, as far as utter unconsciousness of an external world is concerned, never have the feeling of repose, but complain of a sense of restless uneasiness of the spine, which haunts them like a dream the whole of the night. It may be, that the normal state of sleep is a lessened degree of consciousness in all the parts of the nervous system under the influence of volition. That many reflex actions, besides the purely involuntary, go on in this state is certain. The partial contraction of the muscles of

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voluntary motion, the steady action of the sphincters, which is arrested by death and some powerful narcotics, is evidence of this, in what we may call every night life; while we have abundance of examples of a much higher degree of combined muscular efforts during sleep; as when a coachman drives his stage dozing the whole way—an occurrence now, perhaps, uncommon, but frequent enough in the old days of the night mail. Then we have somnambulism in all its degrees. If the opinion which is now most fashionable among physiologists be correct, that the cerebellum is the organ of associated muscular movements, it might offer a very simple explanation of sleep walking to suppose this part of the brain to be awake while all the rest is asleep. Be this as it may, it is of importance to recognize the facts, that sleep is never universal, and that we cannot yet define the limits of its influence upon the nervous system.

It is never universal—is it ever perfect? Does it ever annihilate for the time all intercourse in both directions between the sleeper and the world? There are strong facts against the affirmative position—facts which seem to compel the belief that even in the deepest stupor there are channels by which the external world produces its impressions on the consciousness of the person who seems utterly insensible.

If we agree with our author in considering the stupor induced by pressure on the brain as differing from ordinary sleep only in degree, and to the eye of the observer there is no appreciable difference between the sleep of over-tired nature and that of apoplexy, and we can establish the persistence of the capacity of receiving impressions even in the deepest stupor, we must admit that there is no evidence for sleep ever being so absolute as to destroy all consciousness. The case we put in as proof rests upon the unimpeachable testimony of Abercromby, and is thus related by himself:—

"A child of four years of age underwent the operation of trepanning, *while in a state of profound stupor* from a fracture of the skull. After his recovery he retained no recollection either of the operation or the accident; yet at the age of fifteen, *during the delirium of a fever*, he gave his mother an

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exact description of the operation, of the persons present, their dress, and many other minute particulars."

If, then, in a sleep of morbid intensity it is proved that impressions took place which were afterwards remembered, we may safely conclude that in ordinary sleep the mind is supplied by hidden rills of sensation which become the source of an infinite variety of emotions and cogitations, mostly beyond the power of recall, but mingled in the texture of the mind as it is woven on the loom of time.

Where there is memory there must have been attention—at least, to such a degree as to enable the mind to perceive an impression; and we may conclude, that even in the profoundest sleep, attention is never wholly absent. This accounts for the consciousness during sleep of the lapse of time, and also for the very singular fact that the slightest noise of a kind requiring the attention, will waken a sleeper who withstands the loudest uproar, if it does not affect him personally. We know of an officer whose duty required him to be on the alert against a surprise during the late siege, who was awakened by the first discharge of a rifle, while sleeping through the roar of all the batteries of cannon, in utter unconsciousness. With the large artillery he had no business, but he had with the musketry. Such examples might be indefinitely multiplied. It is enough if we recognize the fact that in sleep we do not part with either attention or memory.

This, then, is "the stuff that dreams are made of." They are the lines drawn on the sensitive surface of the mind by impressions made upon the body. Most frequently these lines arrange themselves into figures purely fantastic, one figure breaking in upon another like an unsuccessful photographic picture; at other times, under the influence of causes which affect the nervous system, such as opiates, the images assume more distinct arrangement, and are impressed more permanently, so as not only to become objects of waking recollection, but to remain so vivid as to confuse the mind, and to defy all efforts to adjust them to their proper significance. Thus we perceive how readily the indulgence in drugs which produce intense and

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pleasant dreams, such as opium and *cannabis indica*, become the fertile cause of insanity; for it is impossible to conceive a more perfect realization of universal madness than would be presented by the world of sleepers rising, and acting each his own particular dream. Such is the state of the victim of delirium tremens: he is possessed literally by horrible dreams. Fortunately, we can avoid the causes we know to install dreams in the place of reason;—for the most part, they are poisons in the blood, perturbing the brain and nervous system.

But far short of any such intense disturbances as to constitute permanent illusions after sleep, we may recognise as a cause of disagreeable dreams any alteration in the state of the blood which prevents it supplying the proper materials for the nightly regeneration of the nervous system. Hence the unrefreshing sleep in many fevers; probably from the retention of secretions which the emunctuories are disqualified for removing, And another frequent cause of imperfect sleep and distressing dreams, is the insufficient quantity as well as the impaired quality of the vital fluid. Many a restless night is caused by going supperless to bed, and in the present day, when out of opposition to late dinners, the delicate members of a family are relegated by their abstinence-enforcing medical attendant to a meagre early meal; it is very doubtful whether the advantages of an easier digestion are not countervailed by the starving of the nervous system deprived of its food during its time of repose. We can testify from frequent experience to the advantage of a moderate but substantial supper, in procuring sound and refreshing sleep for persons who out of respect to some code of health, had been in the habit of religiously abstaining from tasting food for some hours before going to bed.

Besides the confused shadows left upon the mind by ordinary dreams, and the intense ones imprinted there by morbid states of the blood, there is another class which has given rise to much interest and speculation, but which would lead us, if the subject were pursued, into the wide wastes of mesmerism. We allude to dreams which have a distinct relation to the external world, presenting to the sleeper pictures of distant objects. Whether it be possible ever to include this subject in any purely scientific

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treatise, will depend very much on the spirit with which it is pursued by those who take a special interest in it. Mesmerism may be said to have advanced to such a point as to demand recognition by all writers on physiology as well as psychology, and the more recent and celebrated of the latter have frankly acknowledged this, and have not hesitated to declare that we receive impressions from the external world by other channels than the senses. This is a great step, and one which opens the door to endless speculation and enquiry, and this is closely connected with the subject of sleep and dreams. It is notorious how much influence, for example, atmospheric causes have upon the entire phenomena of sleep. Now if the only essential difference, viewed from the psychological point, between sleeping and waking, be that in the former we cannot control the impressions made by external causes, but must permit them to scrawl their signatures on the mind at random, while when awake we can repress the emotions and thoughts the same ever-acting influences would tend to evoke; it is manifest that these impressions may still be made, and enter unconsciously into the whole fabric of the mind's growth and structure. It is in this way we may probably explain the national differences of the modes of thought observable over the globe. How large a portion of the solar light goes to form the mind as well as the body of "the children of the sun" in eastern and southern latitudes, is a question fertile of speculation, and one which when satisfactorily resolved, may account for many perplexing perversities in oriental philosophy and religion. It is along this line of enquiry, where, every now and then, physiology and psychology intersect, that Mesmer's temple stands, and we can only express an earnest hope that his votaries may strive after a philosophical method of pursuing their investigations; and we cannot here refrain from expressing our regret that a subject of such deep interest to all thoughtful minds, especially to those engaged in medical pursuits, should have been degraded to such base purposes as to have become a scandal and reproach, instead of an honourable ally. The extravagancies and follies perpetrated by men calling themselves physicians, especially in America, is enough to make one blush for their profession. How any sane man can for a single hour

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give himself up to the delusion of spirit-rapping, is only explicable by presuming on his part a total ignorance of the fundamental laws both of psychology and physiology, but that physicians should patronise instead of explainingthe fallacies, seems almost incredible. What are the alleged facts? simply these, that certain persons hear certain sounds, and that they cannot detect a physical cause for them. Well, what of that? If these noises have an objective reality, if they are caused by vibrations of air from an impulse given to a piece of wood, the thing that gives this impulse, must be a thing, that is, must possess the first attribute of matter, impenetrability; otherwise it could not act upon matter; if it be impenetrable it must have extension and form, and therefore it is not spirit, which is defined as being without material qualities. If a spirit be assumed, and we may freely admit the presence of spirits to any amount, the objection to their turbulent activity is simply the fact that hitherto the whole course of observation has more and more unequivocally demonstrated the position, that the spirit, the only one we know about, the human spirit, active enough, and mischievous enough, in all conscience, is quite powerless to act upon any form of matter without the intervention of a nervous system. To prove the connexion of the noise with a spirit, those who believe in it must first prove the presence of a spirit on other grounds, and then how being there without nerve, muscle or bone, it taps. But how much simpler the explanation of the phenomena if we assume the whole affair to be a subjective illusion of the sense of hearing. That it should happen to several persons at once, is no argument against it. We know how contagious tremors of the nervous sytem are—we know for example that on one occasion at a factory, a girl was seized with convulsions from the fright given by a mouse put into her bosom, and that in a few days no less than twenty-three women and a man were labouring under similar convulsions,* and if such perturbations of one portion of the nervous system propagate themselves to those around so rapidly, why may not a similar extension take place in perturbations of a nerve of sensation? Once admit this, and all mystery vanishes.

* Romberg on diseases of the nervous system, vol. II. p. 179.

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The transition from the subject of sleep to that of habit and instinct seems natural, for by habit sleep is much controlled and modified; and in our observations we shall include what we have to say upon hereditary disease, although this is treated by the author in his other volume by itself. But the disjunction seems unnatural, especially when we meet at the outset with the remark, that hereditary peculiarities are much more frequently met with in the organs of animal, than of organic life.

The origin of all habits is probably due to the simple fact, that we naturally employ that plan of attaining a desired end, which is resisted by the weakest obstacles. We grope from infancy to old age along the barrier which limits our activities, and where we discover an opening in this restraining obstruction, we push through it, and press onwards till we encounter the next wall of circumvallation. On our return to our starting point we recollect the road we have taken, and the next time we set out on the same journey, we follow the same path. If this road be dangerous to ourselves or injurious to others, we are driven out of it by our instructors, whether in kindness to us or out of fear for themselves interposing some new and greater obstacle, so that we have again to discover afresh the point of least resistance. Thus are habits formed and educated. Hence their enormous power for good and evil. For the road we know we come to walk with such ease and so full a sense of security and satisfaction, that in a short time all effort is at an end, and what was at first accomplished by anxious trial and constant exercise of will, becomes subject to laws which regulate involuntary actions. The exact method by which this takes place is not known. That walking is a most difficult achievement for an infant, and its first successful pursuit of knowledge under difficulties, is well known to all mothers and nurses, but what the change in the nervous system is, by which an act thus laboriously learned becomes one of utter unconsciousness—becomes transferred we may say from the brain presided over by the will, to the spinal chord which associates muscular efforts of a purely involuntary character, remains as yet an unsolved riddle. Habits may be said to represent for the individual the maximum of attainment with the minimum of effort. Can we then wonder that all novelties such

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for example as an entirely new method of medical practice should be absolutely rejected by the mass of those who have formed themselves upon an old one? Can we be surprised that when they see a barricade in every street, they should raise an alarm, and call upon the government to order out the troops and clear the city? This is an illustration of the power of habit *not* given by Sir H. Holland.

That the habits once acquired become not only permanent features of an individual, but are also transmitted to his descendants, is a supposition supported by strong analogies. Thus it is quite notorious that the progeny of a well bred pointer requires hardly any training. A pointer puppy may be seen standing at a hen or a duck in the stable yard, without ever having "set his puppy brains to work to comprehend the case." Here we have an example of the transmission of a purely artificial habit. That special talents may be cultivated so as to affect the character, and then transmitted, if not susceptible of proof in the instance of man, is at least probable; and perhaps the curious fact noticed by our author and differently explained by him, that the right hand and arm are as a rule from birth stronger than the left, may be accounted for by tracing to the remotest times the universal occupation of men to be engaged in fight. The authentic records of our race are little else than a succession of wars. At the present day all savage nations are always fighting, and seldom do anything else. Their life, indeed, is a process of self-extermination. Now it must have very soon been observed, that wounds on the left side were more dangerous than those on the right, and so it would naturally happen that an attempt would be made to withdraw the left and expose the right; but the exposed side must be the armed one, hence the spear would be grasped by the right hand, and the shield held over the left breast. Thus may we suppose that our race became right handed, and ill-natured politicians may find in this an excuse for ascribing a certain sinister aspect to the efforts of the peace party in this country.

How far habits injurious to health and full development of all the organs may be the origin of positive disease and malfor-

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mation, and thus the source of monstrosity, is a most important question for all who have any charge of the public health, but the subject has not been investigated in a wide range, or with sufficient exactness to warrant any satisfactory conclusions. It is certain that many diseases of the nervous system, such as epilepsy and insanity, which arise from individual excesses or vices, are prone to assume a hereditary character. At the same time there seems a much stronger tendency in congenital than in acquired deviations from the normal type to be perpetuated by transmission. Sir H. Holland gives some curious examples of this kind in the following passage.

"An instance is known to me of hydrocele occurring in three out of four successive generations in one family—the omission adding to the singularity of the fact, from its depending on a female, being a third in the series, in whose sons it re-appeared."

"I am acquainted with a family in which there are three examples, the father and two children, of inability to distinguish red as a colour. Another example resembling the last is known to me, where three brothers and two or three children of their families have the inability to distinguish between blue and pink. Instances of hereditary defects of this kind are far from unfrequent. I have known squinting to occur in every one of five children, where both parents had this peculiarity. An example has recently occurred to me of that remarkable affection, the suffusio dimidians, existing in a father and his daughter, and brought on in each by circumstances singularly alike. The frequency of blindness as an hereditary affection is well known, whether occurring from cataract or other disease of the parts concerned in vision. The most remarkable of the many examples known to me, is that of a family, where four out of five children, otherwise healthy, become totally blind from amaurosis, about the age of twelve, the vision having been gradually impaired up to this time. What adds much to the singularity of this case, is the existence of a family monument, long prior in date, where a family ancestor is represented with several children around him, the inscription recording that all the number were blind."

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"The repetition of cases of deaf and dumb children in the same family is familiar to those who are concerned in institutions for the relief of this congenital defect, and will be afterwards noticed in reference to another singular modification of this fact."

"In one family I have known four or five cases of the peculiar tremor tendinum of the hands and arms, which is sometimes called the shaking palsy, and which here occurred in young persons of 16 or 18, as well as in those more advanced in life. In this case too, as well as in another of the same affection, I had proof of the peculiarity having gone through at least three generations."

"Defects or peculiarities in the form and setting of the teeth, as well as in the hair or nails, are often hereditary; and left-handedness, from whatever cause it proceeds, I have more than once observed to take the character of a family peculiarity. In a family where the father had a singular elongation of the upper eyelid, seven or eight children were born with the same deformity, two or three other children having it not. I have known another family in which five daughters resembled the mother in having a large growth of hair on the lip and chin. In like manner I have seen enlarged tonsils occurring in almost every individual of a large family, without other cause by which to explain it. A case is recently known to me, where the patella was wanting both in father and son."

"I find many examples among my notes of what must be deemed hereditary tendency to heart disease; and such in truth are familiar to all observers. In one of these, four brothers died between 60 and 65, of organic disease of the heart, with prior cases of the same kind in their family. In another case which I note here as having most recently occurred to me, I find three cases, including one of the morbus cæruleus, in three successive generations. It is unnecessary to add others."

"Of hereditary obesity I have seen some very curious examples —the most recent that of a family in which out of two generations four individuals died of the results of excessive accumulation of fat, producing diseased action of the internal organs, and dropsical effusions, two other cases of the same tendency existing in the family, under distressing though less urgent

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forms. Several cutaneous disorders evidently tend to become hereditary, whether from peculiarity in the texture of the skin, or depending on the general temperament and state of the circulating fluids. I have lately seen three cases of Psoriasis in the children of a family where there is strong predisposition to gout, a conjunction I have observed in many other instances. Certain impetiginous eruptions belong also to a family constitution, such as is often termed scorbutic, and are obviously transmitted from parents to children."

"Ichthyosis is occasionally seen as an hereditary disorder. I may notice here another singular disease, the pellagra of Lombardy, in which, together with the peculiarity of a local limitation, there occurs a very singular succession of symptoms, beginning with a cutaneous affection of leprous character, passing through various stages of cachectic disorder, and ending generally after the lapse of a few years, in fatuity or death. I have had much opportunity of observing this curious disease in all its forms. There can be no doubt of its hereditary nature, though there is difficulty in tracing it back, in Lombardy, for much more than a century, and equal difficulty in assigning the causes which give it existence in this district alone. The peculiar form of leprosy prevailing in certain parts of Norway, comes under the same description of hereditary disease, and is further analogous to the pellagra in the fatuity it often produces. In the hospital at Bergen I have seen this singular disorder in all its forms and stages. Diabetes, from my observation (and Dr. Prout states the same fact) has sometimes an hereditary character. Enuresis in children, from whatever source arising, occurs sometimes in so many individuals of the same family, as to make it almost certain that it has a common congenital origin. What is not less remarkable, as an instance of similar speciality, emphysema of the lungs has been ascertained to depend in a great number of cases, on hereditary influence, independently of any disposition to tuberculous pulmonary disease."

"Another instance which may be termed special, though belonging to a part of structure diffused over the whole body, is the hæmorrhagic diathesis. Though I do not find in my

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notes any very marked examples of its hereditary nature, except where confined to the lungs, and connected with a phthisical constitution, yet some are recorded so explicit as scarcely to leave the fact in doubt; and remarkable further, from the seeming limitation of these instances to the male sex. Nor is there greater difficulty of explanation here, than where a more limited portion of structure is concerned. The points of question are the same in each case; and the solution, if ever obtained, must be common to both."

"Other diseases might be mentioned, offering questions of the same kind as those stated above. Asthma, for example, sometimes shews an hereditary character. I have known the complaint to occur in three successive generations, and often so numerously in the same family as to make it certain, that a common cause was concerned. This cause is probably one of structure. Yet it would be difficult to affirm it to be so, or to state in what part the peculiarity is likely to exist. It may be that some normal state of the nervous system is chiefly concerned; there being nothing to disprove the possibility that such state of certain parts of this system may be transmitted by descent, so as to become a source of the disordered actions of asthma. Or the cause may perhaps be sought for in connexion with the gouty diathesis, to which I cannot doubt from experience that some forms of asthma are closely related."

"Every physician will recognize the general tendency to hereditary character in disorders of the brain and nervous system. This is a remarkable part of the subject, involving, as it does, every variety and degree of morbid affection, from simple headache to the worst forms of epilepsy, apoplexy and palsy. I shall hereafter notice in relation to another part of the subject, some singular examples in its illustration. The topic is further one of deep interest, as including the various conditions of hereditary insanity, instanced not merely in particular families, but even in districts and communities, where, from local circumstances there has been little intermixture with the rest of the world. From these facts well attested to us, we gather the important conclusion that some deviation in physical structure, whether obvious or not, is the cause of the aberrations it

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presents. In no other way can we conceive the transmission of the tendency from one generation to another. It may be that a part of the fabric of the brain is concerned, far too minute for the most subtle research to follow; and this indeed might be presumed, looking at the nature of the functions affected. But still, whenever the transmissions occur, we are bound by all analogy to infer the presence of a morbid, material cause, upon which the phenomena primarily depend."

"There is much that is curious in the tendency to headaches thus transmitted by descent, and often going through whole families with similar character. The cause here presumable varies in different instances. Sometimes, and especially perhaps where they are periodical, the affection may belong to the gouty habit, and to the matter of gout in the circulation. In other cases normal structure of the vessels of the head may be concerned. In others again, some peculiarity in the nervous substance itself."

"In hereditary affections of the nerves, as in those of other parts, it is extraordinary in what minute peculiarities the tendency often shows itself. It is difficult indeed in some of these cases to distinguish what is due to imitation alone; but in other instances where this is excluded by circumstances, we find nevertheless nervous habits and disorders of the parents reappearing in the offspring to a singular extent.

"These entailed disorders are certainly more numerous than is generally supposed; and probably the source of many morbid states, apparently remote in kind. As respects their origin, they may all be referred to the general principles we have already laid down.

"There are some examples of abnormal structure, or disease, which, though frequently occurring in detached instances, yet are so especially numerous in certain localities, as to afford suspicion in the absence of other sufficient causes that hereditary tendency is much concerned. Such is the goitre of particular districts, no consistent explanation of which has yet been given, founded on local circumstances of climate, or mode of life. The plica polonica prevailing almost exclusively along the course of the Vistula, is another instance to the same

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effect. I might apply the same remark, though with greater doubt, to that curious affection, the trismus nascentium, prevalent in particular localities, and these widely different in all physical circumstances. The great frequency of urinary calculi in certain districts where there is no obvious peculiarity of air, food or water, as a probable cause; and the common tendency to lithic acid deposit in particular families, may admit of like explanation. And this is further sanctioned by the certain connexion of the calculous with the gouty diathesis."

A question has been mooted which has given rise to much acrimonious discussion, as to whether acquired habits by becoming hereditary may not gradually affect the distinction of animals into different species. The fact, however, seems to be decided by the pretty general consent of all physiologists, that the range of deviation is confined to what may be called the limits of the type of the species; and that there is not the shadow of evidence for a progression of the kind on which the theory of 'the vestiges of creation' rests, that in fact the evidence is entirely opposed to it. Our author expresses himself in rather a vague and unsatisfactory style upon this matter, and we greatly prefer the following passage of Mr. Kingsley:—

"Let us therefore say boldly that there has been a 'progress of the species,' and that there may be again, in the true sense of that term; but say as boldly, that the transmutation theory is not one of a progress of species at all, which would be a change in the idea of the species taking place in the Divine mind—in plain words, the creation of a new species. What the transmutationists really mean, if they would express themselves clearly, or carefully analyse their own notions, is a physical and actual change, not of species, but of individuals, of already existing living beings, created according to one idea, into other living beings created according to another idea. And of this in spite of the apparent change of species in the marvellous metamorphoses of lower animals, nature has as yet given us no instance among all the facts which have been observed; and there is therefore an almost infinite inductive probability against it. As far as we know yet, though all the dreams of the transmutationists are outdone by the transforma-

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tions of many a polype, yet the species remain as permanent and strongly marked as in the highest mammal."

It is not easy to trace the origin or to define the conditions of instinct. To those who take pleasure in contemplating the universe with all its created inhabitants as the expressions of a divine and ever-acting Power, whose thoughts so far resemble those of the human intellect as to follow a regular sequence moving along a course of unerring logic, although ages intervene between his footsteps (to borrow the language of Guizot), there is nothing either strange or repulsive in regarding the class of instinctive actions as mental operations unconsciously subject to unknown laws; this seems to be the notion which Laplace intended to convey by the phrase of their being animal affinities analogous to those which cause the molecules of a crystal to approach one another, and assume definite arrangement. But to those who delight to dwell upon the triumph of the human will in subjecting to its own purposes of good or evil the whole machinery, whether sentient or material of the outer world, there is something humiliating in tracing from the proud pre-eminence where some Titan of his age lords over all, the roots of his existence, so to speak, beneath the surface, where they become subject to the same laws which control and regulate those of the most insignificant insect. It is this contrast in man between a domineering will and intellect, and a subjected bodily nature, that gives such interest to the subject of instinct. And yet perhaps in the highest forms of human existence, the two may be brought into unison with mutual advantage. For after all, if we consider instincts narrowly, we shall find that they imply either peculiar sensitiveness to noxious influences, or special impulses towards actions of a character beneficial either to the individual, or the species of which it is a member. The animal perception of noxious influences is exemplified in the retreat of birds from pestilential districts, in the general rejection by animals of poisonous food, and in the general avoidance of what would be dangerous to their well being, while their active instincts induce them to go through many actions in a state which Cuvier likens to somnambulism, from its

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unconsciousness on the part of the individual of any benefit to be derived from it.

The difficulties that are chiefly dwelt on by Sir H. Holland, seem to arise for the most part from a sort of tacit demand that every action shall have the accomplishment of a preconceived object for its motive. Now doubtless this is true in regard to ourselves in a great measure, when we have reached maturity, and become capable of analyzing our inducements to change our habits of action, but it is not true of us in infancy, nor is it at all necessary to suppose any such process of mental anticipation in the mind of an animal. There is in fact no more real difficulty in conceiving a series of impulses compelling a succession of corresponding acts in a beaver and a bee, than there is in comprehending the growth of an embryo. What makes the various parts assume each its own proper form, and what gathers them all into a complete and separable being in fœtal life? We answer, the laws of their growth. Then if we only advance the idea of growth from an individual to a species, we shall strike upon no new difficulty. The same impulses which prepare by anticipation all the requisite defences, the thick skin and sharp teeth for the beaver, while still in the womb of its parent, where no such defences are of any use, impels the full-grown beaver to undergo all the labour which excites our wonder, before it knows from experience that the work will be of any personal advantage to it.

Admitting as we must do, that the continuance of our individual and social existence rests upon the instinctive impulses of our nature, as opposed to the actions suggested by reason, the question how far, or in what way the former ought to become subordinated to the latter, would lead us into considerations more proper to the writers on ethics and political economy, than to those on physiology. Perhaps we may express a doubt whether there is not too great a tendency in the present direction of education and civilization to undervalue the importance of the primitive and instinctive emotions out of regard to certain formulæ of conduct. Virtue is good but innocence is better; and if it were possible to harmonize the strong natural impulses so as to allow them their full effect in giving energy to life, without interfering

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with the eternal laws of purity, we should gain immense power without sacrificing any of the social proprieties. But if our efforts are directed to the suppression rather than the regulation of instincts, nature may avenge itself "by stopping the supplies,' and so paralyzing the constitution. If we were to follow this reflection to its natural consequences, it would lead to the consideration of some of the most embarrassing questions submitted to us in our capacity of medical advisers, by persons who have to suffer from a conflict between what we may almost call individual and social morality, whose health is destroyed by submission to laws absolutely necessary for the general welfare of society. Any attempt to adjudicate in such distressing cases is beyond the scope of the physician's office; all we can do is to state the consequences and leave the decision to the individual. It may be that duty shall require the sacrifice of health: this does not entitle us to advise an evasion of the duty, but merely to state the facts.

As to the seat of the instinctive appetites and emotions, although probably always in some part of the nervous system, it would seem to be various in different species of animals. For example, a decapitated butterfly will exhibit as much animation in the presence of one of an opposite sex, as when in possession of its head, with all the organs of the senses there concentrated, while the destruction of even portions of the brain, will annihilate in animals higher in the scale, all the perceptions and emotions represented by the insect's excitement. An enquiry into the seat of the emotions, naturally conducts us to phrenology, a subject treated by our author in rather a superficial manner. It is one which admits of two distinct points of view, which have not perhaps been sufficiently discriminated. Accepting as an established fact that the brain is the organ on whose integrity all mental operations depend, it is an obvious suggestion that as on the one hand we have a complicated series of very dissimilar mental attributes, and on the other a no less complex organization, we may infer that each of the various primitive emotions and faculties will have a corresponding cerebral locality. "Eminent men in all ages have acknowledged this dependence of the faculty of thought upon the body: of these I need only mention

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(we are now quoting Prochaska)* Hippocrates, Galen, Des Cartes, Abraham, Kaw Boerhaave, and Gaubius. The force of truth made Tralles also subscribe to this opinion, for although he carried the doctrine, that the mind is independent of the body too far, yet he observes, it is indeed certain that experience teaches us that so long as the soul is connected with the body, a well established brain is absolutely necessary for it to think, imagine, reproduce ideas, and judge concerning them." Ernest Platner also in his elegant essay, *de vi comporis in memoria*, observes, "since such are the facts, it is manifest from the observations already made, as to the mode of perception, that every one of our senses is put in action by the common agency of the body and mind, so that no sensation or thought can be produced by the mind without the body, nor by the body without the mind. And this doctrine that the soul so long as it is connected with the body, can neither think, nor have self-consciousness, without a properly constituted brain, derogates certainly in no degree from the immateriality and immortality of the soul, which God by special favour can endow with an eternal consciousness of itself, and of things external to it, although the body it had inhabited be destroyed —a doctrine we are taught to believe by religion, which also in every age has been desired by mankind, and which great philosophers have approved by their assent." So much then we may take as an acknowledged fact in physiology, and it is a perfectly legitimate advance from this broad basis, to attempt to ascertain by an examination of the brains of those who when alive exhibited well marked peculiarities of character, whether certain portions of that organ do not correspond with certain faculties. The difficulties of pursuing in a rigidly scientific method this investigation, are obvious enough, and exemplified by the obstacles which required so much time and genius to overcome them, before the much simpler facts of the relation of nerves to different senses and other functions was finally established.

The other point of view from which phrenology may be regarded is that of an attempt at an accurate physiognomy of the head. Every part of the body is indicative of the character of the whole individual in a greater or less degree; the hand may

* Unzer and Prochaska on the nervous system, p. 445.

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be called a hieroglyphic, legible perhaps to a mind of angelic power, of the perceptions of all the relations involved in every part; and how much more may we expect from the head, the capital of the human fabric, the grand distinctive feature of man? It is surely no mean task to endeavour to fix with precision the meaning of every curve and line, and a task which, if pursued with the clear idea of the knowledge we may thence derive, is likely to be attended with success. But it would perhaps have fared better with phrenology if its cultivators had kept to this idea instead of confusing a question in itself sufficiently perplexed by the introduction of another element altogether, that is, the relation of the form of the head, not to character only, but to the brain also. It may be perfectly true that a head broad behind, with a corresponding broad and a thick-set neck, is an indication of a large endowment of the faculty, which the phrenologists out of respect to the race of novelists designate as No 1., and it may be equally true that this function of the cerebellum is to preside over complicated movements. Why should the one set of observations be held to clash with the other? At the least we may suspect premature generalization on the part of the phrenologists in this direction. It would be out of place here to enter upon the objections raised against the system from the psychological side, as giving an imperfect analysis of the mind, and overlooking some of the most essential difficulties which lie upon the very threshold of all attempts to catalogue the mental faculties of man. Perhaps it is owing to such omissions that M. Comte, whose sympathies should incline him to a favourable judgement of the labours of phrenologists, pronounces against them the severe sentence, "that they do not seem to have even perceived the difficulties that must be overcome before their system is accepted by philosophers." However this may be, there is one thing quite certain, that until the system is universally accepted, or at least much more generally than at present, it is a great error on the part of those who describe the localities of the symptoms of the head, to adopt a phrenological nomenclature. Descriptive anatomy is a science, like physical geography, altogether independent of hypotheses. Where should we be now if instead of describing symptoms as affecting specified regions of the body,

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they had been allotted to the supposed functions which such regions covered? What could we make of a pain in the region of melancholy, or envy, or anger? And yet at one time the liver and the heart were as firmly and generally believed to be the actual seats of emotions, as the different portions of the brain are now.

To those who are interested in the development of this subject, we might suggest the importance of not too rigidly circumscribing mental capacity to cerebral development, but embracing in their enquiry the whole of the nervous system, with many parts of which, as the ganglionic, we are as yet but imperfectly acquainted. We know that in the lower tribes it is the seat of most of their impulses, and it may be that the impulsive character of mind which enables genius to leap from height to height, while talent, however great, has to ascend and descend with painful effort the intervening space, may be dependent upon a more liberal supply of ganglionic nerves, which imbibe with unquenchable avidity all the influences of external nature, and thus feed with extraordinary bounty the faculties of emotion and conception, so as to give rise to a creative energy by which they summon into the world of matter and observation truths which till then had been held unrevealed by the ocean of possible realities which surrounds our little island of achieved knowledge.

The only remaining topics in this volume about which our limits permit us to linger, are, "the effects of mental attention upon bodily organs," and "memory as affected by age and disease."

The effect of directing our observation upon our own organs is a subject of much importance in reference to the proving of medicines, and one which has of late attracted the attention of physiologists by the interest excited in Dr. Mayo's observations and the magnetescope. It is yet involved in great obscurity. All we positively know is, that if any particular organ of whose existence we are conscious by sensation, such as the heart or the stomach, be made the subject of thought or attention, this mental attitude or exertion may induce certain changes in that organ which becomes the subject of consciousness. We thus have a self-deranging power within us. How this is effected is

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We must suppose that there is constantly [illegible] perception of the existence of these organs, derived [illegible] nerves of sensation, and when we are in perfect [illegible] accumulated impression is one of well-being, or what [illegible] recently called euphoria. We may here remark that a state of euphoria in excess is sometimes the precursor of some serious attack of disease, and in such a case we may suppose that the exciting cause of the paroxysm is the excessive development of nervous power in the organs of organic life. The diseases in which this has hitherto been chiefly observed, are of a spasmodic and nervous character. We have noticed it in other cases however, and have at present under treatment a lady affected with a singular kind of bilious diarrhœa. The prominent features of her case are, that chiefly after eating she is subject to become affected with a sudden sense of cold, and a pain first in the right then in the left hypochondrium, and immediately afterwards she has an urgent call to stool, and an evacuation of a large quantity of frothy yellow discharge. The whole paroxysm occupies only a few minutes, and it is quite uncertain in its return, being sometimes absent for many days and again taking place repeatedly in the course of the same day. She always knows when an attack is at hand, by a peculiar elevation of spirits, and general sense of unusually vigorous health. We adduce this in illustration of the fact that we derive a constant stream of impressions from the organs of organic life, and we must suppose that there is a reciprocal action kept up between them and the organs of mental emotion. This indeed we know to be the case, as testified by the rapid and intense disturbance produced by emotion upon all the vital parts, so intense as sometimes to be instantly fatal.

That the muscular system is also in constant communication with the cerebral, we learn from the facts of the muscular sense, and that this system is also acted on powerfully by the brain without volition, is proved by the convulsive movements of the body which have often been observed in paralytic persons. Yawning, for example, takes place when the voluntary power of opening the jaws is absent. If then we put all these facts together, we shall see that the only remarkable thing in the new

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series of observation to which attention has been directed is, that the impulse to an unusual degree of active intercommunication between the sensorium and the distant organs is given by the will, and that the derangements of these organs so produced is carefully observed by the mind. We may go even a step further in simplifying the problem, by suggesting that the will does not act directly upon the organs affected, but indirectly, by inducing in the mind an attitude of anticipation analogous to the emotion of anxiety, so that the whole circle is represented by the following acts;—*first* an act of attention directed to either, let us say, the stomach or the fingers; *second* the prolonged attention excites an emotion of longing anxiety; *third*, this emotion acts through the nerves proper for its conduction, either upon the sensitive surface of the stomach, or upon the muscles of the fingers; and *fourth* and lastly, we take cognizance of the sensations produced in the one directly, and in the other indirectly, by observing the muscular tremors magnified by mechanical contrivances, such as the divining rod, or magnetescope. Such seems to us the rationale of the whole mystery.

In regard to its relation to homœopathy all we have to say is, forewarned forearmed. So obvious a source of fallacy is to be carefully guarded against. And when Sir H. Holland says, speaking of the effects of minute doses of apparently inert substances, in deranging the health, "We find the proofs (even as they come from the founder of the doctrine) to consist principally in the simple assertion of the subject of the experiment, unchecked, *as far as we can see*, by any regard to the phenomena now before us, though so absolutely essential to the truth of all conclusions thus obtained." We say in reply that it is quite plain our learned author, however well he may be acquainted with Aristotle and Hippocrates, did not take any pains to investigate this matter. Had he done so he would have learned that the greater number of Hahnemann's provings, and those most relied on in practice, were made at Leipzic by students under his direction, and that he subjected each observer to a close and critical cross-examination before he admitted his statements of the experience of sensations from any drug

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under investigation into his catalogue of the effects of the medicine. That Hahnemann's later works were less carefully prepared, is acknowledged by all acquainted with the subject; but to include in a sweeping censure all the results of so much patient and learned labour, on account of partial inaccuracies, would be to throw away the only chart we possess of a sea we must navigate, because we discover certain currents which had escaped the observation of the first daring mariner who had surveyed it for our advantage.

Such is our reply to Sir H. Holland; but *fas est ab hoste*, &c., so we take his suggestion as really of importance, and in future, in proving medicines, we trust that great attention will be paid to the morbid sensations which arise in the body simply when we set ourselves to look for them. These are spirits which do come when they are summoned, and we quite agree with some of our American critics in recognizing the distinction between such morbid sensations and symptoms in the true sense of the word.

On the subject of memory as affected by age and disease, we find many curious observations. Our author very properly points out the fact, that in estimating any supposed defect of memory, we must be careful to measure the power, not by any abstract standard, but by that of the individual, and to be alive to the distinction of memory and recollection. Memory may be defined as the accumulation of mental impressions. We are obliged to restrict it to mental, for the impressions made upon the senses, such, for example, as those of sound or light, or smell, are not properly the subject of memory, for they cannot be recalled either by an act of the will, or by association. This is a striking fact, which touches the confines of sensations as separated from ideas. Properly, we have no control of our sensations; they are the handwriting of nature upon us. The characters we cannot alter. If we could, the integrity of the senses would be at an end, as they are when the mind recalls sensations in its morbid state, and becomes subject to illusions of the senses;—a subject of extreme interest as a phenomenon of disease, but from its rarity, and manifestly morbid character, testifying to the truth of the proposition, that as a rule, sensations are not within the province of memory.

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The difference between memory and recollection may be compared to that between the possession of property and a supply of ready money. The proprietor of a gold or diamond mine of incalculable value, might starve in London from the want of a penny; and the loss of the power of recollection, produced by some accidental and purely bodily cause, may give the appearance of an entire failure of memory. We find in this chapter some curious examples of this. "A case of slight paralytic affection," says Sir Henry, "is at this time before me, where the perceptions from the senses are unimpaired; the memory of persons and events seemingly correct; the intelligence only slightly affected; the bodily functions, though feeble in power, not otherwise disordered; but where the memory of words for speech is so nearly gone that only the single monosyllable 'yes' remains as the sole utterance of all that the patient desires to express; even when a simple negative is obviously intended, no other word is used. In another case of recent occurrence, where, in sequel to a paralytic attack two years before, the memory of words had been greatly confused and impaired, I found them all regained and brought into right use, except the pronouns, which were almost invariably substituted one for another. In a third case, where the patient, affected with hemiplegia, at a very advanced age passed into a state of low rambling delirium, a few days before his death, all that he spoke, whether in answer or otherwise, was in French—a language he had not been known to speak at any time for thirty years before. This continued until his utterance ceased to be intelligible altogether."

To this form of imperfect recollection Sir Henry suggests the designation of *dislocation* of the memory. The dislocation of words while the train of thought is unbroken, is sometimes curiously exhibited. It is related in Sir Walter Scott's life, that while dictating some of his novels—which he only did when he was prevented by illness from writing himself—the amanuensis was sorely puzzled by the utterance of a word having no conceivable relation with the immediate context; but after he had proceeded some lines in the composition, this same word then again appeared, and this time in its right place. It would seem

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that the thinking had gone so far ahead of the expression, and that there was going on simultaneously a process of continuous thought, and the delivery of that product to the keeping of the memory, which gave it forth in a purely mechanical fashion.

This suggests the important distinction between the memory from association of propinquity, and the memory of analogy. By the former we recall objects and events in the order in which they were presented to the senses; by the latter, they return in connexion with other facts, to which the mind finds them to be like. Learning a catalogue, or a page of a dictionary by rote, is an effort of the memory of propinquity; the composition of a theme, in which all the known facts are arranged in reference to the subject of the composition, is an illustration of the memory of analogy. The first is necessary for excellence in all technical knowledge; and having it in abundance gives great readiness, and the power of rapid decision; while the other is required for all efforts which demand the combination of invention along with recollection. When this distinction is not recognized, it is apt to induce an entirely false inference in regard to questions of veracity. There are men—of whom we may take Coleridge as a type—who, with an enormous power of acquisition, seem to have little consciousness of the difference between what they have acquired, and what they have created. The memory of propinquity is overborne by the memory of analogy. The fruits of other minds are stored unlabelled in their own, and reproduced without acknowledgment; and then the critics "cry havoc, and let slip the dogs of war." This is no barren subject of investigation even to the physician, who must be aware of all such distinctions in giving an opinion upon points relating to insanity, and the enfeeblement of the mental powers by age and disease.

The effect of bodily weakness in paralysing the recollection, is well attested; and we meet with a curious illustration of it in this chapter. The author, who among his other accomplishments, seems to speak German with ease, descended a mine in Germany, and having fasted all day, and undergone much fatigue, found to his dismay, when at the bottom, that all remembrance of that language had fled as entirely as Nebuchadnezzar's

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dream was forgotten by that monarch. Whether he was fortunate enough to meet with a Daniel who recalled the language, and the interpretation thereof, we are not informed. We are also told that the recent influenzas have been characterized by a certain enfeebled power of memory, even at their commencement; and we call special attention to this fact, as it may give an important indication in the selection of the specific remedy for this epedemic.

While on the one hand we thus observe as a frequent occurrence the loss of recollection without that of memory, on the other hand we occasionally meet with the converse, where the whole mental action is due to what may be considered an almost mechanical reproduction of the image presented to the mind by the senses. The most striking example of this is in the phenomenon which Romberg calls "the echo." In certain states of cerebral paralysis, the patient repeats the words spoken, and this is the only symptom of intelligence afforded. Thus, in one case he relates of a girl affected with some cerebral disorder, when he said "Put out the tongue, raise the arm," the patient repeated his words, but made no movement. We have observed this in certain forms of deliquium in a hysterical patient. The exact words, and even tones, are reproduced without the slightest consciousness at the time, or the faintest remembrance afterwards.

After all, this phenomenon is only strange from its intensity; for the repetition of a set form of words may be gone through with as entire absence of consciousness as the echo betrays in the illustrations we have cited. Such exercises evince no more mental activity than the movements of an old soldier at drill or the fluttering of the wings of a decapitated goose. They are simply the reflex actions of the brain. Hence the necessity for securing progress, that not only we should have minds endowed with the capacity of evoking the hidden powers of matter—scientific discoverers; but also that we should have a continual succession of men gifted with that prerogative of genius which consists in feeling with unusual intensity the meaning of old forms of speech, and of passing these coins effaced by long use through the mint of their own personality, if

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such an expression may be allowed, so as to restore to them a fresh image and superscription; so that they may stimulate the same feelings they were designed originally to arouse, and by renewing the type renew the print. Thus literature and science mutually react on one another, and can never be as they never have been antagonistic, the one giving life, the other the means of living.

We find we have exhausted our space, and we fear our reader's patience, just as we reach the threshold of the volume of medical notes and reflections, so that we are constrained to sum up all we have to say upon it in a few sentences. An enumeration of some of the subjects we have already given, and under each head will be found many curious observations, but the general style of the work hardly rises above scientific gossip, and the absence of all originality is so remarkable as to make one fancy it might have been written by a *stuffed man* instead of a physician in extensive practice, himself the centre of much interest and sympathy, the son-in-law and intimate friend of one of the most original thinkers and greatest wits this country ever produced.* On the whole, however, it is written in a spirit of fairness, and contains much good advice to the profession at large upon the abuse of the implements of torture, such as the lancet and the purgative appliances a too confiding public has put into their hands. He bears honest testimony in the following passage to the progress of homœopathy, and the mis-statements he makes we may charitably ascribe to ignorance, not to malice. In speaking of the improvement in the regimen of patients, he says—"I cannot doubt that to this cause in great part may be attributed the *growth and continued prevalence of homœopathy in England.*" He tells us a little farther on that it has passed into neglect in Germany, but we prefer taking our evidence upon that point from the Hollands of that country, who state exactly the reverse; and when he says that homœopathy is *inefficient in all acute diseases*, we only regret that besides travelling from Iceland to Greece, he had not also made a journey from Saville Row to Golden Square, and after he had exhausted the

* Sydney Smith.

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writings of all the Greek physicians, he had not taken the trouble to read an essay on pneumonia by Professor Henderson, written in plain English; for if he had done so, he would have had a glorious opportunity of affording a splendid example of the triumph of truth over the trammels of prejudice, as he doubtless in obedience to the precepts of medical morality and philosophy he so strenuously inculcates, would have been forced to declare that the true remedy for all the abuses of medicines which form the subject of the latter part of this volume, were to be found in the writings of one Samuel Hahnemann. But the open secret, the true talisman of success, that only requires candour and courage to be known, is passed by, and the secrets of no practical value buried in the vestiges of former ages or remote countries, are diligently hunted after as being more worthy of a member of the College of Physicians and the Royal Society of London.

We cannot conclude without adverting to the chapter entitled, "On points where a patient may judge for himself," for we fully expected to find among the first, as by far the most important, *a patient's right to select his own medical adviser.* This indefeasible right of a free-born Englishman is not sufficiently recognized, and yet surely it is involved in the "Habeas Corpus" act! We trust that before there is any rash legislation touching this liberty, the opinions of constitutional lawyers will be asked, and that the descendants of men whose ancestors won from kings immunity from arrest, and from being carried off to prison, will not tamely submit to the usurpation of colleges, and the risk of incarceration in their own domiciles, guarded by sentries armed with lancets, and the infernal machine spoken of in the new medical bill, as being in the course of preparation, under the title of the "Pharmacopœia Lethalis."

This primary right of every sick man, as we say, Sir Henry does not advert to, but expatiates on the prospects of consoling all who seek our aid by assuming as encouraging and pleasant an aspect as we can, and indeed suggests the picture of a most amiable and courtly physician, one well qualified to gain public respect, and well deserving of the honours he has attained,

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although perhaps not quite rising to such an ideal as is represented by Leigh Hunt in the following passages, with which we shall take leave of Sir H. Holland—"We know not indeed who is calculated to excite a liberal enthusiasm, if a liberal physician is not. There is not a fine corner of the mind and heart to which he does not appeal; and in relieving the frame he is too often the only means of making virtue itself comfortable. The physician is well educated, well-bred, has been accustomed to the infirmities of his fellow-creatures, therefore understands how much there is in them to be excused as well as relieved; his manners are rendered soft by the gentleness required in sick-rooms; he learns a Shakesperean value for a smile and a jest, by knowing how grateful to suffering is the smallest drop of balm; the whole circle of his feelings and his knowledge (generally of his success too, but that is not necessary) gives him a sort of divine superiority to the mercenary disgraces of his profession. * * * The ordinary jests on the profession are never echoed with greater good-will than by those who do not deserve them; and to complete the merit of the true physician—of the man whose heart and behaviour do good as well as his prescriptions—he possesses that humility in his knowledge which candidly owns the limit of it, and which is at once the proudest, most modest, and most engaging proof of his attainments, because it shows that what he does know he knows truly, and that he holds brotherhood with the least instructed of his fellow-creatures."* Of this representation we may say—"Se non è vero è ben trovato."

Medical Reform; being an Examination into the nature of the prevailing Systems of Medicine, and an Exposition of some of its chief Evils, with Allopathic Revelations. A Remedy for the Evil, by SAMUEL COCKBURN, M.D.

WE recommend this little book as one of the most readable and reliable *exposés* of the allopathic and homœopathic systems we have yêt met with of a popular kind. It contains a good summary of the evidence recently accumulated by statistics in

* Men, women, and books, &c., by Leigh Hunt, vol. 2, p. 43.

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favour of homœopathy; and an unsparing revelation of the contradictions of the writers and teachers of old physic, as well as some well selected specimens of the virulence of the tone of the medical press in its reference to homœopathy. The style is clear and pleasant; and we have no doubt it will command an extensive circulation among a large class of the public who are eagerly enquiring into all the medical novelties of the day.

Surgery, and its Adaptation to Homœopathic Practice, by WILLIAM T. HELMUTH, M.D. Philadelphia, Mass. 1855.

WITHOUT much pretension to originality, this is an excellent compilation of surgical practice, and will be found very useful to the general homœopathic practitioner. The best surgical authorities have been ransacked to supply the most approved modes of treating surgical diseases; and the homœopathic character of the work is maintained by the medical directions for the treatment of every possible case of external disease, whether the result of accident, or depending on internal dyscrasia. The volume is illustrated by woodcuts illustrative of many of the operations, of fractures, dislocations, bandaging, &c., copied from the best manuals. On the whole, the homœopathic surgeon will find this a useful book. The medical treatment recommended will in many instances, no doubt, enable him to forego the operations, which are so graphically described, as to facilitate to the practitioner their performance.

Magazin fur Physiologische und Klinische Arzneimittellehre und Toxicologie, von J. FRANK, M.D. Vols. I., II., III., IV. Leipzig, Baumgärtner, 1845-1855.

Magazine of Physiological and Clinical Materia Medica and Toxicology, by J. FRANK, M.D. Vols. I., II., III., IV. Leipzic, Baumgärtner, 1845-1855.

THE completion of this laborious compilation must not be passed over unnoticed by us. Dr. Frank has richly merited the grate-

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the thanks of every practitioner interested in the advancement of our knowledge of the pure effects, whether physiological or therapeutical, of medicinal substances. For ten long years has he laboured silently and unostentatiously at his weary work, and the four volumes before us are the result of his toil.

Many of our readers have no doubt some idea of the character of Dr. Frank's Magazine; but to those who have not, we shall give a sketch of its plan.

Holding with Hahnemann, and all the partisans of the homœopathic school, that the only reliable knowledge of the therapeutic action of remedial agents, *ab usu in morbis*, was obtained when these substances were administered to the patient singly and alone; and that the only positive knowledge of their physiological effects was to be derived from experiments made on man and animals, and from cases of intentional or accidental poisoning, Dr. Frank undertook the gigantic task of searching through all the modern allopathic literature to which he could gain access, in order to collect facts of this nature. In the course of his labours, this busy bee has ransacked the therapeutic sweets of no less than 1,727 volumes, and stored them up in this hive—his Magazine. Here the physiological and therapeutical facts are arranged in a convenient order, and the last volume finished off with a minute general index to all the volumes. This index enables us at once to ascertain the diseases which have been cured by a particular remedy, and also the remedies that have cured particular diseases, together with all the cases of poisoning and experimentation with any medicinal substance. In fact, Dr. Frank's Magazine is a grand cyclopædia of all the real useful therapeutic facts contained in these 1700 allopathic volumes.

Dr. Frank has very judiciously omitted all reference to the therapeutic opinions of the thousands of medical authors who have recorded their theories in these volumes. He gives what may be considered a dry history of each case, shaving off all the superfluous ornamentation and French polish of the narrators, and giving the barest possible abstract of the cases cured, and of the symptoms caused by the different remedies.

Dr. Frank has not confined himself to mere drugs, but he

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has recorded also the effects, physiological and therapeutical, of various other remedial agents, such as water, cold and warm, acupuncture, dry cupping, the actual and potential cautery, galvanism, frictions, inunctions, &c.

Dr. Frank's researches have not been limited to the literature of his own country, but he has consulted some of the chief periodical and other medical works of France and England. In fact, his work is as nearly as possible a universal therapeutic cyclopædia of allopathic literature. He has skimmed off the therapeutic cream of pure observations and experiments from all these allopathic works, and left the skim-milk of hap-hazard trials of compound prescriptions.

These four volumes are the epitome of all that is useful to the homœopathic practitioner in the vast library of allopathic literature examined by Dr. Frank. They are an indispensable work to all engaged in the investigation of the pathogenetic and therapeutic virtues of medicines.

It is remarkable how strikingly the curative effects of the drugs mentioned in these allopathic records illustrate the great therapeutic law discovered by Hahnemann. Indeed, many of the cases might have originally appeared in homœopathic works without exciting particular remark.

We should very much like to see a similar work to this of Dr. Frank's carried out with regard to the allopathic periodical and other literature of this country and America, which he has not examined.

OBITUARY.

Dr. William R. Beilby.

(Communicated by Dr. Scott.)

By the death of Dr. Beilby, the British school of Homœopathic practitioners has lost one of its most promising members. The following brief notice may, therefore, not be unwelcome.

He was the son of Dr. Beilby of Edinburgh, a man well known and highly esteemed as a physician and a christian. After the usual course of school education at the new Academy of Edinburgh, he com-

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menced the study of medicine, which he continued for six years, availing himself of the best means of instruction, and residing for some time in the Infirmary for that purpose.

His prospects on graduation were favourable, owing to the position of his father, which might have afforded him an introduction to home practice, and also to his having at his option a colonial appointment, with a definite salary. These prospects he resigned, having adopted conscientiously that view of the principles of medical practice, which is supposed to be inconsistent with their attainment. Perhaps the relinquishment of his own prospects was a less difficult effort than it was to communicate his purpose to his father, who had looked forward to him as the assistant of his declining years, and who could not participate in the theoretical views of his son. His convictions, however, outweighed all other considerations, and constrained him to follow a path in which he was unsupported except by his self-reliance. Into that path he had been led by his own reflections and experiments, having, while performing the duties of a physician at a public dispensary, instituted experiments with a view to test the truth of the theory, some results of which, enlarged from independent sources, he afterwards communicated to the *Homœopathic Times*, in one of the most important papers of that journal, a paper more likely to produce intelligent conviction than most of those which have been written with the express view of making converts.

After some hesitation he resolved to settle in Glasgow, to which city he repaired in 1847, with few advantages, the introductions he brought with him being, as usually is the case, of very little use in promoting his advancement.

Yet his course in that city was eminently successful, for in a few years he was in the receipt of a respectable income, all the more promising, because not so disproportioned to that of medical practitioners generally in the early part of their career as to imply that it was due to temporary interest in a comparatively new method of practice. He established a dispensary which he conducted unaided in labour, and so slightly aided in purse as to oblige him to render it in some degree self-supporting. But to gain a moderate income in Glasgow, involves so great an amount of labour, that Dr. Beilby was induced by this and other urgent motives, to remove to Birmingham in 1853, where unhappily his health, which was never robust, completely gave way. He was able to continue his practice with various interruptions till the spring of 1855, when he was no longer able to contend against

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the serious inroads made upon his health, and after seekng in vain the restoration promised by his native air and early associations, he gradually sunk, till December 19th, 1855, when he died in the 30th year of his age.

To the writer of this trivial notice, who knew him intimately, and esteemed him highly, he appeared to be a young man of great promise; his natural talents were good, and they had been well cultivated; he was deeply interested in his profession, and the tone of his mind being eminently practical, it was in its practical bearing particularly, that he regarded that method which he adopted, and which he laboured zealously to disseminate: he was diligent in the study of his cases; careful in the selection of his medicines, (most of which he prepared conscientiously himself,) and anxious about the result of his treatment. But while he faithfully regarded his profession as the business of his life, he did not so exclusively confine his attention to it, as to neglect self-improvement: he was eager to share in the intellectual progress of the age, and this combined with a sanguine disposition and frank utterance of his sentiments, may have given the impression of changefulness and instability, an imputation scarcely to be avoided by those who are really anxious to advance in intellect as they advance in years, and who, for this purpose, throw themselves into the current of progressive ideas. He was characterized by a deep sense of religion, in the practice and expression of which, he evinced much of his natural independence and self-reliance. From convictions he adhered to that section of the christian church of which his father had formed a valuable member, and which derives its name from its peculiar observance of the initiatory rite; but he did not so far restrict himself to the services of that communion, as to hold himself precluded from attending such as he found most instructive though disconnected with it. When finally laid aside from practice, he engaged almost exclusively in such studies and reflections as bore directly on his spiritual improvement, and at the close of life, we believe, he found the most congenial home among that body of christians, who, desirous of disclaiming sectarian peculiarities, accept their designation from the place of their earliest settlement, and from their love of brotherhood, rather than from any speciality in doctrine or practice.

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MISCELLANEOUS.

Trial of Homœopathy at Naples.

Let not our readers suppose from the above title that we are about to speak of any recent trials of homœopathy in the kingdom of the magnanimous Bomba. We are going to rake up an old story, a story more than a quarter of a century old. Our reason for doing so at this particular moment is simply this. Dr. Simpson in his *Tenets and Tendencies* cites Mr. Edwin Lee, the medical traveller for Bradshaw's Guide, as his authority for certain trials of homœopathy, by order of the Neapolitan government, which trials resulted in the signal discomfiture of the homœopaths. The condemnatory resolutions of the committee appointed to investigate the homœopathic practice are thus worded, according to Lee. "1st. The homœopathic treatment produced no effect. 2nd. It had the serious inconvenience, in several of the patients, of preventing the employment of remedies by which they might be cured."

No notice was taken of this either by Dr. Henderson in his admirable reply to Dr. Simpson, or by ourselves in our review of the work of the great obstetrician, although the same materials were before us for a reply then as now. The truth is, we did not then think it worth while taking up our readers' time with the details of this wonderful trial of homœopathy. But we find that various writers against homœopathy, knowing nothing at all about the facts, and merely borrowing from Dr. Simpson, who had previously borrowed from Edwin Lee, repeat again and again the assertion that homœopathy had a fair trial in Naples by order of Government, and that the result was unfavourable to homœopathy. We do not hope that by laying the facts of the case before our readers we shall put a stop to the circulation of the falsehood among our opponents, but it may be agreeable to the partisans of homœopathy to learn that the result of the trial was exactly the opposite of what it is said to be. Moreover, as no accurate account of this "fair trial" has yet appeared in the English language, it shall not be our fault if hereafter our opponents shew their utter ignorance of the facts connected with it.

The documents whence we derive our account of the Neapolitan

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experiments are contained in the sixth and seventh vols. of the *Bibl. Hom. de Geneve.*

The late King Francis the First was very partial to the homœopathic method. He shewed this partiality by appointing in 1828 to the service of the Military Hospital of the Trinity, the homœopathist, Dr. de Horatiis, his own physician in ordinary. In course of time, Dr. de Horatiis published a small volume, giving the details of the cases he had treated at this hospital. This little work created a great sensation in Naples, the opponents of homœopathy denying the truth of the cures said to have been effected by the author. The king determined on bringing the question to an issue by causing arrangements to be made whereby the homœopathic treatment should be put to the most rigorous test. With this view a royal decree was promulgated on the 28th February 1829, of which the following is a literal translation.

"A homœopathic clinique shall be opened and subjected to regulations, the strictness and sagacious arrangement of which shall serve to remove all doubt and prejudice, to prevent all fraud and partiality. The necessary precautions shall be taken to establish the diagnosis of the diseases, to determine the choice of the remedies, their potency and their dose. Finally a register shall be kept of the different phases of the diseases, and of their terminations.

"Article 1st.—A commission composed of upright and learned men shall be present in the ward of the clinique during the preparation of the remedies, and their distribution to the patients affected with acute or chronic diseases. This commission shall be composed (1), of four members of the University, two of whom must be physicians; (2), of two members of the Royal Academy of Medicine and Surgery; (3), of all the medical officers of the Hospital of the Trinity.

"Article 2nd.—The commissioners having met together, shall satisfy themselves of the degrees of dynamization of the homœopathic medicines. These medicines shall be shut up in a box with a double lock and a double key in the presence of the commissioners; one of the keys shall remain in the hands of the members of the commission, and the other shall be confided to the director of the clinique. This box shall be shut up in a cupboard to be erected by the superior officer in command of the grand hospital in the ward of the clinique, the key of which he shall retain, and only give it to the director of the clinique in the presence of the commissioners. The

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director must return the key to the commandant immediately after the conclusion of his visit.

"Article 3rd.—The ward of the clinique shall only have one door, which shall be guarded by a sentinel. This ward shall be large, light, well situated, and capable of containing from thirteen to twenty beds, which shall be entrusted to two assistant physicians, one of whom shall be chosen by the director, the other by the members of the commission. These physicians shall keep a journal in which shall be entered exactly all that may happen in the absence of the director and of the commissioners. They shall maintain a constant watch over the patients, shall take care that the regimen is exactly followed, shall not allow any one to enter the ward, except those persons who only come to see it, and shall in no case allow them to read the cards placed over the beds, to look at the journals, nor question the patients.

"Article 4th.—The admission of the patients shall be agreed to in common by the commissioners and the director. The latter shall never be forced to admit patients whose diseases are not perfectly definite. Patients who are affected with diseases which allopathists consider to be incurable shall be admitted by preference.

"Article 5.—The commissioners and the director should be always present at the visit, which shall take place at a fixed hour. As soon as a patient is admitted, the medical commissioners shall make the diagnosis of the disease; their opinion shall be immediately registered and signed by all the commissioners present, by all the directors of the clinique, and the other assistant physicians.

"Article 6.—Every day at the visit, the commissioners, as well as the director, shall investigate the state of the patients, shall insert it in the journal, and shall give their advice respecting the medicines that ought to be given.

"Article 7.—A report shall be made of the cures effected, and of the diseases that have not been cured. This report shall state exactly the order of the treatment and the remedies given during all the time the patient has been under treatment. This report, signed by the commissioners, the director, and the assistant physician, shall be preserved in the archives of the clinique, and a copy of it shall be delivered to the director, who may publish it.

"Article 8.—In case of the absence of one of the commissioners, or of the director, their deputies shall be authorized to sign for their chiefs."

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his colleagues, for which he was called to order by his chief, Dr. Lanza.

Dr. Lucarelli only came once to the hospital, and then only to demand that a stop should be put to the homœopathic treatment. Possibly he may have thought that if it were allowed to go on much longer, it would do no good to allopathy. His deputy, Dr. Panvini, published a book against Dr. de Horatiis, entitled, *Forty Days of Homœopathic Hospital Treatment*, in which he exerted his utmost ingenuity to get up a case against the system, by denying in toto the results obtained.

Dr. Ronchi, only came to the hospital five or six times, and then only to make the most sinister predictions. His deputy, Dr. Albanese, it would seem, tried to realize the unfavourable auguries of his chief, for he was publicly accused of attempting to poison the patients in order to prevent their recovery under homœopathy. This accusation which might have been attended with serious consequences to Dr. Albanese, had not Drs. de Horatiis and Romani generously interfered, was occasioned by the fact that Dr. Albanese was detected distributing figs to the patients without the knowledge of the physicians who were charged with the treatment. One patient who ate of these figs had all the symptoms of poisoning. What made the matter more suspicious was, that Dr. Albanese had predicted the death of this patient in the presence of several other medical men who were visiting the ward at the time, but who expressed it as their opinion that the patient was convalescent. An inquisition was held on the demand of the director of the clinique to investigate the affair, and it was proved by numerous witnesses, that Dr. Albanese had distributed to some of the patients these figs, enjoining them not to mention the circumstance to the visiting medical officers.

After the homœopathic treatment had been carried on for two or three weeks, a report was industriously circulated that two of the patients had died. The rumour reached the king's ears, who forthwith dispatched his royal relative, the Duke of Calabria, accompanied by two general officers, to enquire into its truth. His royal highness was charmed to find that the report had no foundation, and that no fatal case had occurred, so that the homœopathic treatment was ordered to be continued.

On the fortieth day of the treatment, the six commissioners and their deputies unexpectedly invited the homœopaths to render an

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account of their treatment. A long and stormy discussion ensued, which only had this effect, that the allopathic commissioners retired altogether from attendance at the hospital, and addressed a secret report to the President of Public Instruction, containing the damnatory resolutions so triumphantly paraded by Mr. Edwin Lee and his followers.

This report was in due course transmitted to the Minister of the Interior, by whom it was read in the Council of State. The king was astonished to find the conclusion of the commissioners so different from what he had anticipated. It would seem that his majesty innocently supposed that the report would contain the logical conclusions from the results obtained from the homœopathic treatment, in place of the concentrated essence of the prejudices of the commissioners, and of their disgust at the part they had been compelled to play. However that may be, the king commanded to be shewn the documents on which the report was professedly founded. Accordingly on the 9th of June his aide-de-camp, the Duke de San Valentino accompanied by Lieut.-general la Gona, Inspector-General of Military Hospitals, proceeded to the hospital, sealed up all the papers relating to the treatment, and conveyed them to the king. His majesty scrutinized them attentively. He was perfectly satisfied, and in place of ordering the immediate cessation of the homœopathic treatment, as the allopaths hoped he would have done, he recommended that it should be continued.

But the commissioners had taken the sulks, and would no longer consent to be the witnesses of a system they detested. Some of their deputies continued to attend and to sign the day-book. The chief physician and surgeon of the hospital also, who were commissioners *de jure*, and who had taken no part in the report above alluded to, continued faithfully to visit the ward, and signed the histories of the cases regularly every day.

The homœopathic treatment was continued for 155 days, viz., until the 17th of September. The reason of its cessation then was this. The king set out for Spain, and as he could not travel without his physician in ordinary, Dr. de Horatiis was obliged to give up his successful treatment in the hospital in order to accompany his majesty. Dr. Romani seems to have been unwilling to encounter the whole labour and responsibility of conducting the homœopathic treatment in the midst of a host of foes, so he gave in his resignation when his colleague was thus summoned away.

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The results of the 155 days of treatment were as follows. The number of patients admitted for treatment was 68, of these 52 were perfectly cured, 6 remained in hospital convalescent, and 2 died, who had been brought to the hospital in a moribund state, having already received extreme unction.

A state paper was issued by the government, commenting upon the results obtained from the homœopathic treatment in the hospital. In this paper the report of the commissioners is very severely censured in the following passages. Here are its exact words: "The report of the commissioners to the President of Public Instruction, differs much from the tenor of the papers of the clinique. In the former, where the result of the treatment is favourable, it is attributed to nature, and the diseases are represented as having been of little importance, or else the patients are stated not to have been cured, whereas in the diary of the clinique on the contrary, the success is attributed to the homœopathic system, and all the patients are represented as having been cured of their maladies. That this is the true state of the case, is clearly shewn by the attestations affixed to the history of each case." It will be remembered that by articles 5th and 9th, the allopathic commissioners, or their deputies, as well as the homœopathic practitioners, had to attest by their signatures both the diagnosis of the disease and the result of the treatment. No patient could be dismissed as cured without the consent of the allopaths. The state paper goes on to say, "the report of the commissioners is destitute of foundation, because they have not followed and watched the course of the diseases, as is evident from the absence of their signatures, nor have they taken care that their deputies should attend regularly. Hence their opinion is not founded on certain and positive documents."

This rebuke from the government was certainly well merited by these self-sufficient medical men, who had no hesitation in pronouncing confidently with respect to the value of a system they were appointed to examine into, whilst there was proof positive that they had not examined it at all, or only in the most imperfect and superficial manner.

As regards the government, the result of the trial was this, that it decreed that "henceforth physicians should be free to choose the method of treatment they would adopt, and his majesty reserved to himself the power of opening a new homœopathic hospital, as soon

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as the cures obtained in private practice should be sufficiently numerous to enable it to find favour in the eyes of the public."

From the above account of the trial of homœopathy at Naples, it will be observed that all the allegations of the allopathists respecting it are not only devoid of foundation, but actually directly contrary to the facts.

In the first place, the conclusions arrived at by the commissioners in their secret report that the treatment had no effect, and that it did harm by preventing the use of proper remedies, is opposed to the daily protocols signed either by themselves or by their deputies; and was so palpably false as to incur the severe censure of the government in the state paper issued on the subject.

Then the statement originally made by Dr. Esquirol in the *Académie de Médecine*, that the trial of homœopathy in the Neapolitan hospital lasted only about forty days, at the end of which time it was put a stop to by order of the government on account of its want of success, is untrue, for the homœopathic treatment was continued for 155 days, and was only then terminated in consequence of the chief homœopathic physician being obliged to accompany the King of Naples, whose body physician he was, to Spain. There is not the slightest doubt that if Dr. Romani had had the courage to continue single-handed his labours, the government would not have thought it requisite to terminate the homœopathic treatment even on the departure of Dr. de Horatiis. We can however scarcely blame Dr. Romani for tendering his resignation, as it requires an amount of firmness and courage greater than is possessed by the generality of mankind, to pursue a course of action amid the open and secret opposition of a host of adversaries prepared to seize eagerly every opportunity for damaging the reputation and maligning the system of the practitioner. It must be remembered that the trial was conducted in the ward of a hospital, all the staff of which were hostile to the treatment pursued, and that underhand attempts had already been made to injure the patients, both by poisoning their minds with insinuations against the practice pursued, and by poisoning their bodies by persuading them to eat unwholesome, perhaps deleterious, substances. Under such discouraging circumstances and seeing that it was probable that still more unscrupulous measures would be resorted to to defeat his efforts, when his more influential colleague should have left the field, we cannot wonder that Dr. Romani refused any longer to pursue the treatment alone, and

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thereby give the enemy an opportunity of imperiling the good results already obtained. He therefore retired from the contest, and the government having no one to conduct the homœopathic treatment could not do otherwise than give an order to close the ward. It must however be remembered that this order was given subsequent to Dr. de Horatiis' unforeseen absence, and also subsequent to Dr. Romani's tender of resignation, so that nothing can be further from the truth than to assert as has been often done, that the government ordered the cessation of the trial after it had lasted 40 days, in consequence of the unfavourable results obtained.

Again, it was stated by Dr. Esquirol, that in consequence of the failure of the homœopathic experiments in Naples, homœopathy had been quite abandoned in that town, even by Dr. Horatiis himself. So far is this from the truth, that not only did that physician remain a homœopathist till the day of his death, but the trial made by himself and Dr. Romani in the hospital sufficed to convince and convert to homœopathy two of the allopathic physicians, Drs. Marchesani and Alessi, who were appointed to watch the homœopathic treatment. Moreover it was from witnessing those very trials that the well-known Dr. des Guidi was converted to the new system, which he was the first to introduce into France, where he still practises it with credit and renown.

We may then say with perfect confidence, that the trial of homœopathy in Naples by command of the king, resulted in a series of triumphs for the cause, and tended to the extension and propagation of our system in a very remarkable degree.

We believe that our readers will not blame us for reproducing at this late period the particulars of this celebrated trial, seeing that it has hitherto been invariably misrepresented by the partisans of allopathy, and as yet no true version of it has appeared in our language. Henceforth allopathic controversialists need not have the excuse of ignorance for citing as a proof of the failure of homœopathy, that which homœopathists may appeal to as a triumphant evidence of its success.

Homœopathic Controversy in Germany.

I. *Professor Bock's Letter to Homœopathists at home and abroad.*

"Although medical *science* has long perfectly understood the homœopathic art of healing and the professors of homœopathy,

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still homœopathists do not seem to understand what medical science is, if we may judge Dr. C. Müller of Leipzic, who maintains *that physiological medicine is impotency personified in the highest degree.* The undersigned, a zealous follower of physiological medicine, which is actually founded on the sciences, and the most determined enemy to all quackery and charlatanry, whether allopathic, hydropathic, gymnastic, Rademacher's, &c. &c., now feels himself bound to subject homœopathic treatment to public elucidation. He feels this to be his duty, not on account of his scientific position, but because for some time by popular medical essays and lectures, he has endeavoured as far as his scientific powers permitted, to enlighten the public mind on the structure of the human body, as well as upon the maintenance and recovery of health by natural means. It is self-evident that this elucidation of homœopathy must not descend to personal altercation, as is often the case, but must consist of experiments and proofs, which it is to be hoped will likewise be convincing to the public.

"Before the undersigned places in its proper light the apparently curative action of homœopathic remedies in many morbid conditions, and before drawing the attention to the great injury which homœopathic treatment causes in some diseases, he is desirous first of determining, *whether the fundamental principle on which the whole of homœopathy is based be really a just and true one.* Dr. Clotar Müller writes, the fundamental principle of homœopathy is the *law of similarity* (similia similibus, like cures like); each case of disease is most quickly and most surely cured by that remedy which is capable of inducing in the healthy body symptoms as similar as possible. Hahnemann discovered this law in proving Cinchona bark, for he first made the experiment upon himself, that half an ounce of the bark of this specific for intermittent fever was capable of inducing symptoms in the healthy body very closely similar to those of an attack of ague. The undersigned now maintains, and is certainly likewise supported by experiments, *that not a single homœopathic remedy is capable of inducing in a healthy body those morbid symptoms for which it is recommended.* In order to prove this clearly and evidently to homœopathic medical men and the public, the undersigned as well as a large number of his friends, for whose honour and sincerity he will guarantee, will place themselves at the disposal of the homœopathists, *he is earnestly desirous, for the information of the public, that a morbid (objective) symptom should be*

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induced in him or one of his friends, visible even to the laity, by any homœopathic remedy (for it is unnecessary to speak of sensations, or so-called subjective symptoms). The results of these experiments, which of course must not be undertaken far from the residence of the undersigned (Leipzig) shall then be conscientiously published. The undersigned will very much regret if the homœopaths, by not acceding to his wishes which he has expressed so decidedly and earnestly, should render it impossible for him to lay his demonstration before them, the more so it will be likewise a proof of distrust in their own cause.

"DR. BOCK,
"Professor of Pathological Anatomy in Leipzig."

It must be admitted that a great sensation was excited amongst the public, and not a little alarm amongst the allopaths, as well as some surprise amongst the homœopaths by the quickness of the reply of Clotaire Müller, who, singly, the day following accepted the challenge, as follows:

II. *Dr. C. Müller's answer to Professor E. C. Bock of Leipzig.*

"Although I do not feel it my duty, nor have I the right personnally to accept the challenge which Professor Bock has thrown down 'to homœopathists both at home and abroad,' as he however has cited some passages written by me, I cannot pass over unnoticed the opportunity now offered.

"I shall not only not delay a moment in accepting the offer of Professor Bock, but I engage him to keep his word, and that with the most urgent earnestness.

"*Accordingly I hereby request that Professor Bock, as he has promised, will place himself and two of his friends for eight weeks at the disposal of myself and my two colleagues to form a commission to carry on the experiments.* The first series of experiments will be made with the following very useful homœopathic remedies: Belladonna, Cantharis, Glonoine, Merc. solub. Hahnem., and Veratrum. The remedies must be obtained from the homœopathic chemist of this town, as prepared according to the homœopathic pharmacopœia.

"Now as Professor Bock, as he says, has been long conversant with the homœopathic mode of treatment, so he must certainly know how homœopathists make their provings with the especial view of obtaining objective morbid symptoms, which he now certainly

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with singular capriciousness is desirous of witnessing, and I promise him that I will not deviate from these rules. Although I have not the slightest doubt of the honour of Professor Bock and his friends, still as the experiments will not be made on behalf of science, but for the information of the public, it appears to me necessary that the three experimentors should enter into an agreement, in which they should certify on their word of honour conscientiously to report every objective morbid symptom arising from proving the medicine. In order to avoid any unnecessary delay, I request that the three gentlemen will prepare to commence the experiments, at the latest within eight days.

"Finally, I expressly promise Professor Bock, who certainly with his usual positiveness has already, in anticipation of the resultless conclusion of the experiments, described with complacency the pitiable situation of homœopathy, yet has entirely forgotten, should the reverse be the case to estimate the value and greatness of his stake, that I will publish the results obtained, that he shall not by any means be able to escape the judgment which in such cases publicity impartially and unsparingly awards.

"It only remains to me now to explain to the public that it is not my fault that this subject has been improperly brought forward in political journals, for if Professor Bock had not intentionally entered upon this course, he might have found abundant space for his challenge in scientific journals.

"DR. CLOTAR MULLER,
"Homœopathic Physician, Leipsig."

Bock declared himself ready as soon as he had recovered from a catarrh, and requested to have the conditions in writing, that he might have them in black and white, and might send them to the press. The colleagues at Leipzig consulted with those at Dresden, but before they received the proposals of the latter, they had the agreement printed, for they had heard that Bock intended to publish the conditions with remarks. These conditions for the provings were as follows:

III.—*Conditions for Testing Homœopathy.*

1. Professor Bock, and his two friends, for whose honour he guarantees himself, must give proof at the time appointed, that they are healthy. 2. The choice and order of administration of the medicines must, during the whole period of the experiments, be left

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to the judgment of the undersigned commissioners; nevertheless, those medicines mentioned in Dr. Müller's reply, viz., Belladonna, Cantharis, Glonoine, Mercur. solub. Hahnemanni, and Veratrum album, must be first taken into consideration. 3. Respecting the dose and the repetition of the medicine, both these points must be left to the judgment of the commission; still they will be restricted to the principles laid down by all homœopathic provers of medicines, and especially to those prescribed by Hahnemann (See *Organon.* 3 *Aufl.* § 132, 134); hence it is evident that actual poisoning cannot take place. The commission, however, considers it indispensable that the medicines may be administered twice, or several times a day. 4. The medicines to be experimented with, must be prepared by the homœopathic apothecary in this town, signed and sealed by him. 5. As soon as the proving shall commence, the provers must convince themselves of the integrity of the seal and bottle containing the medicine. After each dose, the prover must affix his seal to the bottle containing the medicine, and before re-opening the same, must in a like manner satisfy himself of the integrity of the seal. That this has actually taken place, the minutes which are to be kept of the entire proving must be signed by the prover, and by at least one of the members of the commission. A portion of each medicine experimented with must be enclosed and sealed by the prover, and placed in the hands of the commission, that it may be brought forward in proof of identity, or for comparison. 6. The taking of each medicine must be in a suitable place, and at a certain time, as well as in the presence of at least one member of the commission. 7. As we have not to deal with friends, but with opponents of our cause, it seems indispensably necessary, that in order to prevent any disturbance of the action of the medicine, or error of diet, as well as to watch for any objective morbid symptom, the provers should be subjected, during the whole experiment, to strict seclusion, should this be absolutely required by foreign homœopathists; the commission will nevertheless waive the point for the first fourteen days, reckoning from the first day of the experiment. Should, however, within the fourteen days, no objective morbid symptom result from the medicine in proving, then the prover must be subjected to strict seclusion. 8. The period of experiment is fixed for eight weeks. If before the expiration of this time any morbid symptom should be observed in a prover, caused by a homœopathic remedy, the commission has the right to consider the proving as concluded, and to publish the result.

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9. If one of the provers should be prevented from continuing the proving by illness, or other important circumstances—such as a journey, &c.,—the time which has elapsed of the proving must not be reckoned. The prover must continue the proving for eight weeks from the day of commencing the proving. 10. Whichever of the provers designedly—that is to say, without sufficient reason—in any way fails, neglects, or refuses to take the medicine, either from not appearing at the place, or at the time appointed, or will not submit to the necessary accession, or withdraws from it, thereby declares, *ipso facto*, that he withdraws from the demonstration undertaken against homœopathy. 11. Although many homœopathic provers in their experiments with medicines on the healthy body have insisted on a strict diet, yet the commission, in order not to cause much inconvenience to the provers, will be guided by the injunctions of Hahnemann (Organon, 3 Aufl. 130, 131.) The diet must, therefore, be very moderate, as much as possible without spices, of a plain nutritious kind; and all salads and herbs must be avoided. The beverage should be, as usual, but moderate in quantity, and as little stimulating as possible. The provers must guard against too great mental and bodily efforts, and likewise against violence of temper. The antidotes of each remedy will be especially indicated to the provers. Nothing should be taken for two hours previous and subsequent to taking the medicine. 12. At the commencement of the proving, the provers must hand over to the commission a written promise, on their word of honour, that they will conscientiously fulfil every condition here mentioned, and will truly report every objective morbid symptom which may arise after taking the medicine.

Leipzig, 20th June, 1855.

Dr. Clotar Müller, Dr. Carl Haubold, Dr. V. Meyer.

In the meantime, Dr. Goullon, of Weimar, had in a very commendable manner, in the *D. Allg. Z.*, drawn the attention of Professor Bock to the importance of the subjective symptoms, and advised him, if he were desirous of making an innocent experiment on the law of similarity, to take a grain and-a-half of Ipecacuanha. Bock replied in a manner which shewed that he had greatly wandered from his purpose of conducting the discussion with propriety, and that passion had gained the upper hand. This rejoinder is so characteristic of Professor Bock's individuality, that we cannot refrain from giving it entire.

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IV.—*Professor Bock to Dr. Goullon, Homœopathic Physician at Weimar, with Hints for reflection on Homœopathy and Homœopathists.*

"Although your assumption of my inconceivable ignorance of homœopathy is not very flattering, still I am greatly obliged by the care which you entertain for my person, as well as for the warning of the danger with which I am threatened, whilst the homœopathists here, with every good intention, are thinking of treating me ill; worse, probably, than these gentlemen have treated themselves in the proving of their medicines. As to the rest, you are quite right that Ipecacuanha—the action of which has been known since 1684—will excite vomiting and diarrhœa; but will you likewise maintain, as homœopathy teaches, that this root occasions one-sided headache, spasmodic and suffocating cough, Millar's asthma, hemorrhage? You may easily conceive why, in the proving of homœopathic remedies, I require that the subjective symptoms should be excluded. The reason is, as every well educated medical man knows, that in excitement of the nervous system, sensations of the most varied kinds may arise and disappear from the most different causes, and that scientific treatment does not, like homœopathy, pay homage so quickly to the *post hoc, ergo propter hoc.* The following example may prove to you what may result from the creation of sensations. I gave to a number of women a drop of the 3rd dilution of Jalap, and assured them that certain sensations in the head would arise. These sensations did arise; but colic and diarrhœa, which according to "Müller's Domestic Medicine," is of constant occurrence, did not supervene. Allow me now, out of gratitude, to give you a few hints upon homœopathy, which may lead you from the latter to physiological medicine, which is more becoming to a physician than homœopathy.

"1. Why do most homœopathists prescribe homœopathic remedies not in homœopathic doses, but in allopathic, large doses, such as Iodide of Potass, Opium, Quinine, &c., in those cases in which they wish to obtain real action? Although Hahnemann, in the year 1832 (see No. 126 *Leipz. Tagebl.*), has violently opposed such a proceeding, and termed those who adopted such a mode of treatment, *bastard homœopathists.*

"2. How can it be explained that there have been, and still are, homœopathists who will enquire of their patients whether they will be homœopathically or allopathically treated?

"3. How is it that the homœopathic treatment is so easily learnt

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by old women, agriculturists (in diseases of animals), by authors, rejected students of medicine and surgery, and such like people?

"4. How is it that any person well acquainted with physiological medicine never becomes a homœopathist?

"5. After the powerful and dangerous action of a medicine (poison), why do not the homœopathists administer the same drug in a homœopathic dose instead of an allopathic remedy. Thus, for example, in salivation from abuse of Mercury, Mercury is not recommended, but Iodine, Sulphuric or Nitric acids; and in cases of poisonings, allopathic antidotes are given. (See "Müller's Domestic Medicine," p. 183.)

"6. As homœopathists, on account of the law of similarity, prove all their remedies on healthy persons, in whom the morbid symptoms must have arisen for which these remedies are recommended, how can they have arrived at the knowledge that the following medicines can be of such remarkable service, and yield such certain assistance: Tartar emetic or Opium in apparent death in infants newly born; Belladonna or Opium in lock-jaw and tetanus in those newly born; Aconite in puerperal fever; Belladonna in cramps and puerperal convulsions; Sepia and Platina in disposition to abortion; Arnica and Baryta in apoplexy; Spongia in croup; Cocculus in hemiplegia? Where are the homœopathists who have instituted such murderous experiments on new born infants and puerperal cases?

"7. How is it that none of these self-sacrificing homœopathists sicken and die in their primehood, in consequence of these medicinal provings? Those homœopathists known to me are all brisk and active, and many have attained a respectable old age. Even Dr. Fickel is still living.

"8. How is it possible that one and the same homœopathic remedy can prove curative in such an astonishing number of, and such varied morbid states? I need only mention Belladonna and Nux vomica.

"9. How is it, that after homœopathic preparation there exists such an enormous curative power, even in the 3rd dilution, as homœopathists maintain, in such very different substances?—for example, as Carbon, Graphites, Lycopodium, Sepia, Viola tricolor? Burdin gave, for example, a pound of charcoal daily, without obtaining any other result than causing the feces to become black. On the contrary, with homœopathists, when used in the 3rd trituration, it is beneficial in headaches, in scintillations before the eyes, in dryness of the auditory passage, or entire absence of wax, in eruptions on the end

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of the nose. Graphites is not taken up by the body at all, but passes out unchanged; homœopathists, however, administer it in the 3rd trituration in indurated hordeola, in immoderate flow of tears. All this is contained in "Müller's Domestic Medicine."

"10. How is it, that after taking homœopathic medicines, which, as is well known, are useless in homœopathic doses, patients show symptoms of improvement or aggravation, just as is the case when allopathic remedies are used?

"All these secrets I will explain, to those who are not given to reflection, in the "Gartenlaube," a journal which is much read, and nearly in every part of the world, in which I have endeavoured for some years to contribute, to the utmost of my power, to the enlightenment of the public on health and disease.

"PROFESSOR DR. BOCK."

The above shews the ill humour of an individual who has lost his cause. This became more evident by a subsequent explanation, in which he rejected the commission of homœopathists as interested parties; desired that a certain disease, intermittent fever, should be induced by China; and in continually speaking of provers, evidently was afraid of the large doses necessary in the proving, and under the pretence of fresh preparations in the true sense of the word, seceded from his engagement. Our colleagues at Leipzig then published the following concluding remarks:—

V.—*Concluding Letter of Drs. Haubold, Meyer, and Müller.*

"It is certainly generally required from every educated person, especially from a man of great science, who has for a long time entered upon the career of a popular author, that in word and writing, particularly in a public attack, he should express his assertions in clear and intelligible language, and not find himself subsequently obliged to give an explanation in which the signification is entirely changed. Professor Bock, in his challenge to homœopathists, both at home and abroad, literally maintained *that not a single homœopathic remedy is capable of inducing, in a healthy body, those morbid symptoms for which it is recommended, and placed himself and a number of his friends at the disposal of the homœopathists, and wished that an objective symptom of a disease, visible to them, and likewise to the laity, should be induced by any homœopathic remedy.*

"Now after this challenge, in spite of its one-sidedness, had been accepted unreservedly, and only with the utmost precautions, Professor

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by same," but like by like (*similia similibus*); because, in all provings of medicine of any school on healthy persons, there cannot occur any fully formed diseases, but only individual symptoms resembling a disease.

"As extraordinary as this ignorance must appear to the non-medical public, that whilst Professor Bock in his original demand spoke of morbid symptoms and homœopathic remedies, he now speaks of *poisonous* symptoms and *poisons*. These words, so much dreaded by the laity, are three times repeated, as if he wished the fact entirely to be forgotten that every other medical school employs the same remedies as homœopathy, only in larger and more frequent doses;—or will Professer Bock exclude from these so called poisons his favourite remedy, Morphine, which he certainly is accustomed to give in unhomœopathic doses?

"He likewise knew what remedies were chosen by Dr. Müller, without rejecting them as poisons. When refusing a viva voce conference, he requested by letter, in the following words, a written communication of our conditions:—'I am again well and ready; but in this affair I will only have to do with what is in writing; for what I have in black and white I can with confidence place in print.' This wish was also gratified, whilst we presented him with very fair conditions, drawn up with the greatest possible indulgence, which we ourselves preferred giving to the public in their original form. Thus the reproach of one-sided arrangement of the conditions falls again upon Professor Bock.

"After this simple statement of the transaction, every one must agree with us, that the refusal of our conditions by Professor Bock, as well as the production of new demands, are nothing more than an evasion of, and receding from his engagement. Hence we can readily comply with Professor Bock's concluding request to homœopathists, which certainly seems a very comical one as coming from him, when we make known the final issue of the controversy, which is, that *Professor Bock refuses to carry out his original challenge accepted by us, to place himself and his friends at our disposal for the production of objective morbid symptoms by homœopathic remedies.*

We beg to remark, that in consequence we shall not have anything further to do with Professor Bock, and shall not hold his future attacks and abuse worth a reply; for even his seductive promise to carry on the experiment with propriety, and without animosity, he has broken in the grossest manner. May he have the honour of the

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first and last word; may he continue to enlighten the public by his wisdom with and without doggrel rhymes, and degrade medicine by making it the subject for jesting among the readers of *Punch*, and similar periodicals.

"What sentence should be passed upon a proceeding which, in the first place insolently challenges an opponent, then, surprised by an unexpected acceptance, retreats with prevarications and impossibilities, must be decided by that tribunal before whom the challenger strove to lay our art so deeply in the dust.

"*24th June*, 1855.

"Dr. C. Haubold, Dr. Meyer, Dr. Müller."

On the Treatment of Fever, by Large and Frequently-Repeated doses of Quinine, by THOMAS B. PEACOCK, M.D.

*Assistant Physician to St. Thomas's Hospital.**

In the month of October, 1851, Dr. Dundas, of Liverpool, addressed a letter to the Editor of the *Medical Times and Gazette*, in which he advocated the treatment of typhus, by large and frequently-repeated doses of disulphate of quinine. In the November number of the *London Journal of Medicine*, he further explained his views, and the practice based upon them, and reported, in confirmation of the utility of the treatment he recommended, the experience of other practitioners, more especially of Dr. Goolden, at St. Thomas's Hospital. The latter gentleman stated that he had employed the quinine treatment in the cases of five adults and three children, and had found its effect satisfactory in all but one; and he further reported that the remedy had been used with advantage by Mr. Hine of Swindon.

In the year 1852, Dr. Dundas published a work, containing a series of lectures "on the Nature and Causes of Tropical and

* [From the Medical Times and Gazette, Jan. 5, 1856. We have thought this excellent paper worthy of being inserted verbatim, feeling sure our readers will be gratified with it, giving, as it does, a concise and complete view of the subject of the treatment of Fever with large doses of Quinine, and also of the present condition of the question of specifics generally in the old school.

The writer adds, from his own experience, seven cases of typhus, and five of typhoid, but as they do not show any remarkable results, either successful or unsuccessful, we substitute the following cases and remarks by Dr. Hayward. EDS.]

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European Fever," in which he reprinted the former communications on the employment of the quinine treatment, and gave corroborative evidence of its usefulness from other medical men, who had tried the remedy since the publication of his former papers.

In April and June, 1852, a Clinical Lecture, by Dr. Hughes Bennett, was published in the *Edinburgh Monthly Journal*, in which he related the results of his employment of large doses of quinine in nine cases of fever; and stated that, though the physiological effects of the drug were fully manifested, no remedial influence was apparently exerted by it. He further mentioned that it had equally failed in one case in the practice of Dr. Christison, and in eight in which it had been exhibited by Dr. Robertson. These facts were subsequently confirmed, in a discussion at the Medico-Chirurgical Society of Edinburgh; but it was there stated that Dr. Dundas had received favourable reports of the treatment from Dr. Graves, of Dublin, and Dr. Kelly, of Drogheda. In August, 1852, a report, by Dr. M'Evers, of six cases of typhus fever treated at the Cork Fever Hospital, with quinine, as recommended by Dr. Dundas, was published in the *Dublin Journal*, and a very favourable opinion was expressed of the remedy so employed.

In October, 1852, Mr. Hayward, of Liverpool, in a brief communication to the *Lancet*, stated that he had obtained most beneficial effects from the quinine treatment, in 79 cases of fever, which he had attended in parochial and private practice; and in July, 1853, Dr. Gee and Mr. Eddowes, the Medical officers of the Liverpool Fever Hospital, whose experience had previously been referred to by Dr. Dundas, reported the results of their use of quinine, in 88 cases, as highly satisfactory.

In January, 1853, Dr. Barclay communicated to the *Medical Times and Gazette* a carefully prepared report of this mode of treatment, as he had observed it in St. George's Hospital; comparing the duration of the cases of fever treated with quinine, with that of those in which the ordinary methods had been followed, and he arrived at the conclusion that the former plan possessed no obvious advantages.

In the April number of the same volume, which contains Dr. Barclay's paper, there is a report from Mr. Fletcher, the Surgeon to the Manchester Union Fever Wards, giving the results of his trial of Dr. Dundas's treatment in 80 cases, and he expresses the opinion that when the fever is uncomplicated, the remedy is highly

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beneficial. He stated that where there is a tendency to bowel complication, the early administration of quinine checks, if it does not cut short the disease, but when the complication is well established, whether pneumonic, ulceration of the bowels, or cerebral congestion, the remedy does little good.

The method of treatment adopted by Dr. Dundas, is as follows:—an emetic is first administered, and then ten grains of quinine are given every two hours till the symptoms subside, or till tinnitus aurium or deafness supervenes, when the remedy should be stopped. After an interval of about eight hours, another emetic should be given; and, after a further period of eighteen or twenty-four hours, the quinine treatment should be recommenced. If there be restlessness or want of sleep, a full dose of liquor opii sedativus should be given, with a few drops of nitric acid; and wine and other support should be administered as required.

The period during which the large doses of quinine were usually repeated, in Dr. Dundas's practice, is not stated; but in two cases, which he quotes as examples of the beneficial operation of the remedy, three doses only were exhibited. The precise plan, however, recommended by Dr. Dundas, has been more or less deviated from by all the practitioners who have reported the results of their experience, both as regards the dose in which the quinine was administered, and the frequency with which the remedy was repeated.

Dr. Goolden gave in one case 10 grains every two hours for eighteen times, in another 8 grains every two hours; but he does not mention how often the latter one was repeated. Dr. Stevenson in one case administered 12 grains every three hours for twenty times, and afterwards continued 3 grain doses every four hours for about two days longer. Mr. Glazebrook gave in one case 8, in another 15, grains every two hours. Mr. Hayward exhibited the remedy in doses of 4 or 5 grains, and never exceeded 7 grains, every two hours. Dr. Gee and Mr. Eddowes gave from 3 to 10 grains every two or three hours. Dr. Bennett in one case administered 10 grains every two hours for five times; in another, at first 10 grains every two hours for seven times, afterwards 5 grains at the same intervals, for five times; in a third case, he gave 10 grains every two hours for six times, and then, at first 10, and afterwards 13, grains for a dose, at the same periods; but the time during which the remedy was continued is not mentioned. Dr. M'Evers exhibited the remedy in the doses recommended by Dr. Dundas, giving in one case 10 grains every two hours for six times in one day, and then every three hours for four other times; in

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another case every two hours for three times in one day, and the following day three other doses at the same intervals; in a third case 10 grains every two hours for five times in one day, for six times on the following day, and for four times on the third day. In a fourth case he gave 10 grains every two hours for two days, and during the third day the same dose every four hours. In the cases observed by Dr. Barclay, one patient took 10 grains every two hours for ten times, a second 20 grains every six hours for three times, two others 20 grains every four and every six hours for eight times; and a fifth 20 grains every three hours for nine times. Mr. Fletcher in one case gave 12 doses of 5 grains each to a girl of 12 years of age, at intervals of two hours; to an adult he gave 6 grains every three hours, but the precise number of doses given is not stated; and to a third patient, who died of pneumonia, he exhibited 6 grains every three hours for five day, after which antiphlogistic treatment was had recourse to.

The different writers who have alluded to the effects produced by the employment of the large doses of quinine, agree generally in their reports. Dr. Dundas mentions that, after the exhibition of three or four doses, the specific influence of the drug is generally manifested by the occurrence of vertigo, tinnitus aurium, deafness, and diminished frequency of the pulse; to these symptoms Dr. Barclay and Dr. M'Evers add vomiting as of occasional occurrence; and the former gentleman mentions that in some cases the depressing influence of the drug on the heart and arteries are the only obvious effects. Confusion of ideas, torpor, and more or less coma, are also referred to, as resulting from the use of the remedy; but, as justly stated by Dr. Barclay, as these symptoms in many cases naturally ensue with the progress of fever, it is sometimes difficult to say how far they may have been referable to the one or other cause. Dr. M'Evers mentions the physiological effects of the quinine as manifested in one case at the end of three doses, and as recurring on the following day when the same quantity had been given. In a second case, they appeared after the exhibition of fifteen doses in three days, and in a third after twenty-four doses given in two days. The symptoms mentioned are similar to these which, as related by M. Briguet and others (quoted by MM. Trousseau and Pidoux), were observed in the treatment of the typhoid fever of Paris, by doses of quinine varying from 1 to 3 or 4 grammes (15·4 to 61·6 grains), exhibited during the day, according to the severity of the disease. M. Briguet

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arrived at the conclusion that quinine was useful in the ataxic form of typhoid fever, assuaging the watchfulness and delirium; but that it was prejudicial in the adynamic form, with great prostration of strength.

I have before mentioned that Dr. Dundas, in his earlier communications, spoke of the manifestation of the specific influence of the quinine, as indicating the necessity for the discontinuance of the drug, at least for a time; but Dr. Gee and Mr. Eddowes do not regard the occurence of tinnitus aurium and deafness as always requiring the suspension of the remedy; and Dr. Dundas, in a subsequent allusion to their opinion on this point, seems disposed to concur with them.

The class of cases in which the quinine treatment was tried by the gentlemen to whose reports I have referred, appears to have differed considerably. Dr. Goolden states that the eight cases he mentions all presented symptoms of typhus gravior. In Dr. Bennett's patients the fever was in two of the typhoid and in seven of the typhus form. Mr. Hayward's cases are stated to have been all of the typhoid type. Dr. Gee's and Mr. Eddowes' were both typhus and typhoid. Dr. M'Evers' were maculated typhus. Dr. Barclay's were one, or perhaps two, cases of typhus, and sixteen cases of typhoid; and Mr. Fletcher's cases were typhoid.

The results of the treatment in the practice of these different gentlemen were also very various, but it will be observed that they bear no relation to the dose in which the remedy was employed, nor to the frequency of its exhibition; some of those who most exactly followed Dr. Dundas's plans having met with unsatisfactory results, while others, who have reported most favourably of the treatment, administered the remedy in much smaller doses and at longer intervals. Mr. Hayward states, that he lost only two patients, and these were children, who had taken the remedy very irregularly; thus he lost only one patient in 39½, or 2·5 per cent., while, in the practice of Dr. Gee and Mr. Eddowes, 13 cases proved fatal, or 1 in 6⅞ths nearly, or 14·7 per cent., a rate of mortality high, even with the large proportion of complicated cases which these gentlemen report to have been included in the cases treated. Dr. Goolden's and Dr. M'Evers' patients all recovered; of Dr. Bennett's cases, two, one of typhoid and one of typhus, died; of the cases reported upon by Dr. Barclay, two also proved fatal. The mortality among the patients treated by Mr. Fletcher is not stated.

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The theory on which Dr. Dundas bases his treatment is: 1st. That intermittent, remittent, and continued fevers are mere varieties of the same disease; and that as bark will generally arrest the former affections, it "ought to, and will, generally, arrest" typhus. Though, as an ague will sometimes resist for many days the employment of quinine and afterwards yield, it may be expected to be so also with typhus; and 2ndly, that when quinine is administered in large doses in typhus, if not curative, it is "never followed by the slightest ill effects."

It will thus be seen that Dr. Dundas exhibits quinine in fever, not merely as a tonic, with the view of effecting a general improvement in the symptoms, or as an auxiliary to other treatment, as bark was formerly given by various physicians, and as quinine has more recently been employed in small doses; but that he claims for it the power of cutting short the disease, and that not only in one particular form of fever, or under certain peculiar circumstances, but in all cases. He believes, indeed, that by its use "the time approaches when the treatment of typhus fever, after ages of vacillation, will be established on the same sure and satisfactory basis as that on which the treatment of ague now rests."

The questions, therefore, which require consideration are:—1st. Whether quinine when administered in large and frequently repeated doses, does possess the power of cutting short an attack of fever; and 2nd—Whether, when so exhibited, it use is otherwise objectionable.

It is not necessary, in discussing these questions, to inquire how far the theory upon which Dr. Dundas bases his treatment is correct; but it may safely be contended, that a generalization so sweeping as that which he makes, requires to be supported by other and more satisfactory evidence than a simple appeal to the writer's experience. The observations which have of late years been so carefully collected in various localities are opposed to this view, and can only be set aside by still more extensive and equally accurate investigations. For my own part, after having paid much attention to what has been written on both sides of the question, and having carefully observed the several forms of fever which fall under our notice, in this and the neighbouring countries, in the localities which afford the best opportunities for studying their peculiarities—Edinburgh, Paris and London—I have entirely adopted the view that typhus and typhoid are specifically distinct diseases. With remittent and relapsing

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fevers, from their comparative infrequency, I am less familiar, and am in doubt what relation those affections bear to typhoid on the one hand, and to tropical fevers on the other.

The views which we may adopt on these points are however unimportant, as regards the inquiry into the power of quinine in arresting the progress of the continued fevers of this country, embracing under that term typhus and typhoid; for, though Dr. Dundas contends for the identity of those affections with tropical fevers, as an argument in favour of their being arrested by treatment, and disavows any idea that the specific fevers attended with eruption can be so checked, we know that even those affections are capable of being arrested and modified by peculiar states of system, and, if so influenced, it may be contended that they might also be amenable to the influence of remedies. If this can be established in reference to the eruptive fevers, there can be little doubt that the power capable of being exerted over the common continued fevers is still greater.

1st. Attacks of measles, or small-pox, or, to a less degree, of scarlet fever, give, in a large proportion of cases, immunity from subsequent seizures, and most probably attacks of typhus and typhoid possess the same power. Vaccination generally prevents the subsequent occurrence of variola. These results must be dependent upon the production of a change in the constitution which renders it altogether insusceptible to the influence of the virus.

2nd. When previous attacks of these affections do not prevent subsequent seizures, the second attacks are very generally mild, and only of short duration. Vaccination, when it does not protect the patient from variola, usually lessens the severity of that disease; or, what affords a still more obvious proof of its influence, after the symptoms have proceeded, often with violence, to a certain point, causes the sudden and entire subsidence of the disease. In these cases the sudden change produced by the previous attacks, while it does not render the constitution insusceptible to the virus, prevents the disease being fully developed, or, in other words, renders it abortive.

3rd. We not unfrequently observe persons who have never previously had a given contagious disease, on being exposed to the influence of its virus, suffer from febrile attacks, which though at first threatening, soon subside, and without presenting any specific characters. Such is often the case with children in schools where scarlet fever or other febrile disease is prevailing; with patients in wards containing

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fever cases, or with students attending hospital practice. In these instances, from some peculiarity of constitution, with the nature of which we are entirely ignorant, the system is not wholly insusceptible to the virus, but the disease is incapable of being fully developed.

In each of these cases, the results of disease, or of individual peculiarity, are analogous to the effects which may be supposed to be produced by remedies employed as prophylactics, or with the view of arresting diseased action already commenced. It is true that the analogy is not precise, for in the former cases, the peculiarity of constitution, whether natural or acquired, exists before the receipt of the virus; whereas, in the latter, the remedy must generally be exhibited after exposure to contagion, or even after the virus has already begun to manifest itself. There seems, however, sufficient reason to believe that what is, in these instances, accomplished by natural causes, might also be effected by the employment of remedial agents. The analogy is still closer as regards the influence often exerted by vaccine introduced into the system, after exposure to the contagion of variola, in either arresting the progress of the disease, or materially lessening its severity. Though, therefore, we do not at present know any which can certainly be referred to, as possessing the power of arresting the progress of a specific febrile disease, there is nothing unphilosophical in our seeking to obtain such; and if this be granted as to the specific diseases, it will be much more readily admitted as to the ordinary continued fevers. The assertion that "we can guide, not cure a fever," is, indeed, a mere expression of the extent of our present practical knowledge, not a rule which should be allowed to deter us from the search to extend it. The question as to whether continued fevers be, or be not, capable of arrest, is one which is fairly open to investigation, and which must be decided, not on theoretical grounds, but by experimental researches into the operation of remedies, which may be supposed to possess the power of checking the disease.

In prosecuting such experimental investigations we may employ two methods:—

1st. We may have recourse to the special treatment in a portion of the cases which come under our care, and follow the ordinary method with the remainder, without reference to the particular type or character of the two sets of cases. We may then estimate the respective advantages of the modes of treatment pursued, by the relative duration and mortality of the disease under the two systems,—or,

2ndly. We may employ the treatment only in cases which have

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already assumed a definite form, with the ordinary course and progress of which we are familiar. We can, therefore, by carefully watching the phenomena of the disease, and the operation of the remedy, judge how far its effects are beneficial.

In following both these methods there are difficulties to contend with, for we can never wholly confine ourselves to the use of one remedy; and consequently are apt to be misled in ascribing effects to its use which are due to other causes, but there are also special objections which apply to each plan.

1. In employing the first plan, it is necessary that the two sets of cases compared should be as nearly similar as possible. The ages and sexes of the patients, the periods of the attack at which the treatment is commenced, and the intensity of the disease, should all correspond. The observations should also be collected in the same locality, in the same sphere of practice, and during the same period. All these circumstances materially influence the rate of mortality in fevers, independently of the treatment to which the cases are subjected.

The observations of Mr. Hayward, and those of Dr. Gee and Mr. Eddowes, afford examples of the very different results which may be obtained from similar treatment in the same locality, but under different circumstances. The former gentleman, it will be remembered, had only a mortality of 2·5 per cent. among the cases of fever which he treated with quinine, while the latter lost 14·7 per cent. of their cases. These different results are, however, at once understood, when it is known that Mr. Hayward's observations were collected in parochial and private practice;—Dr. Gee's and Mr. Eddowes' in a fever hospital. The practice of the former gentleman, therefore, included cases of all degrees of intensity, while the cases treated by the latter were necessarily such as were selected for their severity to be sent to the hospital. We are all of us familiar with the different types of fever in different localities and at different periods, and thus we obtain very various results while pursuing similar plans of treatment; and it is well known that the mortality at the commencement of an epidemic exceeds that at its decline. It is necessary, therefore, in investigating the power of any remedy or the advantages of any system of treatment, that the cases treated should be similar in all these circumstances before we can safely subject our observations to analysis, or depend upon the inferences which we may deduce from them. Provided, however, the set of cases do correspond, the inferences

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founded upon them possess considerable exactitude; but there are still objections which apply to this plan, and which can only be avoided by adopting the second method, or by administering the remedy in cases of fever, the precise form and type of which are ascertained.

1st. It is impossible to predict, at the commencement of an attack of fever, what will be its duration, and consequently to decide, if the disease subside suddenly, whether it have done so from the effect of the remedy employed, or only in accordance with the natural course.

2ndly. Whether we suppose the difference between the typhus and typhoid fevers to be truly specific or only typical, they are such as must certainly affect the curability of the disease; and it is, therefore, quite possible that a remedy which may be very useful in the one form, may be valueless, or even injurious, in the other.

3rdly. The different forms of fever are constantly modified by a variety of different causes, and are liable to various complications, which may all effect the influence which any given remedy may exert. Thus, owing to accidental circumstances, we may obtain results from a given system of treatment which would be entirely erroneous when applied to another set of cases. We avoid these sources of error by adopting the second method of investigation, or by watching the effects of the remedy in cases which have already assumed definite characters. If, however, we were only to employ the treatment in such cases, we should be testing its power of checking the disease, under the most unfavourable circumstances; for it is justly contended by Dr. Dundas, that the probability of our arresting the progress of an attack of fever will be greater the earlier the remedy is had recourse to. This supposition is in accordance with what we know of the power of vaccine in preventing small-pox. Thus, if vaccination be practised immediately a person is exposed to the contagion of variola, it will often take effect, and either check or mitigate the disease; whereas, if deferred till a later period, the influence of the vaccine is entirely resisted and the variola runs it course unmodified.

The only means of avoiding all these various sources of error, is to employ both methods of investigation, and, indeed, while in some cases we have a choice of the plan which we may adopt, in others we have but one course open to us. In private practice we generally see our patients at an early period, and may at once exhibit the remedy without waiting for the disease more fully to develope itself. In hospitals, on the contrary, we can rarely commence our treatment

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till after the disease has been several days in progress, when the chain of diseased action has fully manifested itself, and thus the second plan is that which is alone capable of being followed.

I now propose to report the results which have been obtained from the quinine treatment, as employed at the St. Thomas's Hospital, comparing the average mortality and duration of the cases in which it was administered, with the similar facts as to those in which the more ordinary treatment was had recourse to; I shall then detail the particulars of some cases in which I have myself employed the remedy.

On referring to the hospital records, I find that during the present year, from January to October inclusive, there were treated in St. Thomas's, 139 cases of fever of all kinds, excluding the cases entered as febricula and ephemera. Of the 139 cases, 20 were subjected to the quinine treatment. In one case, 4 grains of the drug were given every two hours; in a second, 5 grains were exhibited three times daily; in a third, 5 grains were administered every three hours; in four others, 5 grains every four hours; in two, six grains every three and every six hours; in two, 8 grains every four hours; in two, 10 grains every two hours; in three, 10 grains every six hours; and in one, 15 grains every six hours. In three cases, (one male and two females,) the remedy was only given in doses of 2 grains three times daily. In six of the cases, the exhibition of the quinine was commenced on the day of the patient's admission into the Hospital; in eight, on the following day; in one, on the third day; and in one, on the fifth day from admission. In one case, in which the patient took fever in the Hospital, the precise period of the disease at which the quinine treatment was commenced is not stated, but it may be inferred not to have been later than the third or fourth day. In all the cases stimulants and supports were had recourse to as required. Of the twenty patients, fifteen were males, and five females; the respective proportions of the sexes being 75 and 25 per cent.

The mean age was in males 24·1; the extremes, 17 and 35
„ „ females, 20; „ 14 and 29
„ „ both sexes, 23·4.

The mean period of admission was in males, 9 days.
„ „ „ females, 10 „
„ „ „ both sexes, 9·1

Deducting the three cases in which small doses were only given, the mortality was:

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In males, 2; in females, 1; or,

In males	. . . . .	14·2 per cent.
females	. . . . .	33·3 „
both sexes	. . . .	17·6 „

The mean period of residence of the cases cured, excluding those in which small doses only were given, and one case detained in hospital eighty-four days, from accidental circumstances, was:

In males	. . . . .	28·7 days.
females	. . . . .	30·5 „
both sexes	. . . .	29 „

During the same period of nine months there were, as before stated, 119 other cases of fever treated in the Hospital. In some of these cases, little else was given than soda water, and suitable support and stimulants. In others the treatment consisted in the exhibition of chlorate of potash, dissolved in water or decoction or infusion of bark, with or without hydrochloric acid, in doses of 8 or 10 grains, every two or three hours. In yet other cases, the sesquicarbonate of ammonia, in doses of 5 to 8 grains, was given in infusion of serpentary or decoction of bark at interval of 2 to 4 hours; this treatment being commenced either at an early period of the disease, or towards its terminations. In both these sets of cases, diffusible stimulants and support were also given, according to the amount of prostration.

Of the 119 cases, 73 were males, and 46 were females, being respectively 61·3 and 38·6 per cent.

The mean age of the patients was:

In males, 24·5;	extremes,	4 and 72
females, 24:	„	5 and 58
both sexes, 24·4;	„	

The mean period of admission was:

In males	. . . . .	10·4 days
females	. . . . .	9·5 „
both sexes	. . . .	10·2 „

The mortality was, in males 10, in females 5; or,

In males	. . . . .	13·6 per cent.
females	. . . . .	10·8 „
both sexes	. . . .	12·6 „

The mean period of residence of the cases cured, (deducting those detained in the Hospital from accidental causes), was:

In males	. . . . .	27·2 days
females	. . . .	29·8 „
both sexes	. . .	28·1 „

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It will be seen, on comparing these two series of observations, that they bear a very close general resemblance, as regards the circumstances which most materially affect the results of the treatment pursued; as the age and sex of the patients, and the period of the disease at which they were admitted into the Hospital; indeed, in the last two particulars, the advantage was rather in favour of the cases treated by quinine. The two series may, therefore, be admitted as affording some test of the respective merits of the systems of treatment pursued; and it will be seen, that in the quinine cases the rate of mortality is considerably higher, and the durations of residence longer, than in the others.

It may, however, be objected that a calculation founded upon the respective duration of residence of the cases in Hospital, does not afford a satisfactory standard of comparison, as being liable to be affected by accidental causes; and there can be no doubt of the truth of this remark. The period during which a patient is detained in bed would, exceptional cases being omitted, afford more exact results; but the comparison of the periods at which the patients are regarded as free from fever, as adopted by Dr. Gee and Mr. Eddowes, or the period of convalescence, would be a still less satisfactory standard, because liable to greater variation from the views of different observers. In the calculations above given, I have endeavoured to guard against incorrect results, by excluding all cases detained for a longer period than usual, from casual circumstances.

It may also be contended, that the number of cases in which the quinine treatment was had recourse to, was so small, that the inferences deduced from them cannot be depended upon. Admitting the force of this objection, I have collected all the cases in which the quinine treatment was employed in the Hospital during the year 1854. These I find amount to twenty in number, of which twelve were males and eight females; but two, one male and one female, took the remedy only in small doses. Deducting these, there remain eighteen cases in which the quinine was exhibited, in doses varying from 2 and 4 grains every four hours, and three times daily, in boys of 8, 10, and 15 years of age, to 5, 8, and 10 grains every two, four, six, and eight hours, in adults. The remedy was commenced on the day of the patients' admission into the Hospital in seven cases; on the following day in five cases; on the third day in three; the fourth, in one; and on the seventh, eighth, and ninth days from admission, also in one case each. The general circumstances of the cases were

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also more favourable for treatment than either of the other two sets the mean age of the patients being only 19·3, and the extremes 10 and 45; and the mean period of admission the sixth day of illness. The results where also more favourable as regards both the mortality and the duration of the cases cured; the deaths being only two males; and the period of residence in the cases which recovered, only twenty-six days; deducting the three cases in which the quinine was not given till the seventh, eighth, and ninth days from the admission of the patients into the Hospital, and in which the period of residence was twenty-seven, sixty-three, and sixty-nine days.

Adding these two series of cases together, and deducting those in which the remedy was only given in small doses, we get a total of thirty-five cases treated by quinine; of these twenty-five were males, of whom four died; giving an average mortality of 16·0 per cent.; and ten were females, of whom one died, or ten per cent.; or in the thirty-five patients of both sexes, the mortality was five, or 14·2 per cent.

The mean period of residence of the cases cured, was, in twenty males (excluding the one detained eighty-four days), 27·9 days; and in six females (excluding the three in which the patients did not commence the remedy till the seventh, eight, and ninth days from their admission into the Hospital), 25·3 days; or, taking the two sexes together, the mean period of residence of the patients was 27·3 days.

It will thus be seen, on comparing these results as to the thirty-five cases treated by quinine with those obtained in the other 119 cases, that while the mortality in the quinine cases was considerably greater than in the others (1·6 per cent.), the mean period of residence of the cases cured under that treatment was very nearly the same as in the other cases (·8 less).

This statement, embracing, as it does, so large a number of cases, including all those treated in the Hospital by quinine during a period of nineteen months, and that, too, in the practice of different medical men, must, I think, be regarded as affording a fair indication of the results of the quinine treatment, and a legitimate comparison with that of the other methods. There do not appear any circumstances which should affect disadvantageously the results in the quinine cases; indeed, the general characters of the cases so treated are rather more favourable for treatment than those in which the more ordinary plans were pursued. If, therefore, quinine really possessed the power of

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cutting short an attack of fever, without reference to its particular type or form—and such is distinctly the assertion of Dr. Dundas—the average duration of the cases cured under that treatment, and their mean mortality, should be less than those under the ordinary plans; and if such does not prove to be the case, the fair inference is, that the remedy does not possess the asserted power. It is, however, quite possible that, though the quinine treatment may fail to exhibit satisfactory results, when applied to all the cases which occur, taken indiscriminately, without reference to their peculiar character: when applied to a more select set of cases, it may prove to be capable of arresting some of them, or, at least, of materially mitigating their severity.

Remarks by Dr. Hayward.

This paper affords another of those numerous instances of allopathic writers adducing facts and arguments illustrative of the homœopathic law of medicine.

The writer appears to be one of those votaries of old physic who are sufficiently candid to acknowledge that "our present practical knowledge is capable of being extended; not, however, on theoretical grounds, but by experimental researches into the operation of remedies." He also admits both the specific pathogenetic effects of medicines, and their specific power over specific forms of disease; and also that this specific power depends upon the similarity between the existing morbid action and the pathogenetic effects of the remedy; for after referring to the prophylactic power of variolous, rubeolous, and scarlatinous matter, and even the curative power of vaccinia,—that even "after the symptoms of small pox have proceeded (often with violence) to a certain point, *causes the sudden and entire subsidence of the disease*," he proceeds to state, that "*in each of these cases the results are analogous to the effects which may be supposed to be produced by remedies employed with the view of arresting diseased action.*" This is a clear enunciation of the homœopathic law. Thus far he runs well, and, advancing in the same direction, he would soon proclaim the whole truth; but here he stops, leaving the practical use of the law almost as far from the mind of his readers as it was when he began. He falls into the same delusive hope with his colleagues, viz., that of discovering specifics for diseases as arranged in nosological systems; these, however, do not, and indeed, cannot exist, because in opposition to that very law of nature to

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which, even by the writer himself, the specific power of medicines is referred, viz., the similarity between the existing morbid action, and that producible by the remedy; both of which morbid actions are of course pointed out by the symptoms.

That in some cases of true typhus, Quinine is a specific, and has acted like a charm, is a well established truth in the old school; and that in other cases, also true typhus, it has appeared to have little or no salutary power, is also a fact established by far too much of their blind experimenting, for when practitioners of the old school perceive any specific power in a medicine, they continue to administer it indiscriminately in all cases of the same disease, whatever be the special pathology or symptoms; and, for want of the light of the law of nature, they go groping in the dark, collecting statistics and comparing results, until their researches end in disappointment, and in despair they rashly conclude the subject of specifics to be altogether a delusion. Because this law of nature will not adapt itself to their nosological tables, they reject it altogether.

The writer himself does appear to have caught a glimpse of the truth, for he thinks that "though the quinine treatment may fail to exhibit satisfactory results when applied to all cases taken indiscriminately, when applied to a more *select set of cases* it may prove to be *capable of arresting some of them.*" And he also concludes, from his investigations, that "the results bear no relation to the dose employed, nor to the frequency of its exhibition;" but that both large and frequent doses, and small and less frequent doses, were alike both successful and unsuccessful; thus intimating, that the power depends, not upon the dose, but upon the homœopathicity.

The facts he has adduced corroborate strongly the truth of the assertion, that a specific for fever in the general, or for any determinate form of fever as laid down by nosologists, however desirable, is, and ever will remain, undiscovered; and indeed, the existence of such is rendered quite impossible by the very nature of the law of cure; for this law requires the morbid action produced by the fever to be at least similar, if not identical, with that producible by the remedy.

Now the symptoms, and therefore the morbid action, produced by any given medicine, are invariably the same at all times, in all places, and on all persons, with very slight deviations, dependent on temperament, sex, etc.; whilst the morbid action, and therefore the symptoms, produced by any given fever, are scarcely ever the same, but different in different epidemics;—different at the commencement,

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the climax, and the decline of each epidemic; different in different localities, in different seasons of the year, and in different stages of the disease, as well as under many other circumstances. Therefore, even if there were a medicine that produced a similar morbid condition to that of a given fever in one of these conditions, it would have but a chance of meeting with its own peculiar type in any epidemic;—still, however, if given to all indiscriminately, it might possibly do so now and then. Such I believe to have been the case in those wonderful cures of fever by large doses of Quinine, reported by Dr. Dundas, and other allopathic writers. We have thus a philosophical explanation of the brilliant success in one case, and the utter failure in the next experienced by all who have tried this method of treatment. In the one case the symptoms have corresponded, and the Quinine has been truly homœopathic; in the next they have not, and it has not been homœopathic, and therefore could not arrest the disease.

The cases treated by myself in 1852, were in an epidemic of maculated typhus; but as the maculæ did not appear in all, the general term, typhoid—typhus like—was used in the report. None of them were the typhoid fever proper, with ulceration of the glands of the intestines.

The pathogenesy of Quinine will be found to correspond pretty closely with that of some cases of maculated typhus, but not with that of typhoid; and as might be expected, it does not produce the same beneficial results in the latter.

The facts collected by Dr. Peacock, besides affording to the old school an evidence of the truth of the principles of the new, may also teach us an important and useful lesson, for truly we cannot boast any such brilliant results from our present mode of treating fever, and it is questionable if such would have followed infinitesimal doses though truly homœopathic: nor do we find that any serious aggravation followed these large doses of the remedy even when truly homœopathic. Might we not then with advantage employ powerful doses of the truly homœopathic remedies in such fearful and rapidly fatal diseases? Say from m. v. to ʒ i. of the lowest dilutions or even drop doses of the mother tincture of Bel., Bry., Chin., Rhus, etc., every two hours or so. It is reasonable to suppose that such extensive and rapid morbid action, must require a correspondingly powerful and frequent dose of the remedy to check it, and restore the healthy action. At any rate this is worthy of a trial, as the dose is and ever

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will be, a matter of simple experience, and we have the extensive range from a smell of the highest potency, to the production of the physiological effects by the mother tincture, without any serious risk or danger.

The following cases will serve to illustrate the preceding remarks.

From Dr. Dundas's paper:—

"I. Cornelius Vincent, aged 26, was admitted into hospital October 2nd, 1850, under Dr. Dundas.

October 3rd,—Had been ill ten days. Present state; severe headache; anxious countenance; slight delirium; skin hot and dry; tongue black, dry and furred; teeth covered with sordes; thirst; urine scanty and high-coloured; bowels open; pain in abdomen on pressure; pulse 100; respirations 28. Quinine gr. x. every two hours, three doses.

October 4th.—Convalescent. The pain in the head and delirium have ceased: the abdomen is less tender; heat of skin diminished; tongue clean and moist; pulse 90; respirations 24. Infus. Quassiæ ʒ iij. ter. die.

No further treatment was resorted to, and from this date he rapidly gained strength, and was discharged well on the 11th October.

II. Edward Donald, aged 23, was admitted on the 25th October, 1850, under Dr. Scott.

Had been ill eight days. Present state;—great anxiety of countenance, and high delirium; dry pungent skin; tongue dry and coated with dark fur; sordes about lips and teeth; great thirst; urine scanty and high-coloured; bowels open; abdomen tumid and tender on pressure; pulse 108; respirations 30. Quinine gr. x. every two hours, three doses.

October 26th.—At the morning visit he was found reading a book in bed. All the formidable symptoms of yesterday have disappeared. No further medical treatment was resorted to, and he was discharged well on November 5th.

Mr. Eddowes of the Liverpool Fever Hospital, writes:—"I have used the quinine treatment during seven weeks in every case of typhus, giving five grains every three hours; and the success has been most marked:—the day but one after its administration generally found the patient better: the petechiæ gradually fade, and the fever leaves its unhappy victim. The superiority of this plan of treatment consists I believe, in the simple fact, that it either cuts the fever short, or prevents the accession or increase of the more formidable

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symptoms. The cases in which I have used it, have been eruptive typhus; not a single case of typhoid fever."

From Dr. Bennett:—Typhus treated by Quinine.

Mrs. Macdonald, a nurse in the Infirmary, aged 50, admitted November 10th, 1851.

Seven days ago was unusually exposed to cold, and two days afterwards experienced vomiting, pain in back and epigastrium, with headache and prostration of strength, which last symptom was apparently increased by a purgative taken on the 8th. On admission, the skin was exceedingly hot; pulse 102, strong; tongue white and furred; great thirst and headache; anorexia and nausea; slight bronchitis. On the 11th an emetic was ordered, and two hours after its operation the quinine treatment to be followed. On the 12th it was reported that she took four quinine powders, of gr. x. each, at intervals of two hours, but vomited the fifth: three others however were retained during the night, so that gr. lxx. have been administered. At present she is in no way relieved:—skin hot and dry; pulse 100, strong; tongue furred; pains in head and epigastrium unabated. Eight leeches to be applied to head; and quinine gr. v. every two hours. November 13th, has taken five more quinine powders: pulse now 78, full; considerable vomiting, and pain in epigastrium: other symptoms the same as before. Cold douches to the head, and a warm fomentation to the abdomen: a pill of Bismuth and Opium every four hours.

November 15th.—Confusion of intellect; restlessness; pulse rapid and weak; ʒ iv. wine. November 19th, died comatose."

From Dr. Hayward:—

"A girl aged 16; lymphatic nervous temperament; exposed to contagion; seized November 3rd with rigors, headache and prostration; great thirst and restlessness.

November 7th.—Great prostration, stupor, and delirium; eyes congested and anxious; tongue brown, dry and fissured; no appetite, and but little thirst; skin hot, dry and covered with maculæ; pulse 120, small; constipation; urine scanty and high-coloured; abdomen tender. Quinine gr. v. every two hours.

November 8th.— Has had twelve doses of quinine, but no improvement; great stupor and prostration; skin cool. Continue quinine; wine ʒ vi. November 9th.—No improvement; lies comatose.

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Continue quinine and wine; brandy ʒ iv. November 10th.—No improvement. Discontinue quinine: continue wine and brandy. November 12th.—Died comatose.

Rhus Venenata, by* Mr. H. Thomas.

Swamp, or poisonous sumach, in the homœopathic materia medica, known as Rhus vernix, is a native of Nepaul and Japan, and not of North America. Rhus Venenata inhabits the three countries. "Leaf 6, 7, pair of leaflets almost glabrous, entire, lanceolate, accuminate, reticulated beneath; fruit white." I have in my possession some dried leaves gathered from different parts of the same plant: the shape of the leaves differs exceedingly. The odour from them now they are dry is very similar to that of black tea. This is the most poisonous of the Rhus family. Some Americans are so susceptible to its influence, if they but pass by the plant whilst it is betwixt them and the breeze, they suffer from the effects for weeks after. Touching the plant will often produce either a typhoid state, or a vesicular eruption, accompanied with fever. The following proving was made in 1854 (August or September), by an American friend—one of the provers of *apis melifica*:—

"Having understood by a friend that Rhus Vernix had been used with success for the destruction of corns, I immediately procured a small quantity of the mother tincture, and applied it four distinct times. I made use of it by putting my fingers to the opening of the phial, and rubbing them on the corn; consequently, the application was as thorough to my fingers and hand as to the corn and adjacent parts. Drawing on my sock after the application, the tincture was brought in contact with my foot and ancle: both feet were equally affected (probably produced by changing socks). The symptoms occurred as follows:—

1st. Intolerable itching and burning in the left foot; itching increasing in intensity as the usual means were applied for its relief. 2nd. Watery vesicles (left foot), not papillary, but merely a rising of

* This plant received the name Vernix from Linnæus, who considered it identical with the Japan R. Vernix, from which it differs essentially. To avoid confusion (having in remembrance the unsettled question of Rhus tox. and R. radicans), it would be as well to always give it the distinctive title of Venenata, which is claimed for it alone.

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the cuticle. In some places the vesicles were confluent. 3rd. (left foot), skin became congested, thick and stiff, attended with a severe sensation of weight and burning. At this time the itching became so intolerable, that I often applied physical force to the parts affected, hammering them with my knife handle, or striking my foot against the sharp corners of the bedstead rail. This rendered the itching more intense, so that I was obliged to desist from any effort to obtain relief. Exercise increased the itching. Partial œdema of the left foot; also itching and burning, of the same character (as experienced in the foot) in other parts, scrotum, forehead, eyelids, fore part of the neck, and on the right foot, attended with a slightly puffed appearance of all these parts. On the fourth day of my illness, appeared vesicles on the right foot, and formication occasionally in the swollen parts, prickings as from excessive summer heat; vesicles with itching and burning on the bend of the left elbow; sensation of intense fulness, itching, and burning in the right foot. On the morning of the fifth day, vesicles began to break, and scabs formed; œdema of the legs, pit remaining after pressure. On the sixth day, vesicles on the fingers, and back of the right hand. As the vesicles broke, and desquamation commenced, acute inflammation of the surface (feet, hands, &c.), of a *dark red colour*, supervened, with intense prickling heat, as though a hot iron plate was held in close proximity to the swollen parts; flashes of heat, as though a stream of hot air was passing over the body, with throbbing and tearing pains, extending from each temple, back to the occiput, and down the neck to each shoulder; suppuration of the whole of the superior surface of the left foot, and occasional patches of the size of a half dime." (4*d.*, English), "to a dime;" (6*d.*) "extending half way to the knee; suppuration, in patches, of the right foot and fingers of the right hand; deep, corroding, phagedenic ulcers, burning prickling, and œdema continuing. The ulcers discharge a thin straw-coloured, acrid, and very fœtid pus. The odour was precisely similar to that experienced in the dissecting room. By this time I was emaciated somewhat, and peevish and fretful in the extreme.

"*Treatment.*—I tried numerous remedies internally, but with no benefit whatever. The application of bruised plantago leaves (plantago majus), reduced the swelling, but did not control the burning and prickling, which I relieved by dilution of Phosphorus, in water. A sufficient quantity of tincture of Phosphorus added, to give the water a milky appearance, applying this dilution externally, by means of linen cloths.

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"The intensity of symptoms continued about three weeks, but it was three months before I was entirely free from all the symptoms."

This account was furnished me by the prover, from notes. It may be well to add, that he is a very quiet gentleman, aged about 30, married, of a bilious-phlegmatic temperament. During his illness his life was in great danger, as may be inferred from the symptoms. After partial recovery I saw him, when he shewed me the remains of some of the ulcers on the shin and fingers. The cellular tissue had suffered very much. It is worthy of notice, that the results in his case were first on the left, then right leg; right, then left hand; the skin, and cellular tissue of the extremities suffering more than the body and internal organs, with the exception of the head (internally) which was much affected.

I regret that he has not furnished an account of the excretions of the body during his ailment. The following extracts from letters received from Mr. Hall, the homœopathic chemist at Cleveland, may be serviceable, notwithstanding the doubt as to which of the Rhus the symptoms may be referred to.

"August 16, 1855.

"Last week I collected, in company with Professor Brainard, a large lot of the Rhus Venenata, also of the Rhus tox. The principal effect on both of us was on the brain; pressive stupor on the vertex, continuing, more or less, for several days. B. had several cutaneous symptoms, but one altogether new to me—the veins of the scrotum became gradually distended to such a degree as to rupture in various places, and bleed; but little pain attended, the whole action being superficial. However, no symptom is of value, as we were exposed equally to the influence of the Rhus Ven. and Rhus tox. on the same day."

"December 4th, 1855.

"This last week, having what seemed a rheumatic attack in vertex, attended with a *peculiarly* dull, congestive sensation, and a reverberation of external sounds, I was strongly reminded of the persistent sensations experienced last summer after being engaged collecting Rhus tox. and Rhus Ven. A dose or two of Rhus tox. speedily removed the difficulty."

The swelling of the scrotum is common to Rhus tox. and Venenata. Rhus Venenata has frequently cured corns when applied externally, and is, I believe, more frequently successful than any other remedy. It is, however, not always advisable to use the mother tincture for

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this purpose. One of my American friends bruised a few leaves of the Rhus Venen., and put them inside his sock, as an application to his corn, which they speedily removed, but left in place a great itching and burning, and a vesicular eruption. Some days this eruption would disappear, and as often as it did so, my friend felt alarmingly ill, so that he had to betake himself to bed. Observing that Teste in his Materia Medica, used Ledum as an antidote to the Rhus tox., my friend used it to antidote the Rhus Ven. He possessed only some globules of the 15th dilution of Ledum. Their internal administration was unsuccessful; but one application of a lotion, composed of 12 globules of the 15th dilution, added to half-a-pint of water, entirely cured the erysipelatous rash, and its corresponding malaise.

From the provings already adduced, I have been led to use it for lymphatic abscesses, ulcers of the legs and arms having a dark red (syphilitic or scrophulous) blush, phagedenic ulcers of a similar or darker appearance, ulcerations of the lymphatic glands, and in typhus and typhoid fevers.

Windgalls on horses are quite under the control of this remedy.

"A synovial swelling on the wrist joint, nine months growth, large as a walnut, dark coloured, so as to look like a suppurating tumour. On holding to the light it appeared translucent: it had never excited much pain.

Rhus Vernix, dil. 3, one drop in a mixture of 1 drachm of alcohol, and 1 drachm of water, was used as a daily wash; and Rhus Venen., 15 dil., three globules, once a day internally, reduced it two-thirds in one week, and eventually cured it. The patient was a female."

E. W., æt. 33, married, had an ulcer on the right internal malleolus, which was healed by plaster; after which, pus formed under the arch of the foot, and was absorbed by the superficial and deep lymphatics of the thigh, which finally suppurated. During the process of suppuration the man passed very restless nights, scarcely sleeping night or day, and at last became so emaciated, that it was difficult to say whether he would survive or not. The greater difficulty appeared to be the possibility of his recovery. During this time, Hepar sulph., Lach., Calcarea, Arsen., Merc., &c., had been exhibited, without relief to the patient, who complained of burning tingling pain in the abscess, for which at first Rhus tox. was given, but without benefit. Almost immediately after the use of Rhus Venenata (12 and 30 potencies were exclusively used in this case, except at the end, when the 200 made by Mr. Berry was used), he was very much relieved,

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and continued to improve until the abscess broke, which was about five days after his taking the Rhus Venenata. The pus was very grumous looking, and of a very fœtid odour. Two quarts discharged the first day. From the opening of the abscess to its healing, at least three gallons of pus was lost. After he had used the Rhus Ven. for a week, he complained very much of an intense itching along the spine, from cervical to sacral regions; also in the thighs. The itching was *instantly* cured on his taking a powder containing two globules of Ledum 12, in sugar of milk. The itching occasionally returned, but he was always able to subdue it by having recourse to the Ledum powders, which he kept by him. He is now quite well, and has recovered the use of his limb, managing to walk very quickly, and as well as ever. He considers the injured limb to be quite as strong as the other.

W. C., aged 16, had been under homœopathic treatment for two years, and had derived much benefit, but was not improving so rapidly as was desirous. He had ulceration of the cervical glands, which discharged a very offensive pus of a dark colour. The areolæ around the ulcers was of a dark red colour. He was entirely and speedily cured by Rhus Venenata, and has had no return of the ulceration. His general health is much better than it ever has been.

J. P., æt. 48, complains of lassitude, legs ache. He has a blister on index finger of right hand. It began as a black spot, but has spread very much, and is very dark looking. Pain in it was very intense; burning, aching. On opening it with a lancet, the pus that came out was of a blackish colour, and the edges of the ulcer were very ragged. There is swelling of the glands in axillæ, and near the elbow, with inflammation of these glands.

Rhus Ven., 3 and 12 dilution, entirely cured in one week. Ledum palustre antidotes the Rhus Venenata; and had it been tried in the early stages of the first proving here recorded, it is more than probable we should not have had it.

Case of Suicidal Poisoning by Nux vomica.

Elizabeth Sims, aged 16, had only been a few days in her situation, and was observed to be low spirited and her appetite bad. About half-past ten in the morning of the 25th of January 1856, she left her mistress's house, and about noon on the same day she reached her grandmother's abode, in a street near Southwark Bridge-road, a distance of about two miles; she was then in a state of great mental excitement; she is described by an aunt, who was present at the time, "as rushing into the room, exclaiming that her mother had been murdered, seating herself suddenly on a chair, and being seized with a frightful fit. Mr. Sleeman was sent for, and he describes her condition; two fits passed away before his arrival, and during the intervals she was perfectly sensible.

Symptoms described by Mr. Sleeman. Half-past 12. On his

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arrival, he found the patient lying down, dressed, under the influence of violent tetanic spasms. Her head was drawn backwards, the arms extended; the fingers flexed to the palms, the jaws firmly contracted, the countenance somewhat livid, the eyes open, fixed, and somewhat protruding; the trunk stiff, the legs extended, the feet turned outwards, and the toes flexed to the plantar surface, the skin dry and warm; the respiration loud, almost amounting to stertor; no alvine evacuations took place during the paroxysms or intermissions; the pulse during the paroxysms could not be counted; this paroxysm lasted about two minutes; an interval of perfect sensibility ensued, during which she admitted that she had taken the poison, and expressed her sorrow for having done so, and said that during the fits she suffered much pain.

A full dose of Sulphate of copper was administered as an emetic, but did not produce vomiting. Mr. Sleeman was now about to use the stomach pump, but a fresh paroxysm prevented it. During the interval between the paroxysms, all the limbs were perfectly relaxed, the body pliant—and she was much exhausted; and, occasionally, after a paroxysm of more than usual severity, there was a slight tendency to coma. The countenance pallid, eyes natural; respiration natural; pulse about 80, moderately full, skin warm and dry. The paroxysms lasted about two minutes, the intermissions about five minutes when first seen; the paroxysms generally increased in severity, the intermissions became shorter, but when complete, consciousness remained perfect, even to the intermission before the last paroxysm, which terminated the severe sufferings of the poor girl, which took place at a few minutes before two; during the last half-hour the slightest movement caused a paroxysm, sometimes even an attempt to speak or drink would cause one; she begged to be left alone because of the pain she suffered, as she herself expressed it "when in a fit."

The treatment consisted in an endeavour to produce an evacuation of the contents of the stomach by one of the quickest emetics (cupri sulphas). The use of the stomach pump was altogether impossible, owing to the severity and frequency of the tetanic paroxysms. Tannin was given with a view to form an insoluble substance with the strychnia. Cold affusion was freely tried. By this time any attempt to give relief brought on tetanic spasms.

The post mortem examination very carefully conducted, presents no feature of any interest.—*Med. Times and Gaz., Feb. 9th*, 1856.

A Commination, or Denouncing of Wakley's anger and judgments against homœopathic sinners.

What a pity Wakley is not Pope of Rome—he exhibits such a talent for cursing his enemies. His denunciations against us poor heretics, which are merely ludicrous coming from the dingy *Lancet* office in the Strand, smelling of tobacco and small beer, would appear quite grand and imposing if fulminated from the Vatican, and redolent of frankincense and myrrh.

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Poor Wakley! Having exhausted all his stock of abusive language against homœopathy and its practitioners, and having found that this has had no more effect in retarding the onward rush of the homœopathic tide, than the foam on the surface of a stream, though like that it has served to show the force of the current, our infuriated allopathic contemporary, called after an almost obsolete instrument, has betaken himself to cursing our patients in such a horrible style, that we begin to fear the poor creature must be in a very bad way. We subjoin the following extract from his impression of the 2nd of February last, to show the dreadful state to which the once sharp and brilliant *Lancet* is reduced by his spite and vexation.

"Our wishes for the patients of homœopathic physicians," he exclaims, "are not so seemingly merciful, and we are prone to utter such imprecations on them as would make the shade of Ernulphus walk disturbed: 'May your vigour of mind and body fail, your bones decay, your limbs be eaten by disease, your joints stiffen, and be everlastingly immoveable.'"

¶ *And the readers of the Lancet shall answer and say,* Amen.

BOOKS RECEIVED.

Yellow Fever and its Homœopathic Treatment, by W. H. Holcombe, M.D.: New York, Radde, 1856.

A Treatise on Internal Diseases of the Eyes, by John C. Peters, M.D.: New York, Radde, 1856.

Observations on Painless Tooth Extraction by Congelation, by J. Richard Quinton: London, Cox, 1856.

Lettre sur le Progrès en Homœopathie, par le Dr. J. Perry: Paris, Baillière, 1855.

Journal de la Société Gallicane.

Medical Reform, &c., by Samuel Cockburn, M.D.: London, Theobald, 1856.

Notes of a New Truth, Nos. 1 and 2.

Handbook of the Movement Cure, by M. Roth, M.D. London, Groombridge & Sons, 1856.

[This is an excellent and systematic account of Ling's Swedish Gymnastics, illustrated by many well executed wood cuts, and containing numerous cases of disease successfully treated by the kinesipathic method, by different practitioners at home and abroad.]

Hering's Domestic Homœopathic Physician, with Alterations and Additions, adapting it to the use of the English public, by a London Homœopathic Practitioner. London, J. Walker, 1856.

[Dr. Hering's Guide we have always considered the best and most original of the domestic works, although hitherto it has had the defect of not indicating the appropriate doses and dilutions of the medicines, and has contained some things we could not entirely subscribe to. The present edition, of which we have seen the sheets as they were passing through the press, seems to have been very carefully and thoroughly revised by an experienced homœopathist, and is free from the faults of the original work, besides containing much additional useful matter. We should have every confidence in placing it in the hands of those who are unable to obtain the advice of a homœopathic practitioner. Indeed we think that many practitioners might themselves derive much useful information from its pages.]

W. Davy & Son, Gilbert Street, Oxford Street. London.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

INTRODUCTORY ADDRESS,

By Dr. Geddes Scott,

(*Read before the Congress of British Homœopathic Practitioners held in London on the 30th May*, 1856.)

The subject which forms the bond of union connecting the members of the present meeting having been for many years investigated in every aspect, and by almost every variety of mind, it is scarcely possible at the present day to offer any new or original view, or even any real and valuable instruction, in aid to advancement.

With no such expectation, certainly, have I consented to read the introductory address to an assembly of gentlemen, all of whom, I am justly entitled to take for granted, are as well instructed in the matter, and as familiar with its every form as myself. I know no point, theoretical or practical, which has not already been handled, certainly none on which I am conscious of being able to throw further light, though I may, in the sequel, ask the present state of opinion on some questions frequently discussed but not yet satisfactorily settled. In reviewing the records of homœopathy, I find myself like an amateur at an exhibition who sees every attractive picture ticketed as already "sold," and I can only turn away with the

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customary benediction on the plagiarism of our predecessors who have stolen from us all chance of originality by saying all our good things before us. In such a case, the only resource seems to be to assume a little latitude, and to forego the attempt exclusively to confine the attention to one particular subject, and to select some wider and more common ground of remark which may include and be relevant to it. Let us, then, for a while forget all idols of the cave, the temple, the forum, and the theatre, and take a periscopic view of the present standing point of man, especially in our own country, and shew how the characteristic features of his position are exemplified in relation to homœopathy.

The general central idea of my remarks may be expressed by the single word *progress*, this being the most marked feature of the present age, an age which can with justice assume only one half of the motto, noble in its complete form, but questionable in either of its elements, "without haste, without rest," for though "without rest," we are certainly not "without haste;" but yet an age which I would gladly believe illustrative of the words of the Hebrew seer, "Watchman, what of the night? And the watchman saith, the morning cometh."

For if we consider the actual state of mankind at any period of history, and compare it with what it *might* be, I feel warranted in describing it as the night, or, at best, the dawn, for night is the time in which man lies helpless, and his powers are dormant, yet not incapable of being roused into fresh activity, and the dawn is the time of unsettled struggle between the darkness and the light. The intensity of the darkness may vary; the night may be still and calm, or it may be agitated by storms; it may be moon-lit or star-lit; or lit up by fitful flashes from the thunder-cloud; but still it is night in most aspects; the capabilities of man are so much greater and more elevated than his attainments have ever been. In thus speaking I am not conscious of any exaggerated estimate of human perfectibility, nor of having recourse to a sanguine imagination to unfold the future, or to modify the observation of the present. For if we deduct from the actual experience of man all those evils which result from his *moral* defects, and which

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therefore depend upon his will to be avoided, the amount of evil removed would be so great that this alone would introduce a condition of comparative day. Cancel the single vice of intemperance, and you introduce a morning ray into a thousand homes now darkened by poverty, wretchedness, and despair. Stay the outbursts of rage, and you dissipate a thunder-cloud which could darken the brightest sky. Extinguish or govern lawless passion, and how do you scatter those chilling vapours which, exhaled from the damp earth and midnight air, blight the fairest promise that the world can shew!

If, then, we are warranted in regarding every period of man's history as, in some aspect or other, some season of the night, or at best of the misty dawn, what signs have we that "the morning cometh?"

The night of which I speak is moral, political, educational and scientific, for assuredly man is not in any of these aspects what he ought to be, or what he might be. Are there any bright streaks in the horizon in any of these directions? I think some may be seen in all.

In the *moral*, I of course include the *religious*, at once the foundation and the culminating point of the moral. Here there is much darkness, but also some struggling beams of the morning sun. If we look to the worst specimens, and the most degraded resorts of the human race, we shall suppose ourselves plunged into unalleviated midnight; but if, from that central position, we look around us, we discern so many efforts made from without to penetrate the darkness, that we can hardly fail to believe them the precursors of the dawn. If, emerging from the thickest gloom, we approach the outer circle, we are brought as into moonlight; there is light, but it is pale and reflected, not derived directly from the original, but from some secondary source. Our morality is in a great degree a conformity with conventional requirements; our religion is chiefly that which is taught by large communities, and received because taught by them, or by individuals of commanding character and intellect, and acknowledged because stamped with their image and superscription, rather than that which each man's conscience recognizes as a ray directly emanating

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from the primeval source. Nor, in general, do men care to go back further. They have a certain light, which yields some degree of cheerfulness and guidance, and this is enough; or if not, they occupy themselves with concentrating the moonlight, which, however, through the strongest lens, is moonlight still; yet, if it be light at all, it is not to be undervalued or neglected. But in this district of the horizon, there are streaks of morning light: various highly important views of Christian doctrine, which, even in their fainter and reflected form, have afforded strength and comfort to many, have been found inadequate in that form to satisfy others, and these views, therefore, men of devout and thoughtful minds have endeavoured to trace further home, and thus to introduce a brighter because a more direct and original light than that which was adapted to less claimant organs which rejoiced in paler beams, but not, as it seems to me, in any essential opposition to it, as the direct rays of the sun can never be in opposition to themselves when reflected—light will be always light. And leaving the retirement of studious men, we see continually in the busiest and most repulsive scenes, a constant effort to raise the moral standard, and to afford a fresh and hopeful start to those who have fallen —a constant recognition of a remaining element of good even in the least worthy, without which, of course, all attempts at reformation are hopeless and unavailing, as would be the dawning of the day to the blind. And to my own mind, I confess it is a pleasant and not a difficult task, to trace this desire to elevate the moral tone of the country even in measures and proposals of an apparently contradictory character. Those who would throw open the various places of public amusement on the day ostensibly appropriated to tranquillity and devotion, and to such kinds of recreation as are compatible with the repose of the amusers as well as the amused, profess, and I believe with sincerity and earnestness in many cases, to have in view not merely the abolition of an irksome restraint, but rather the elevation of the moral and intellectual condition of the multitude; while those who object to such an innovation are not influenced by sordid, or selfish, or self-righteous motives, but by an earnest desire for the same great end. Which may act with

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the greater force of reason, this is not the place to argue; I adduce the example merely as indicating the approach of morning in a moral and religious aspect. That the efforts of those who would lead it on should be attended with obscurity, uncertainty and vacillation, may be ascribed to the mists which owe their existence to the coming on of the day.

The political world has been in night, illuminated here and there by some bright, particular stars, and by the faint moonlight reflected from time-honored institutions admirably adapted to their special time and office, but not to all times and all circumstances. The political arrangements of the world cannot be said to have done all for man that can be effected by the holy ordinance of law and government. Yet there is surely nothing in human nature to render a political night unavoidable; it does not appear impossible that laws and institutions should be so constructed as to afford at once a support, a protection, and a restraint, while yet they should possess an elasticity which should admit of inward growth without the perpetual introduction of organic change—which should yield to the demands and necessities of those whom they embrace, spontaneously and without conscious interference, and without the perpetual recurrence of popular outbreaks on the one hand, or of tyranny and faithlessness on the other. The establishment of institutions possessing this character would, I think, indicate sun-rise, because they would be founded on the necessary and universal demands of human nature, and not on any restricted or partial claims limited by time and circumstance; for the very nature of man demands such a combination of firmness and elasticity. I cannot, indeed, assert that no such light has dawned, for to me it seems to have burst upon the world when it was discovered that the union of kingly power and lordly dignity, and popular energy and freedom of speech, was not possible only, but was the surest method of securing each of these elements; and therefore we may rejoice that our lot is cast where, if there be not the full and unclouded light of day, there is at least the nearest approach to it hitherto made, and the smallest amount of fitful illumination. And in proportion as the same great principles are recognized and

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thoroughly understood may we say of any nation—"The morning cometh;" and in as much as I believe them to be gradually settling down in the minds of rightly thinking and well disposed men throughout the world, I feel warranted in hoping that the political night also is wearing away.

And through the night that has overhung the educational condition of our country appear many struggling beams of light. That in this respect we are still, as a nation, in the night, will readily appear from an intelligent consideration of the abounding ignorance alike of the most ordinary and the most elevated subjects. And yet instruction is but a small part of education: to inform the mind is but a small step towards drawing out its powers, and raising to full maturity the infant being which is the depository of all that ever shewed itself of good and great in man. And when we read the records of crime, and see the amount of ingenuity which they disclose, how can we doubt the existence, even among the depraved and outcast, of powers which need only the guiding hand of wisdom and goodness to draw them out, to cultivate and to perfect them, and to direct them to useful and honorable ends? Certainly education has not done its utmost for man; it has not fully awakened his dormant powers; he is still in the night. And yet, when we see the constant efforts, however unsuccessful, yet assuredly well intended, of every government and every class of statesman, to supply the defect, however widely we may differ from any specific measure, we cannot justly deny the existence of a morning ray. The difficulties I suppose to be greater now than at any previous period of our history, because the circumstances are so changed, not wholly for the worse but in some points for the better, involving a more enlarged freedom, a greater self-reliance, a firmer resistance to any lordship over the mind. But these very elements which make legislation difficult, will not fail to educe something calculated ultimately to dispel the darkness. Nor can we doubt that the principles of illumination are already operative, when we know that voluntary and unpaid teachers are reckoned by thousands, and that men of high attainments and of university honours devote considerable portions of their time, wholly

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unrewarded, to aid the efforts of working men after self-improvement—that men of the highest rank count it no degradation to lecture in Mechanics' Institutions—and that even those gentler beings, whose range heretofore was restricted by the four walls of a drawing room, are now found to throw themselves as the best elements of purity and elevation into scenes from which they would formerly have shrunk, or from which they would have been repelled by the exaggerated severity of our social prejudices.

In a scientific point of view, the morning is more advanced than in any other. For many ages the night endured, but within the last 150 years the progress towards day has been continual, and, within the last 50 years, very rapid; and the advancement consisting not merely in an accumulation of facts, but being founded on clearer and more determined views of the real operations of nature expressed in the form of *laws*, we may consider it to be a true morning ray, and no borrowed or secondary light. Thus, it has been said with the boldness of poetry, but almost with the accuracy required of prose—

> "Nature and Nature's laws lay hid in night,
> God said—'Let Newton be,' and all was light."

"All was light," because the indication of Newton was no chance discovery of an operation in nature—no new planet or planetary motion—no new substance, or combination, or analysis—but a Law, a bond of union extending to the utmost limits of creation, and compelling to bow to its authority whatever was naturally amenable to its influence. This brought him, and us, through his means, into closer intercourse with the Author of Nature by a true original ray of light. And this is effected by the discovery of every ultimate law. In rapid succession followed other rays; the laws of light, of sound, of motion; chemistry, mineralogy, crystallography, geology, electricity, steam—almost annihilating time and space, laws of force—almost removing the veil of material intervention, and bringing us ever more and more into the region where the material is shewn to be the mere instrument of the immaterial. So that in physical science we seem to be far on in

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the morning, though in the higher regions of morals, politics, and education, we are scarcely emerging from the night.

Thus are we brought to the subject which most nearly concerns ourselves. Over no science was the night more heavy, more continued, and less enlivened by even transient or borrowed light than over practical medicine. Year rolled on after year, century after century, with scarcely any true illumination, as all may see who look into the history of medicine; and this not from want of enquirers, nor of diligence, nor of learning, nor of skill, but because there had been no Newton in the medical world; no one to elicit a law which should include and explain all that had been truly done down to his own time, and should afford a principle of guidance universally applicable in time to come. This, at length, did Samuel Hahnemann, and therefore it is that with the fullest acknowledgment of the little practical result hitherto attained, with the clearest conviction of our remaining deficiencies, and with the least possible sympathy with those who boast of their achievements, I feel warranted in saying that in medicine also "the morning cometh."

And as when in any part of the horizon the faint streaks of early dawn appear, they speedily diffuse themselves till at length every point is enlightened, and every hill-top reflects the beams tinged with its own appropriate hue of purple heath, brown fallow, or verdant pasture, so, as it seems to me, the great curative law indicated by Hahnemann throws a flood of light and guidance over questions unconnected with medicine, but analogous to it in the single feature of aiming to correct permanently some evil, or, in still more general terms, to effect some permanent change of mode without interfering with the permanence and identity of being. Let it be once thoroughly understood, and heartily received in all its varied forms, and in all the modes by which it may be expressed, whether it be regarded as "the expulsive power of a new affection," or as the result of re-action, or as the fundamental explanation of the force of habit, and let it be brought with honesty and intelligence into all the regions of morals, politics, and education, and, if I err not, it will appear that the very same ray which guides us in our dealings with the sick will also guide

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us in our efforts to instruct the ignorant, to raise the fallen, to emancipate the oppressed, and to regulate the free. And if it be so indeed, with what reverence shall we duly honour the man who has enabled the sentinels at so many outposts to meet the anxious challenge—"What of the night?"—with the unanimous and cheering response—"The morning cometh."

But we greatly need further light: we are still proclaiming sunrise when we ought to be at high noon. And what would be the surest sign of advancement? I think it would be the discovery of a law for the application of that already discovered. For though we have learnt that disease is to be cured by medicines which produce analogous symptoms on the healthy, and that as a consequence in general the medicines should be used with great moderation, there remains much to be settled as to the actual quantity, and as to the relation subsisting between different medicines; as to antidotes, and prophylactics, and constitutional states: and hitherto these questions have been discussed rather in the spirit of Bacon than of Newton; that is to say, different physicians have advocated different measures as the result of their own experience, but they have failed to shew, or rather have not sought, any general law or principle of nature to guide them—anything in the nature of disease itself that should lead in one direction rather than in another. To illustrate my meaning as well as perhaps to afford some subject for appropriate discussion (for I am well aware that my observations hitherto may be considered rather beside the mark of our present meeting) I may recal some observations communicated to the *British Homœopathic Journal* in regard to the potency and repetition of medicines, and I shall be glad to learn how far they accord with the convictions of others.

In those remarks I suggested that the generally observed and, as I supposed, actually universal fact of intermission or remission of disease might be taken as some clue to the repetition of medicines, each fresh pause in the course of the disease affording a suitable opportunity for the fresh administration of medicine, because each recurrence of the disease is like the beginning of a new one; and that the potency of the medicine (meaning by that term not so much any particular

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attenuation as the strength of medicinal action) should be determined by the character of the disease, combined with the completeness or incompleteness and duration of the intermission, that stage or form of acute disease which is marked by exaggerated vital action, calling for strong medicinal action, generally supposed to be represented by low potencies, and frequent repetition, the *force* of reaction being considerable, and the *period* of reaction being of short duration, while in the stage or form of exhausted vitality, the feebler medicinal action, supposed to be represented by the higher attenuations, should be employed and frequently repeated, the *force* of reaction being small, and the *period* short. I am not aware that these conjectures, thus partially recalled, met with much acceptance, but I have not seen any others founded on the *a priori* consideration of the nature of disease, and I shall be glad if the liberty I have thus taken of quoting myself should lead to the fuller discussion of the matter on the principle of discovering some law of nature bearing upon the solution, which I may call the Newtonian method, rather than by the comparison of experience, which may be called the Baconian—a method which, though it may point out advantages on one side or the other, can never, I think, lead to the final settlement of the question; for we can arrive at a general law through the process of induction only on the supposition of the induction being uniform, and in no case contradictory, which is forbidden by the very existence of controversy, which arises from the difference in the experience of different men; nor even in that case, as it appears to me, are we warranted in drawing a general conclusion from an accumulation of particular instances, unless we can point out the principle in nature which unites all these instances—to discover which we require a Newton and not a Bacon.

If we are really in the light more than others, how is it that we have made so little impression? How is it that after half a century we are still so fractional a part of the medical world? I do not mean why is the homœopathic school so limited in number, but why is there a homœopathic school at all? How is it that we are still, however unwilling, regarded as a sect? We do not often hear of natural philosophers of the Newtonian

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school, simply because there is virtually no other; we do not hear the followers of Harvey taunted as circulators, because it would be difficult to find a physician who is not in this sense a circulator: in each case, the wide adoption of the doctrine has obliterated the name; and I am apt to think that half a century ought to have sufficed to confer on the homœopathic school the greatest honour of which it is susceptible, viz., to have buried the name in oblivion by stamping immortality and universality upon the spirit. If the principle be indeed true, there must be some reason for this lamentable state of prolonged sectarianism. Can we discover any reason? Without professing a complete solution of the question, I may be allowed to suggest one or two circumstances which may have contributed to this result, speaking, of course, only of those which may have come from among ourselves; for those which have arisen from without we are not responsible, and them we cannot control; with them, therefore, we need not concern ourselves.

1. The form in which the characteristics of the homœopathic school have been presented to professional men has repelled their assent to its essential element; for the essential element has been presented in union with its corollaries as a unity to be accepted or rejected. I believe there has hardly been a time when the law *similia similibus curantur*, and nothing else was set before the minds of men, or if so, the time during which it was allowed so to present itself was too short to admit of its taking root; nearly from the beginning it has been presented as an inseparable part of an indivisible system of which infinitesimal doses, psoric doctrines, and divers explanatory theories, more or less plausible, have constituted the other elements. I am aware that in written treatises it has been somewhat different, especially of late, and that the authors have protested against this method of address, but I have a distinct impression that practically it has been as I have said, and that a physician who should frankly have acknowledged the law, but have made no further difference in his practice than to have endeavoured to act in obedience to it, would have been scarcely recognized as of the school, and would not have been left with all cor-

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diality to work his own way to the other characteristics as gradually and as partially as his own convictions allowed. A consequence of this is not merely that many minds have been repelled by what seemed at first sight absurd, but they have lost sight of the essential in their attention to the subordinate, and resting on the difficult and doubtful, have forgotten the more assured. One cause of this impediment I believe to have been the preponderating amount of lay, and particularly of female, apostleship, stimulated principally by the love of the marvellous, and better pleased to dazzle and astound by the apparently incredible, than to instruct in truths too deep to attract the attention of the superficial, and too extensively diffused through all departments of nature to excite any great astonishment when proclaimed, though awaiting for their discovery the eye of genius and the revolution of ages. It would surely be better to present the matter more in detail, and not to proceed to one point before having secured the preliminary step, and thus to allow each man who adopts the essential to arrive at the secondary by the same slow process as that which conducted Hahnemann himself.

2. We have been too controversial; we have not been content with declaring the rising of the sun but we have proclaimed it too loudly in unwilling ears; we have been too anxious to prove by argument what can only be seen by observation. No man can prove the existence of light to another except by prevailing upon him to open his eyes, and then leaving him to receive the impression which his organs are fitted to convey. Instead of perpetual argument and disputation we should have been content to walk by the light we perceived, and, if possible, to evince its reality, not by extolling its brilliancy, but by the firmness of our step, the steadiness of our gait, and the certainty of our arrival at the proposed goal. Instead of this, we have been too apt to turn aside to proclaim aloud the brightness of our sunshine and to taunt the blindness of those who fail to recognize it as sunshine at all. Such controversies I believe to have already lasted too long, and it is high time they should come to an end. No fresh arguments can be adduced, the whole repertory of logic on this subject seems to be

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exhausted, but if we can attain a firm and steady course of professional conduct, and in so doing command unusual success in the treatment of disease, I believe the number of those who will assent to the principle on which we act will be continually and insensibly increased. There may sometimes be openly avowed conversions, but this I think of no great moment to the well-being of mankind, nor does the expression itself appear to me quite correct, for the adoption of a principle by those who previously had none can hardly be called a conversion; but more frequently there will be the quiet, unostentatious admission, of a guiding law. And if any be known to regulate their practice by this law without quitting their old associations in order to form new ones, let not this be charged upon them as insincere or ungenerous, provided only they do not join their voices to the outcry of ignorant opposition. No man is bound to adopt all the inferences and consequences which may appear to another inevitable from principles which both acknowledge, but every man is bound to shew charity, courtesy, and candour to every other man. And we have been too often unfair in our controversies; we have not frankly granted the advantage to others which, in a change of circumstances, we should have claimed for ourselves; we demand that every instance of a good result in our hands should be regarded as a proof of the truth and superiority of our method generally, while the instances of a good result in the hands of others we set down to the ignorance of the reporters, and we ominously threaten evils yet in store. We lend a willing ear to the aspersions of party spirit passing censures which we know to be unmerited, and we lend an equally ready ear, and, it may be, approving voice, to the recital of marvels which we have every reason to believe are either entirely untrue, or, at least, greatly exaggerated. Others may have done the same by us, but this can afford no justification if we have indeed fallen into this error. We should bear in mind that every allœopathic physician occasionally practises homœopathy, and that every homœopathic physician occasionally practises allœopathy. For whenever the former cures disease by the direct action of medicine, which no doubt he often does, we must believe that he attains this end consistently with the

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law of nature; and whenever the latter fails to do so in a case curable by medicine, the probability is that he has made a wrong selection, that is, that he has been applying a medicine not homœopathic to the disease; and each of these cases holds true, though, in the one case, the mind of the physician may be strenuously opposed to homœopathy, and the excessive amount of the appropriate medicine may have left injurious results peculiar to itself but not part of the disease, and, in the other, the physician may have studied his repertory with care, and the smallness of the dose of the mistaken medicine may have protected the patient from any positive evil resulting from the error in selection. So that, in fact, if we could correctly analyze the practice prevalent throughout the world, I believe we should find very little true consistent homœopathic treatment at all, and a much less accurate line of demarcation than we may suppose; we should find homœopathy where we little expected, and the absence of it when we most surely counted on its most promising development. The hood does not make the monk, nor does a box of globules make a homœopathist.

3. We have been too controversial among ourselves. Instead of being content to regulate ourselves by the light we have received each according to the measure in which his eye can admit and his mind be guided by it, we have been disputing with each other about the extent to which the morning light has actually arisen. We all agree that a certain central spot is true sunlight, but there is a bright spot above or below or to one side of it that we cannot agree about, whether it be a remnant of the borrowed light of night, or a mere ignis fatuus, or optical illusion; and so, instead of setting off under the clear shining of that which we all confess to be the true light, and acknowledging that we have kept by it only in proportion as we have attained the end at which we aimed, and, therefore, that in the many instances in which we have failed we have been ourselves in error, and not nature—instead of this, we have been quarrelling about the soundness of our neighbour's organs in distinguishing the collateral, we have been hunting microscopically for our neighbour's errors and inconsistencies, and sparingly or sneeringly admitting his virtues, unless they

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exactly square with our own platform of theoretical or practical accuracy. Thus, in the very points which repel others we are not agreed among ourselves. We agree neither as to the amount of medicine nor its mode of administration. Some are too pure for anything below the thirtieth attenuation; others too transcendental for anything below the two-hundredth or perhaps the two-thousandth; others too material and too sceptical for anything above the third. Yet the difference between the third and the thirtieth attenuation (if we consider the question of quantity involved at all) is inconceivably greater than that which exists between the third attenuation and the largest doses of the most heroic practitioner: the one is easily appreciated by the imagination, and I suppose its minutest extreme could sometimes be detected by chemical analysis, extending from about 10 or 20 grains of the crude substance to the millionth part of a grain; the other, starting from a fractional denominator of 1,000,000, which might be numbered in a fortnight, ascends to one which I suppose could not have been approximated by the most diligent computation, beginning with the earliest megatherium and continuing night and day without intermission to the present moment. We are not agreed as to the modus operandi of medicines, nor indeed as to any one point of our great teacher's doctrines, except the formula *similia similibus curantur*. Nor are we thoroughly agreed as to that: our expression of the formula is not uniform; by some the optative or imperative mood is adopted, by others the indicative, the one expressing the precept or the wish of the physician, the other the predetermined law of nature; and our understanding of the formula is not uniform, as appears from a comparison of the various modes of explaining it. While we are thus divided among ourselves, how can we reasonably expect that others should suppose that we have discovered any true bond of union?

If, then, these be some of the causes of our retaining a sectarian character and isolated position, viz., controversies within and controversies without, and want of sympathy with the difficulties of other men's minds, of course it behoves us to endeavour, as far as may be, to remove these obstacles to a right

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standing. And, in the first place, to enter with thorough sympathy into the difficulties of those who do not see as we do, and to present to them only the essentials—to show them our true relative position—that it involves no real opposition, for, if we consider our characteristic feature to be the adoption of a definite and universal law, and the characteristic feature of the older school to be the total absence of any law whatever there, until some antagonistic law be advanced, and its true antagonism shewn, we cannot be proved to be in opposition, for we cannot be opposed to a nonentity. If our law be not received, can any other be suggested? If so, what is it? Let it be examined, and let us mutually understand each other. Let us distinctly admit, that while we would impart to others the knowledge of a curative law, we may receive from them the knowledge of facts which may illustrate its operation: from their researches we may be instructed in physiology, pathology, diagnosis, and even treatment. Especially in all our controversies let us exercise the strictest justice, giving our opponents every fair advantage, "full measure and heaped up," and narrowly examining every claim that we advance in our own favour. The true church is holy and catholic, and its holiness and catholicity are mutually commensurate: let it be so with us; let us not boast of our purity in proportion to our sectarianism, but rather in proportion to our holding on by the essential element amid every variety in the form of its application. Let us lay aside, as far as possible, all class names, whether the wholly unmeaning one of allopathist, or the more correct one of allœopathist, (gladly would I ignorethat by which we are ourselves distingu ished) and endeavour to merge all in the one term physician, a name of which every one may be proud who loves to be classed with the brightest ornaments of his race, the most diligent cultivators of science, the most universal contributors to civilization, the best benefactors of mankind.

Nor let us expect to find in others what we cannot find in ourselves. If, on impartially scrutinizing our own minds, we still discover the lingering shades of night, great difficulty in discerning the true analogy between the entire groupes of pathological and medicinal symptoms, recondite as well as

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superficial—without which we have no evidence of homœopathicity—and in distinguishing medicinal aggravations from the progress of disease, and great perplexity about the dose we should administer, and the frequency with which we should renew its action; and how far we may aid its operation by various means, whether stimulants to increase the power of reaction, or palliative medicines to bring the long abused and deeply suffering economy amenable to a purer and more wholesome treatment; whether we may freely use, or are bound to reject, those medicinal streams which nature presents with her own hand—if, I say, we are still conscious of perplexity in any or all of these points (and to be conscious of none, I fear, would argue insensibility rather than unusual penetration), then let us transfer to others, whether our fellow disciples in the same school or our brethren in every other school, a portion of that charity and consideration which we are wont to bestow with even too great liberality upon our own deficiencies. This I conceive to be one of the principal results attainable by meetings such as the present. To enrich our knowledge, we should rather seek solitary study; to verify and improve our judgment, we should watch carefully the course of our treatment; and I believe most will admit that the actual amount of practical advantage gained from open discussion above that derived from private reflection is not great; but by well regulated personal intercourse we may cultivate more sedulously those courtesies of life which tend to smooth its path; we may become more sensitively alive to the claims of others; we may discern more clearly that sentiments which controvert our own are the real sentiments of honest, living men, and not mere sentences in printed books, and that they are to be dealt with accordingly. And thus, though we should separate without having acquired any new principle for professional guidance, or any additional information with regard to medicine or disease, we may consider that our time has not been wholly lost, if we separate with encreased mutual respect, and a more hearty desire to co-operate harmoniously for the benefit of mankind.

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ON SOME AFFECTIONS OF CERTAIN NERVES.

By J. Rutherfurd Russell, M.D.

(*Read before the Annual Meeting of the British Homœopathic Society, May 28th*, 1856.)

Having had occasion to look over my notes of about twelve hundred cases which I have treated within the last three years, I was painfully impressed by the small amount of practical instruction they afforded: and this observation tallied with the result of a search I had also made through a considerable series of the principal German homœopathic periodicals for well-established cures. This naturally led me to reflect upon the causes of our poverty in this direction. It seemed strange that so large a stream of practice, for the most part highly satisfactory as far as the patients were concerned, should have deposited so few grains of gold which might be made available for the increase of our medical currency: and I shall enumerate these causes, at least the chief of them, in the hopes that their recognition may lead the way to their eventual removal.

The first and most important is the want of hospitals with clinical instructors. It is only there that there is any inducement to enter into such full details of the different cases as furnish materials for full-sized and finished pictures of disease. It is the duty of the teacher to describe cases in such a way as to convey to the uninitiated a distinct notion of the total divergence from health in each particular instance; and he will naturally select those which present the fullest development of morbid action; he will even exaggerate what is present, and fill up from his own knowledge what is absent, to give as striking a portrait as he can of the examples he selects to represent the class to which it belongs. In private practice such a proceeding would be perfectly useless even if it were possible. The notes we take of our cases are for our own use and merely to assist the memory, and all we think of entering are the peculiar specialities of the individual specimen, as the general features of the class to which it belongs follow as a matter of course in the mind of an experienced practitioner. Hence the extreme meagreness of detail which as a rule characterizes the narration

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of homœopathic cures, as compared to those we read in the works of the old school, which are for the most part derived from hospital practice, or are written by those who have been trained to give clinical instruction, and who can finish their pictures taken from private life, with the skill of the adept academician.

Another reason seems to be that we have as yet, properly speaking, no professional public. A young physician of the old school, desirous of renown and of talents equal to his ambition, may be sure of obtaining his reward if he signalizes himself by pre-eminent excellence in narration of cases or essays upon special forms of disease. The superiority of such men as Abercromby and Hope, was not to be contested, and they were recognised by their own profession as worthy of the public confidence they rapidly achieved. So that there is the strongest inducement held out to cultivate the particular kind of excellence which tells to such advantage in advancing a man in his profession. But we have no such inducement. We are scattered like missionaries among the heathen, one here, two there, and even by railway it is almost a day's journey from one station to the other. With the exception of the metropolitan cities, there can scarcely be said to be any competition among ourselves. For the most part the public have no choice except between allopathy and some one homœopathic practitioner. So that really unless for those emulous of posthumous fame, there is hardly any inducement to devote themselves to the wearisome task of careful scientific detail of cases, which at the best will present a sorry contrast to the thousands published by our opponents, all the more so from the abruptness of their termination. It is true that this feature which in some respects robs our cases of interest to the professional eye that has been educated to enjoy a five act tragedy, is the very point which delights the public, who are all on the *qui vive* for short cuts to everything, even health. But then, if we propose to publish cases for this class of readers, we find ourselves forestalled by Professor Holloway and the College of Health. We cannot undertake to do anything in the way of cure half so wonderful as these advertisers promise faithfully to perform, at the risk of

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losing their character for the trifling consideration of a few shillings. And how can the public judge between one set of advertisments and another? The vast majority of educated homœopathic practitioners in Europe, refrain from entering for a race under such ignominious conditions as having to run against the world of quacks in the public newspapers; and even if they were not withheld by a sense of self-respect from such a "concours," it is quite obvious that such sign-painting would be accepted by no academy of medicine.

Besides these causes there is another in the rejection by Hahnemann and his earlier followers of Nosology. This renders the task much more difficult, and much less useful. If we had a correct Nosology based upon an accurate pathology, we might very briefly, and for practical purposes with sufficient distinctness indicate the remedies useful in the various forms of disease that present themselves to our notice, and already we are making progress in this direction. It is with the hope of assisting in however small a degree in this object, that I have drawn up the observations I propose to lay before this meeting. My first design when I thought of writing upon affections of the nerves and nervous system, was to have attempted something more systematic; I thought it might be possible by a careful study of the morbific as well as the curative action of our different medicines, to have discovered the certain relation between certain medicines and certain nerves, and that this knowledge might be made at once available in practice. This plan however I was compelled to abandon from want of time to overcome the enormous difficulties presented by the vagueness of the language of the majority of those who have proved the medicines in common use, and the absence of distinct anatomical and pathological references in the narrations that have come down to us. Perhaps some one else who has more leisure and more command of the sources of our provings, may take up the task and furnish us with a catalogue of the nerves, each one ticketed with the names of those medicines to which they are naturally related. My present design is a much humbler one, being merely to give a rude outline of a few cases arranged in such an order as to bring out what I consider their interesting features.

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Although some of the conclusions arrived at by Sir Charles Bell, are controverted by the most recent investigators of the nervous system, and even the very important one of the posterior columns of the spinal cord being the sole medium by which sensitive impressions are transmitted from the circumference to the centre, is denied by Dr. Brown-Sequard, yet the fundamental principle insisted on by that great discoverer of the distinction between those nerves which convey an impression from without inwards, to give rise either to a sensation by being transmitted to the brain, or to some action in the body by its transmission directly from the spinal cord to the more external parts, and the nerves which convey an impression from within outwards, has been amply confirmed, and is assumed by writers on this subject as an axiom of the science of neurology, along with its corollary, that impressions can only travel along one line of a nervous fibre, and cannot be transferred to another fibre although in the closest proximity, but must invariably either pass outwards to the extremity, or inwards to the centre. This principle is of constant application in practice when we meet with some abnormal condition of external parts, such as insensibility or numbness, and seek its cause in some affection of either the spinal cord or brain. But there is a practical difficulty in applying it, from the fact that local influences acting upon the remote branches of a nerve, may produce all the symptoms that would arise from an injury of its root. Sir Charles Bell gives an interesting illustration of this in the following narrative. "When we see a person alarmed without a cause, and there is no danger in the case, there is something approaching to the ludicrous in the scene. A physician paid me a visit who had come up from the country in the mail, and had fallen asleep in the night time with his cheek exposed at the open window to the east wind. On the morning of his arrival when preparing to go abroad, he found upon looking into his glass that his face was all twisted. His alarm gave more expression to one side of his face and produced more horrible distortion. Both laughing and crying you know depend on the function of the portio dura, but when he came to me he considered it no laughing matter: I never saw distortion more complete. It was difficult to comfort

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him. I am happy to add that the paralysis gradually left him, as I told him it would." [Bell on the nerves, p. 288.]

The following case related by Dr. Graves in his clinical lectures [p. 398] is even more remarkable from the paralysis affecting not the nerve which suffered the lesion, but one organically rather than anatomically connected with it. "A medical student travelling through Wales on the outside of the mail, was exposed for many hours to a keen north-easterly wind blowing directly on his face. When he arrived at the end of his journey, he found that his vision was impaired, and that everything seemed as if he were looking through a gauze veil. There was no headache, no symptom of indigestion to account for this evidently slight degree of amaurosis, and yet he was recommended to use cupping to the nape of the neck, and strong purgatives. When he consulted me, which he did in the course of a few days afterwards, I at once saw there was something unusual in the case; and after a careful examination I at length elicited from him the fact of his having been exposed to the influence of cold wind. It was now apparent that the retina suffered in consequence of an impression made on the facial branches of the 5th pair. The cure was effected not by a treatment directed to relieve cerebral congestion, but by stimulation of the skin of the face, forehead, temples, &c., &c."

A case presenting a difficulty of this kind occurred in my own practice last autumn. About three years ago, a lady of about 70 years of age came under my care. At that time she was suffering from palpitation and irregular action of the heart. I found on examining the chest that there was some hypertrophy, and a faint murmur along with extreme irregularity of rhythm. The pauses were long and frequent, and occurred at uncertain intervals. With the exception of a few symptoms which seemed to indicate gout in the constitution, such as a tendency to urticaria, her health was very good and she had not been confined to bed for one day for many years. At the end of last autumn she went to Malvern, and on her arrival there complained of numbness of the left hand and cheek, and partial insensibility of one side of the tongue, along with unusual deafness and some pain and confusion of head. On visiting her

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there the following evening, I found that she had come from the railway station to her house in a carriage only partially closed, and that the left side had been exposed to cold. There was not positive insensibility of the affected parts, but distressing numbness, and the pulse was quick and even for her extremely irregular. The numbness was over the cheek generally, extending to the lip on the affected side, and she complained much of one side of her tongue having lost its proper sensitiveness, so that it annoyed her when she masticated her food. There was no loss of the power of voluntary motion in any part, nor was there any numbness of the legs. I felt great difficulty in giving an opinion as to the nature of the case, which her friends looked upon as a paralytic attack. The age and old heart complaint along with the pain and confusion of head and increased deafness seemed to point to a central cause, while the limitation of the numbness to those parts which had been exposed to cold made one hope that it was merely an affection of the external nerves. I left her Arnica and Nux vomica to be taken alternately, and recommended her immediate return home. On her arrival at Leamington in the course of a couple of days, I found a very slight change in the state of affairs, but that change was for the better: this confirmed me in the favourable opinion I had formed. In the course of a fortnight she was attacked with bronchitis, and was so ill that for some time her life was despaired of. However, she eventually recovered, and on her recovery still complained of the numbness although in a lesser degree, and a constant noise in the head. Her health is now on the whole very good, with the exception of not being able to sleep except for a very short time at night, and being annoyed, but not so much, by the sound in her ears. I confess myself still to be in doubt as to the exact nature of that Malvern attack, whether or not any central part of the nervous system were compromised by it.

A much more satisfactory case of peripheral affection of the nerves of the legs both as illustrating cutaneous anæsthesia, and as an example of its successful homœopathic treatment occurred this winter. A gentleman of 46 years of age, florid in complexion, and of a somewhat stout person, of active habits and temperate

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in his diet, consulted me on the 4th of last March, and thus described his case. He has all his life been in the enjoyment of perfect health; but 15 months ago began to perceive a feeling of numbness on the outside of the right leg, extending from the hip to the knee. This numbness always came on at night and continued for an uncertain time, and he also felt it in the morning: of late it had increased to actual insensibilty, so that he could run a pin into the skin without pain. The skin and parts below it felt hard. It was confined to the outside of the thigh, and came on frequently after walking about his room of a morning, so that it did not seem dependent upon his posture during sleep or his dress in the day time. It had been steadily increasing, and he got alarmed at the idea that it might be the precursor of palsy. I gave him Plumb. carb. 4th dil. a dose 3 times a day. In the course of a week he returned and reported himself better. The same medicine was continued, and after other two weeks he found himself almost quite well, and having discontinued his visits, I presume he has recovered. I should mention that there was no appearance of any disturbance of the digestion except slight costiveness, which was removed by the medicines. In fact but for this one symptom his health was perfect.

I may here mention another somewhat similar case. A woman of 30 years of age consulted me at the dispensary, and gave the following statement of her case. She had had several children, and except not being very strong was in good health. Since the birth of her last child about two months ago, the catamenia had naturally been absent. She was I presume nursing an infant. For a month she had been attacked every night about 11 o'clock with numbness of both hands and arms, attended with such acute pain as to keep her awake. She described it as numbness followed by pain. I ordered her the 2d. dilution of Aconite: a dose 3 times a day. This was upon the 17th of January. She did not return till the 11th of June, and then for some slight derangement, and on asking her about her former complaint, she said that after taking the Aconite for 2 or 3 days, she got perfectly well.

Of the individual nerves there are none so often affected as those of the face, especially the fifth pair, and this being a nerve

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of sensation the expression of its morbid condition is pain. There are two affections to which this nerve is liable, simple neuralgia and tic douloureux, and it is of great importance to distinguish accurately between these, for an error in diagnosis may give rise to serious disappointment. Nor is this distinction an easy task. We find in the records of clinical medicine many examples of ordinary neuralgia being mistaken for true tic. Dr. Graves in his lectures makes the following observations, which are worthy of our attention:—"I have seen many cases in which a painful or carious tooth, or an injury done to the gum or jaw, has been followed by violent darting pain in the nerves of the face, simulating in many particulars tic douloureux. I remember being sent for to Middleton near Cork some time since, to see a lady of delicate constitution, whose health was materially deranged from what was said to be an attack of tic douloureux. She had been under the care of many practitioners, and had used very large doses of the carbonate of iron and sulphate of Quinine, and at the time I visited her was taking Arsenic. The first thing I did on my arrival was to examine her teeth. On close examination I observed that on the crown of one of the upper molar teeth there was a spot which appeared to be decayed, and I found on enquiry that she frequently suffered from pain in this spot when she drunk any cold liquid. I had the tooth drawn and soon afterwards the pain completely ceased. Yet in this case the pain was not only of an intense character, preventing sleep and wearing out her strength, but it had its intermissions, and was aggravated at particular hours of the day." [Graves' Lectures on Clinical Medicine, p. 650.] He gives another similar case, but he does not inform us how we are to distinguish the one disease from the other. Nor can we find in Romberg, although he treats in his usual scornful way the errors of practitioners in confounding true facial neuralgia with other painful affections, any symptoms which afford unequivocal signs by which a differential diagnosis can be established. He gives five rules. 1st. "It is confined to certain distributions of nerves, and occurs in paroxysms separated by a free interval." So does toothache. 2nd. "The peculiarity of the exciting cause." This is generally unknown,

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and so won't help us much. 3rd. "The sensitiveness of the affected surface of the face to unexpected and slight contact." This is certainly more to the point. 4th. "The preference shewn by neuralgia of the fifth pair for mature age, as it occurs *only* after the thirty-fifth year." This I am certain is a mistake. I have seen it in a person below thirty years of age.* 5th. "The rarity of the disease which must increase our scepticism in forming a diagnosis." There is anything but help in this observation. [Romberg on the Nervous System, vol. i. p. 48-49.] It seems to me that this is one of the cases where the difficulty is rather in the description than in the recognition of a distinction. To any one who has watched cases of tic douloureux, there is no danger, at least not much, of his confounding with this dreadful disease ordinary facial neuralgia. Perhaps the most marked distinctions between them are the general appearance and character of the patients, and the results of our treatment.

As far as my observation goes, the subjects of ordinary neuralgic pains of the face, of so severe and long continued a kind as to make it possible to mistake them for true tic, are of a languid, exhausted, pain-worn appearance, and generally females, whereas the sufferers from tic douloureux are usually the very reverse. They have a look of unusual vigour and vitality, and an expression of a certain active despair in their countenance, presenting a great contrast to the passive expression of the suffering of the others. The health too of these sufferers is often wonderfully little affected, and unless we see the patient in an attack we can hardly believe the pain is so dreadful as it is described, for we naturally but erroneously suppose that so great a pain must exhaust the patient. This is not the case, however, and after an attack is over and sleep has restored the nervous system to its ordinary state, the appetite returns, and all the functions go on with more than ordinary vigour and regularity. For the sake of illustration I shall give the particulars of two cases, the first being one of simple neuralgia, the other one of true tic, which have lately come under my notice, and I do so partly in evidence of the second diagnostic test I

* Dr. Quin, Dr. Madden, and Mr. Cameron all confirm this remark from their own experience.

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adverted to, viz., the curability of the one and the obstinacy of the other.

I was consulted on the 30th of July, 1855, by a lady of about 40 years of age, who looked the picture of a person exhausted by suffering and general ill health. She had a slow, languid, weighted gait, her voice was feeble, and she spoke with an effort. For two years she said she had been suffering almost constant pain, which occasionally became excessively violent, extending from a point in the upper jaw corresponding to the root of the eye-tooth upwards over the cheek, nose and temple. The pain was aggravated by eating or speaking, but for some time back it had been constant and severe. The whole of the face was tender to the touch, as was also the scalp.

The tongue was dry and white, the bowels very costive. The catamenia were too copious and frequent. There was leucorrhœa. The pulse was small and rapid. She complained of aching in the limbs and general weakness. I ordered her a drop of the 2nd dilution of Chamomilla, 3 times a day for a week.

On the 6th of August she called on me again. Her report was, that after the first dose of the Chamomilla the pain began to abate, and that now it was nearly gone. She got Nux v., 2nd dilution, for a week, then tr. of Sulphur, and after that China, and by the middle of September she was almost entirely restored to health. She described her feelings on waking of a morning as a sense of overwhelming gratitude, when she found that the long accustomed pain was gone, and that life which had been a burden was now a pleasure. She continued in the enjoyment of her new health till the following winter, when the pain in the face returned, and was cured in about a week by Mercurius solubilis and Chamomilla. This must be acknowledged to be a most satisfactory case, but even had there been any doubt in my mind as to its not being one of tic, the very rapid cure would have removed this doubt.

Here is the contrast. A lady of about 60 years of age, who had been under my care for headaches and trifling ailments, and who was of a nervous and vigorous habit of mind and body, consulted me upon the 28th of December for the following symptoms. For a week she had been subject to sudden violent

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pain, darting from the internal canthus of left eye, up and down the side of the nose, and into the brow. It comes on without any warning, is very intense, and feels like a knitting needle run into the side of the nose. In other respects she is quite well. Such was her description, and on comparing this case with the last, one would naturally suppose that it was much the milder of the two. It had lasted only a week, and had in no way impaired her health. However I had my misgivings, and although she got apparently well after a few doses of Mercurius solubilis I was not surprised to see her return on the 10th of March. She complained of a return of the pain, but that it was more severe. It was like an electric shock running along the nerves and into all their twigs, and again like very small red hot wires thrust into the nose, eyes and brows. She had an alarmed look, very characteristic of sufferers from tic, and she had the greatest dread of the slightest contact. She dared not blow her nose, for the merest touch sometimes brought on this horrible pain, which made her writhe about in agony. The intervals of the attacks were quite uncertain. I gave her Arnica and Arsenic. She reported herself on the 24th of March as having been better while taking the medicine, but from that time to this the attacks have returned, and each time more severe. There is no change in their character; they are always described as sudden, electric, burning, darting, shooting along the twigs of the nerves, and hitherto they have been always relieved by the medicines Ignatia, Merc., and Arsen., but she is not cured, nor I fear will be well for many a long day.

Now what is the difference between these two cases? It is evident that in both there was a morbid affection of the fifth pair, in first the secondary to a general derangement of health, in the last, idiopathic, depending upon some inscrutable alteration in the nerve itself. The curious thing, however, is that in the first case this very painful secondary affection should have been almost instantaneously cured, before there was any time for an improvement of the general health, so that we must look upon it as a specific cure of a neuralgic affection. And why can we not effect with equal ease and rapidity a similar cure in a case

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of apparently a much slighter kind? Before we can reply to this we must know more of the pathology of the disease. But I believe my opinion of the difficulty of curing tic douloureux is borne out by all who have had much experience in this rare and dreadful disease; certainly it is so by Dr. Quin, who probably has had more opportunities of observing the complaint, and, I believe, been more successful than any physician now alive.

The portio dura of the seventh pair of nerves being a nerve chiefly if not exclusively subservient to motion, its morbid conditions result either in spasms or paralysis of the muscles of the face. One form of spasm has received the name of tic convulsif, and histrionic spasm of the face. This affection is characterized by spasmodic jerking of one side of the face, giving the effect of a series of grimaces. It is seldom painful, and seems generally to arise from some sympathetic action communicated to the portio dura from some internal organ. It was an old belief that wounds of the diaphragm produced a peculiar muscular affection of the face, known as risus sardonicus, and as the origin of the phrenic and portio dura are not far apart it is quite possible that the notion may have had a foundation in fact. The ancients ascribed to the Ranunculus sceleratus the property of producing a somewhat similar affection, known as spasm risus. It might be well to bear this in mind in the treatment of such troublesome cases as the following.

A woman of 44 years of age, pale, thin, and of a dark complexion, consulted me on the 22nd of August, 1855. She stated that two years ago, without known cause, she began to be affected with convulsive movements of one side of the face, attended with numbness of the hands and arms, and flushing of the face. When the attack was on it affected the tongue so that she dare not speak for fear of biting it, for it was drawn about in her mouth against her exertions to keep it still or regulate its movements. The attacks came on at uncertain intervals, but were always more frequent and severe during the catamenia, which were regular but scanty. The spasms lasted for more than an hour at a time. After they were over she felt

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very tired. She complained of being very low in spirits, and nervous. The appetite was indifferent, the tongue clean, and the pulse natural.

I ordered her a drop of the second dilution of Ignatia, to be taken 3 times a day. She continued this till the 19th of September, when she reported herself as having been quite free of spasms during the interval. She complained of pain in the back of her neck and over the eyes. For this she got Naja tripudians, the 3rd dilution, for a fortnight—that was to the 3rd of October. She then complained of nothing but depression of spirits, and again she got Ignatia 2nd dilution. She remained well till the 17th of October, that was seven weeks, when she had one of her old attacks. The attacks have continued from that time to this, although at longer intervals and less severe. The medicines she has had are Cuprum, Aconite, Stramonium, Hyoscyamus and Moschus, but I am not satisfied that any of them exerted a specific action upon the complaint. Ignatia certainly seems to have done so, but it had the advantage of being the first, a great thing in a nervous case, where the patient comes with high hopes from a new system of treatment. I remember a somewhat similar case in a young lady of 19 years of age, which was rapidly cured by Pulsatilla and Sulphur. However it was not so severe nor of such long standing, and was probably connected with the period of development.

Cases of paralysis of the portia dura are met with frequently in practice. They depend either upon some accidental exposure to cold, as in the instance already quoted from Sir Charles Bell's work, or upon some pressure on the nerve before its distribution to the muscles of the face. I lately met with rather an interesting case of this kind, interesting at least from the speedy benefit of treatment. A little boy of two years and a half old, well grown and healthy looking, was brought to me upon the 5th of September, 1855, with distortion of the features when he laughed or cried. In these operations of the features the right side took almost no part. On examining the affected cheek a tumour was perceived a little below and to the front of the condyle of the jaw. It was about the size of a large almond, and slightly painful to the touch. It was firm, inelastic, and

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there was no fluctuation perceptible. The account given of this tumour was, that the child had been delivered by instruments, and that soon after its birth a small swelling was noticed at the angle of the jaw, which afterwards descended into its present position and increased in size. The features had been observed to exhibit this inequality of expression for a long time. I ordered the 4th dilution of Silicea, without, I confess, any great hopes of doing good, and was almost as much surprised as the parents when on the child's return in ten days I found the tumour decidedly less. I heard nothing of the case till the 9th of November, when the boy's mother called for some more medicine, reporting that the tumour was almost gone, and that she would bring him over to see me again. I have heard no more of the case, but as the parents live about 40 miles off it is not wonderful that they should not return if the boy is well, but it is a reasonable inference that unless the case had done well his parents would have come back. I take it for granted that in the course of time the portio dura will regain its proper control after the cause of its partial palsy is removed.

It is comparatively easy to infer a morbid condition of particular nerves, which minister to voluntary motion and ordinary sensation, from the symptoms presented by the affected parts of pain or insensibility on one hand, or of spasms or palsy on the other. It is, however, much more difficult to distinguish with accuracy the lesions of the *par vagum*, which possesses very complicated and peculiar endowments. It may be well to refer briefly to the anatomy and physiology of this nerve before adverting to the effects of some of its morbid affections. The pneumo-gastric nerves arise behind the olivary and close to the restiform bodies: immediately after leaving the skull, which they do by the foramen lacerum posterius, they are intimately connected with the hypo-glossal spinal accessory and glosso-pharyngeal nerves. On arriving at the lower part of the neck, on the right side, the nerve passes before the subclavian artery, and on the left before the arch of the aorta. In its course it gives off first, the pharyngeal twig, which, with branches of the glosso-pharyngeal, upper laryngeal, and first cervical nerves, constitutes the pharyngeal plexus. Second, it gives off the

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superior laryngeal which divides into the external laryngeal and the internal laryngeal. The external laryngeal is distributed upon the sterno-thyroid, hyothyroid, constrictor pharyngis inferior, and crico-thyroid muscles. The internal laryngeal divides into an upper and lower set of filaments; the upper ascend to the glottis and membrane of the pharynx, the lower are distributed upon the mucous membrane of the larynx and pharynx and arytenoid gland and muscle. One of them descends between the thyroid cartilage and crico-arytenoid muscles, and is distributed entirely upon the crico-arytenoid muscle. After giving off cardiac twigs, the next important branch is the inferior or recurrent laryngeal. This nerve, on the right side, loops round the subclavian artery, ascends between the trachea and œsophagus, and after giving off branches in its course supplies the posterior and lateral crico-arytenoid and thyro-arytenoid muscles. It gives branches to no other muscles of the larynx. The left differs from the right in describing a much larger arch round the arch of the aorta. Its distribution in the larynx, however, is the same as the other. After giving off these branches the nerves increase in volume, from the pulmonary plexus, and lose themselves in the sub-divisions of the bronchial tubes.

The functions of the pneumo-gastric nerve are as numerous as its distribution is extensive. In the pharynx it is a nerve of sensation endowing the parts it there supplies with its peculiar sensibility by which the mechanism of deglutition is set in motion, and when morbidly affected, giving rise to a sense of nausea, and according to Romberg, to the peculiar sensation known as the globus hystericus.

It is probable that the nervous sore throats we frequently meet with in practice, chiefly in females, characterized by a sense of heat, dryness and pain, and sometimes redness of the fauces, but without swelling and not interfering with the swallowing of food, is owing to a state of hyperæsthesia of this branch of the par vagum. We may take the following case as an illustration.

I was consulted on the 3rd of August 1855 by a woman of 35 years of age, dark in complexion, and of a nervous tempera-

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ment. She complained of having for six months suffered from a constant stinging pain in the fauces, with an unpleasant constriction round the throat. The pain was relieved by swallowing either solid or liquid food. There was no swelling or redness discernible. It was accompanied by a painful sense of weight between the shoulders referred to the spine. For a week she had also been affected with drowsiness, slight cough, and some dyspnœa. In other respects her health was good. I ordered her a drop of the bi. dilution of Naja tripudians 4 times a day. She returned on the 17th of August and reported her throat better as also her voice and cough, and complained chiefly of the pain between the shoulders. The same medicine was repeated. On the 17th she said her throat was now almost quite well, the cough and drowsiness gone. She complained of pain round the ribs, causing a sense of tightness in the upper part of the chest. The Naja was continued. On the 22nd she was of the whole much better but a peculiar itching stinging sensation had come on upon the back and shoulders and small patches of red eruption appeared. She got Arsenicum iodatus 6th dilution. On the 24th the eruption was better but she still complained and pointed to a small eruption on the throat. She again got Naja 6th dilution. On the 31st September she came to see me and said that she felt perfectly well. Her appetite and health were quite restored. She was ordered the 6th dilution of Lachesis. She did not return till the 15th of October to inform me that she had had a bad attack of pyrexia. In other respects she had been quite well. She had suffered pain in the throat from which she had suffered previously, and the left shoulder and left side were painful. She was ordered Lachesis 6th dilution and left again.

It was not [illegible] of October [illegible] of the pain in the throat [illegible] the Naja [illegible] Lachesis [illegible] the pain [illegible] the throat [illegible] the pain [illegible] the pain [illegible] the pain

stomach. The first is known as globus hystericus, the second is included under the head of pyrosis, and the last I term gastrodynia neuralgica." [vol. i. p. 104.] As to the treatment I attribute the cure to the Naja, the action of which upon the nerves of the throat is remarkable.

While the gastric branches of the vagus are probably purely sensory, those which supply the larynx are both sensory and motory; in virtue of the former function endowing the larynx with its discrimination of noxious and harmless air, and communicating to it the sensibility which sets in motion the mechanism of coughing; and as nerves of voluntary or semi-voluntary motion presiding over the vocal apparatus. Thus it is that hyperæthesia of these nerves gives rise to spasmodic coughs, (Romberg says even to hooping cough,) while paralysis of some of the branches is one of the causes of aphonia.

The following case I consider an example of hyperæsthesia of some of the laryngeal branches of the vagus, probably the recurrent. A gentleman of 47 years of age consulted me on the 28th July 1855. He was thin and sallow, and of a dark complexion. For many years he had been subject to a sense of painful constriction about the trachea, immediately above the sternum; he could not draw a full breath, the inspiration felt arrested, and resulted in a short cough. On pressing the part he said it gave him an uneasy sensation. He had had occasional attacks of hæmoptysis. There was no cough in general, but every morning he expectorated a considerable quantity of sweet mucus. The pulse was small and weak. He had tried various climates, and been put through the regular course of blisters, blue pills, &c., but hitherto he had got no permanent benefit. On examining the chest I found that except unusual absence of fat, there was no symptom of disease. There was a little irregularity in the heart's action, but not enough to come under that name. The respiration was free over the whole thorax. I fancied from the hæmoptysis and the obstinacy of the derangement of the respiratory sensations, that there must be some tumour pressing upon the par vagum, possibly an aneurism of the arch of the aorta, and so I gave a very dubious prognosis as to the result of the treatment. I ordered three powders of the 3rd trituration of Natrum muriati-

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cum, a dose three times a day. He returned in a week, and to my astonishment told me that after the first dose he *felt relief*, and that now the uneasiness was entirely gone. He could take a deep inspiration without either cough or discomfort. The sputa were diminished to one third. The pulse was *fuller* and stronger. In fact he was almost well. He continued quite well till this spring, when he had a sharp attack of bronchitis, which yielded to the ordinary remedies. I have seen him going about within the last week or two apparently in perfect health. Had this recovery occurred to a nervous woman, I *should* have been inclined to impute it to some psychical action on hysterical symptoms; but the person thus cured was a remarkably sober-minded intelligent man, devoted to the *cultivation* of a branch of science, who came at the *solicitation* of his friends, and without almost any expectation of deriving much benefit from the treatment, so I can ascribe the cure to nothing but the specific effect of Natrum muriaticum.

I met with another case somewhat similar, of hyperæsthesia of the pulmonary branch of the par vagum. As the peculiar sensibility of the lungs which informs us whether we require to breathe or not, depends upon this nerve, the exaggeration of this sensibility gives rise to an unnatural craving for air, and produces the symptoms known as nervous asthma. Upon the 26th of last February, I was consulted by a gentleman who was in great alarm about himself, as he had the impression he was suffering from some disease of the heart. He was about 45 years of age, in the enjoyment of perfect health, of most temperate habits, dining early and taking almost no stimulants and no supper: but for about a fortnight he had been awakened every night after being about an hour asleep by an intolerable sense of suffocation. He was forced to sit up in bed, and for about half-an-hour or an hour he felt as if the room which was a very large and airy one was an exhausted receiver; he felt as if he must die. This attack had occurred every night and with increased intensity and duration each successive time. After it was gone he was all right. I gave him the first dilution of four globules of pulsatilla, one to be taken twice each day, the next one the same evening, and last at night. The next morning, on being questioned

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and has continued perfectly free up to this time with the exception of a slight threatening one night, which was at once relieved by a pilule of the Nux. No change had been made in his diet nor in his habits in any way.

While hyperæsthesia of the laryngeal nerve produces a tendency to spasms, their palsy or feebleness gives rise to changes in the voice, ranging from slight hoarseness to perfect aphonia. In order to understand how this takes place, it will be necessary to advert briefly to the vocal mechanism. The human voice is formed at the opening of the glottis. During ordinary respiration this aperture has a triangular form, and permits the free passage of the air upwards and downwards. During vocalization the base of this triangle almost disappears, and the two sides approximate, and become parallel. This has been observed in patients who have had an opening in the throat, generally produced by an attempt at suicide. This change in the form of the glottis is effected by the contraction of the lateral crico-arytenoid, and the transverse and oblique arytenoid muscles. These muscles receive nerves from the recurrent branch of the vagus, so that palsy of the recurrent, we may assume, will prevent the change in the aperture, and be attended with true aphonia.* While the generation of voice seems to depend upon the passage of a column of air through a narrow slit, its pitch is modulated by the greater or lesser tension of the reflection of mucous membrane called the vocal ligaments. This tension is due to the contraction of the crico-thyroid muscles. This muscle as we have seen is supplied by the internal laryngeal twig of the vagus. We may then fairly conclude that when patients present themselves affected with complete aphonia without any destruction or alteration in the mechanical vocal apparatus, such as ulceration of the cartilages, that the cause of this absence of voice is more or less palsy of the internal laryngeal, while persons whose voice has become simply deep and hoarse, and who cannot emit the higher notes, are probably

* This description is taken from Mayo's Physiology, who follows Mr. Willis's account published in the Cambridge Phil. Transactions for 1832. This description of the nerves is taken from Cloquet's Anatomy. See also Bell on the Voice.

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affected with some degree of palsy of the branches of the recurrent which supplies the crico-thyroid muscles. This may seem too great a refinement, and if it were advanced speculatively from a study of the physiology of the parts, I could hardly expect it to command attention. But the fact is that from meeting many puzzling cases of aphonia of various kinds, I have been forced to try and explain them by a reference to the distribution of the nerves, whether successfully or not is another question.

For example. I was consulted on the 26th of last October, by a clergyman of 46 years of age. He was in perfect health, and enjoyed an unusual flow of high spirits. He told me that he had not the slightest faith in homœopathy, but having failed to obtain any relief from the old system, and from a two months ramble in Switzerland, he had been induced to submit himself as a victim to homœopathy. He spoke in a husky voice, and this was his complaint. The voice was perfectly distinct and loud, but sounded rough, as if he had a cold. He said he had been in this state for a year, and it was very annoying to him in the performance of his clerical duties, for it increased with prolonged speaking, and towards the end of the service he found himself or fancied himself almost inaudible from hoarseness. He was naturally fatigued with the effort, and much dissappointed to find on his return from a complete rest and an invigorating period of relaxation, he was just where he had been before setting out, as far as the voice was concerned, with his winter work before him. I advised him if possible to get or take leave of absence for a few months, for I hardly expected he would derive much benefit while the cause of the malady was in operation. This however he could not do. Besides the hoarseness he complained of a frequent pain at the epigastrium, which seemed in some way connected with the vocal infirmity, for he felt it always worse after long speaking. I ordered him a drop of the 1st dilution of Conium three times a day, for a week. He returned on the 2nd of November, and said the pain at the epigastrium was better or gone, but there was no improvement in the voice. I then gave him Belladonna the 2nd dilution. He took this daily for nearly a month, and his voice was much improved. He then complained of a fungous state of the gums which it seems he had long suffered from, and for this he got

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Nitric acid. He took this medicine for neary two months, and I did not see him till the 25th of January, when the voice was not so hoarse, and he said he had been able to go through all his duties, consisting of two whole services every Sunday, quite comfortably. I then gave him the 3rd dilution of Naja tripudians, and did not see him again till the 6th of March, when he was so well he did not want any more medicine. I attribute the cure in this case chiefly to the Belladonna. It would be interesting to know whether the hoarseness so frequent among the English clergy, is due to the monotony of their mode of delivery. It must be a great strain upon the nervous apparatus to maintain the precise degree of tension of the vocal chord required to produce this effect for so long a time. I am not aware whether this affection is met with less frequently among speakers, whether preachers or barristers, who exercise a much larger scale of modulation in their ordinary delivery. My impression however is that it occurs with undue frequency in the clergy of the English Church.

The next case I met with was very different. On the 10th of last December I was consulted by a strong robust butcher, who was the very personification of rude health. He might have sat for a picture of John Bull. He was about 40 years of age, and there was something perfectly ludicrous to hear him speak, for instead of the great manly voice which one expected from so lusty a man, he could only emit a faint whisper with the greatest effort. There was no tenderness about the larynx, nor any cough, and in all other respects he was quite well. For several years during the whole of the winter, he had been subject to this loss of voice. It began by huskiness and went on to such complete aphonia as to render him quite inaudible. This I suppose was from an affection of the recurrent, for it was more than the mere hoarseness which we might ascribe to the insufficient tension of the vocal ligaments. The cause he suggested to be his exposure to cold in his open shop, and being obliged in the exercise of his trade to talk a good deal, in making bargains I suppose. He was of temperate habits. I gave him the 2nd dilution of Belladonna, a drop to be taken three times a day for a fortnight. He returned at the expiration of that time greatly improved, and the medicine was repeated. I heard from

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him afterwards in about a month that he was perfectly well, and his voice as strong as it was in summer. He lived at some distance from me, and I have had no opportunity of satisfying myself as to the correctness of this report, which however I have no reason to doubt.

The following case presents some interesting points of contrast to that of the lusty butcher.

A married woman of 44 years of age consulted me on the 19th of May 1854, and complained of dry husky feeling in the throat, and great sense of weakness. She spoke in a whisper and could not speak louder. She stated that she had suffered from this loss of voice for eight months, and that she was subject to it from any depressing emotion. She was feeble and languid, the pulse weak, and she had little appetite. I gave her Naja, and on the 29th she said the unpleasant husky feeling was gone, but there was no improvement of the voice. I then gave her the 1st dilution of China; and after taking this for a month, she got quite well. In this instance the aphonia was evidently dependent upon the general condition of the system, and not merely a local affection of the vocal organs. This accounts for the benefit produced by the China, a medicine from which I have frequently seen similar good effect in such cases.

Under the head of hyperæsthesia of the cutaneous nerves, Romberg makes the following observations. "The expression of this variety of hyperæsthesia consists in a sense of pain, itching, formication and heat; pain is the most frequent symptom, and for this reason the term neuralgia has been used to designate it. These sensations come on in paroxysms, and are confined to the distribution of one or more of the cutaneous nerves, of one or occasionally of both sides of the body. Injuries of the nerves may serve as types of this affection; because they may, as surgical operations generally are, be looked upon in the light of experiments which afford a more distinct interpretation of natural conditions. Neuralgia from injury of a nerve may be known by a pain commencing at a definite point in the course of a nerve, by its distribution to the peripheral terminations of the nerve, by excitement or exaltation of the pain by the slightest touch of the injured part, and by cessation

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of the pain when compression is applied above the seat of the injury. Sooner or later sympathies in other nerves not only in the vicinity but also at a distance from the original seat show themselves, and if the pain continues for a long time, a constitutional disease is developed. Punctured wounds, cuts, bruises, and foreign bodies are the most frequent causes. The pain occurs in paroxysms, and is produced or increased by change of weather, affections of the mind, and errors in diet. The purest form of neuralgia is when the injury affects any sensitive nerve, such as the subcutaneous nerves; it becomes blended with symptoms of a motor character, when those causes are seated in a nerve containing sensitive and motor fibres."

CASES.

"A young lady aged 16 years, while engaged in acquiring the art of cooking, pricked the middle finger of the right hand, on the radial side between the second and third phalanx. Violent pains ensued at once, and inflammation set in some days afterwards with an eruption of phlyctenæ accompanied by a dusky redness of the hand and forearm. Suitable remedies removed the inflammation, but a painful sensation remained in the finger, which was increased by contact, or spontaneously and frequently induced sympathetic sensations in the hands, arm, neck and leg of the same side. Whenever the patient becomes otherwise indisposed, the finger is the most painful part. The repeated use of the sea baths at Norderney has effected a remission but no cure. At a later period, spasms in the distributions of the facial and accessory nerve of the same side supervened." [Romberg op. cit. vol. i. p 18.]

The following case I am inclined to consider an illustration of this affection. On the 8th of October 1855, I was consulted by a lady who lives in a town at about 20 miles distance. She was about 40 years of age, looked very infirm, and had a peculiar puffy expression of countenance. She stated that she had always been delicate. She had had a large family, and ascribed her present exhaustion to the copious hæmorrhage which attended her confinements. She had long been subject to cough and pain under the right infra-clavicular region. She was in her usual

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state of health in May 1854, when she pricked her fore finger with a sewing needle; the wound was utterly insignificant, but very soon after she was attacked with violent pain going up the arm as far as the neck. After the pain had lasted for a week, the arm became red and swelled. These symptoms continued for a fortnight and then gradually subsided. She remained pretty well till the following September, when she had a similar attack of pain and swelling without any known exciting cause. Then in December both hands and arms became affected, first with pain, then with swelling, redness and blisters. Since that time she has been subject to such an attack about every three weeks, and this corresponds with the appearance of the catamenia. The attack is ushered in by intense headache, and a loss of appetite, and general sense of illness. I found the pulse full, quick and jerking, the tongue coated. She complained of loss of taste as well as appetite. She has been taking tonics of all kinds, but is so weak that she is hardly able to walk even about the house. I gave her Aconite 2nd dilution, and Graphites 4th dilution. The first to be taken for two days, the other for a fortnight. On the 20th she was better, and Graphites was repeated. I saw her again on the 14th of November, she came with her hand bound up. She had hurt the finger again with a piece of glass, and there was a return of the pain and swelling of the hand and arm. I gave her the 3rd dilution of Naja tripudians, a dose three times a day for a fortnight. On the 28th of November she reported herself as much better every way, and she went on with this medicine till the 23rd of February. The change in her appearance at this time was most striking; she had lost her languid look, was strong and more robust, she could walk several miles a day, her appetite was good, her taste had returned, and she had had no attack of her old complaint for four months. The only medicines she has had since are Sulphur and China, and she now considers herself as quite well.

Cases of this kind throw light upon such diseases as herpes zona, which seem to arise from some general derangement of the system, producing a neuralgia which localizes itself in the subcutaneous nerves of the side, and gives rise to a vesicular eruption. It was from the benefits I have seen from Graphites in this

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affection, that I was led to begin the treatment of the foregoing case with it. To the Naja however I consider the chief credit of the cure to be due.

I have now encroached long enough upon your time, and I shall only conclude with the observation I made at the beginning, an expression of regret that the cases I have brought before your notice are not narrated in so full and scientific a style as the requirements of our opponents demand, and in excuse repeat the former plea, that as the notes were taken simply for my own satisfaction, and as I never intended to use them for any other purpose, all they represent are the salient points which guided me in the selection of the remedies, and I hope that even in this imperfect state, they may suggest interesting enquiries to the minds of others, and by instigating those whose field of observation is larger than mine to give the result of their experience, may be of use in adding to the materials out of which the edifice of practical medicine shall eventually be reared.

CASE OF EXTRA-UTERINE CONCEPTION.

By Dr. A. P. King, Providence, U. S.

To the embryologist, the mysterious operation of that law of nature which converts the almost imperceptible germ in a few months to the full grown fœtus—even though it be in the most ordinary manner, attended with its usual changes—is interesting and instructive.

But when nature herself seems to indulge in some eccentricity, (so to speak) leading him to follow in seemingly forbidden paths, his interest is increased; sometimes his credulity overtaxed and giving way to apparently new instructions, he seems to forget the more ordinary phenomena of utero-gestation.

Extra-uterine pregnancies are of very rare occurrence when we take into consideration that thousands of women are hourly passing the various stages through the beautiful yet mysterious changes attending conception, from its earliest to its full period, with[illegible] deviation from the usual recognised

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Occasionally, among the rare cases reported in the medical and surgical periodicals of the day, we find a case of this kind, yet it is not supposed that *all* accidents of this nature are reported, or all even known to have existed; which leaves us to conclude that however unfrequent the accident, it more frequently occurs than at first might be supposed. Many such cases from incorrect diagnosis or no diagnosis at all, have never appeared in their true character; and many a woman has doubtless been consigned to her last resting place as the victim of ovarian disease—peritonitis or some other malady appearing to the superficial observer in any but its true character—whose death was really attributable to the sequences of extra-uterine conception.

The following case which I have the liberty to report is more *interesting* perhaps than *instructive*, and will add one more to the number of (probably) abdominal conceptions—the delivery per rectum of the fœtal skeleton, and the recovery of the mother.

Mrs. — called me to attend her some ten months since; I found her extremely prostrated, having been confined to her bed for the last two or three weeks, and medicated by her family physician for what he called "stoppage." The treatment had been a cathartic in the morning, followed by an opiate at night, until the stomach would no longer submit to such barbarisms. It is very natural to suppose that such treatment had produced or brought about anything but convalescence. I found her suffering from extensive peritonitis, anorexia, and many other disagreeable consequences of such worse than barbarous treatment.

The treatment adopted in her case was very satisfactory to patient, friends and physician; and her recovery under the circumstances rapid. She was soon able to return to her usual domestic duties, when I dismissed her, promising to call in a few days and leave remedies for what she called the "piles," which had troubled her for years exceedingly, attended by some peculiarities of which she would inform me when I had time to attend to a thorough history and examination of her case, her previous illnesses, &c., &c. Before however I called for this purpose, I was called in great haste to attend her. The following is

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the information gained then and subsequently, or that portion which is requisite for our present purpose.

Mrs. — is now fifty-three years of age—the mother of three children, all of whom are living—the oldest perhaps twenty-five years old, the second two or three years younger, the third a lad of fifteen. Eighteen years since Mrs. — thought herself to be four or five months advanced in pregnancy, attended by no unusual symptoms. After an unusual hard day's labor about the house, she became suddenly sick, with all the appearance of approaching abortion. Afrer a short illness—uterine hæmorrhage being the most prominent and troublesome symptom—her physician (the same who was dismissed immediately previous to my first attendance) declared she had aborted, notwithstanding the absence of both fœtus and placenta.

Three years passed and Mrs. — gave birth to the lad above referred to, now fifteen years old; since which time she has been troubled with obstipatio—tenderness in the lower part of the rectum—and an occasional discharge per anum of (to use her words) "matter," which led her and her physician to diagnose "piles" and medicate accordingly. The day on which I was called as last mentioned, Mrs. — found something obstructing the passage of the fæces while using the closet stool. This alarmed her, and a messenger was dispatched for me; but before my arrival her own exertions for relief had proved successful, and saved her the mortification, and me the unpleasant duty of making an exploration per anum. The obstruction proved to be no less than parts of a fœtal skeleton, perhaps five months advanced. The bones passed at this time were the

Os Occipitis,
Right portion of the Os Frontis,
One Femur,
,, Humerus,
Right Clavicle
Four Ribs.

As a matter of course at the passage of such parts of a skeleton in this (to her unheard of) manner she became alarmed, otherwise she was comfortable. At intervals of a few days one, two or more separate portions of a fœtal skeleton accompanied the

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alvine discharges, until the separate pieces numbered twenty-eight; and considering their probable age, the influences to which they have been subjected, and the manner of obtaining them, they are in a good state of preservation.

It is now several months since Mrs. — has had any unnatural body passed per rectum. The "piles," tenderness in the pelvis, constipation, and many other contributions to her ill health, have passed away, and she enjoys better health now, than for eighteen years previous to the last ten months.

It will be useless to speculate as to *when* this skeleton presented itself to the walls of the rectum for egress, or how long it has remained within the abdominal cavity. We have to deal with probabilities in the case, and content ourselves with what seems the most reasonable conclusion—which seems to me to be that this skeleton has remained in the abdominal cavity about eighteen years, without any very serious inconvenience to the mother.

While we remember the constipation, &c., which immediately succeeded the *supposed* abortion, may we not very reasonably suppose that this skeleton with its appendages has laid against the rectum as a foreign body, producing these difficulties and the "matter" discharged recently with the fæces. The peritonitis for which (making a liberal deduction for the effects of the severe catharsis to which she had been subjected previous to my attention) I prescribed—might these not have been the consequences of the necessary ulceration to give it exit!

ALLOPATHIC HOMŒOPATHY.

Medical France presents, at the present moment, a curious spectacle of antagonism and approximation to homœopathy. The former is shewn by the expulsion of homœopathists from medical and anatomical societies, and their rejection by the examining board of the hospital. The latter is visible in the adoption, with or without acknowledgment, of some of the chief remedial means furnished by the system of Hahnemann, in the treatment of disease. While the antagonism is merely external and adventitious, the approximation is internal and essential. The enemy has been repulsed from the outworks,

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but is carrying a sap into the centre of the allopathic citadel: in the meantime the allopathic garrison is jubilant at the paltry success obtained at the remote fortifications, but is apparently unconscious of the silent progress of the besiegers, and of the treason within its own camp.

These reflections have been forced on us, by the perusal of a recent paper by a French medical man, originally published in the *Moniteur des Hopitaux*, an allopathic periodical, and reproduced in the *Journal de la Societé Gallicane.*

The author is Dr. Imbert Gourbeyre, assistant professor at the medical school of Clermont Ferrand, whose name is already familiar to our readers in connexion with an excellent article on the physiological effects of the essential oil of bitter oranges, of which we gave an abstract in our last volume (p. 489). We there expressed our belief that the author, if not actually a homœopathist, was at all events on the high road to become one. The article before us proves that our surmise was correct, for it indicates an advance in the knowledge and application of the homœopathic principle. The former paper was a practical recognition of the fundamental law of homœopathy—the necessity of provings on the healthy, in order to ascertain the therapeutic power of drugs. The present essay is a practical recognition of the executive law of homœopathy—the employment of remedies for the cure of disease, which have themselves the power of producing similar morbid symptoms. Another remarkable feature in this essay is, the perfect equality of credibility accorded to the testimony of authors of both schools. For the first time almost, in allopathic literature, we find homœopathic witnesses adduced, without any insinuations that their testimony is not to be relied on. For with Dr. Imbert Gourbeyre all medical men are supposed to be equally honest, and a monopoly of truthfulness is not claimed for the adherents of traditional medicine. For the first time in allopathic literature, Hahnemann is introduced without his usual titles of quack, knave, swindler, &c. M. Imbert Gourbeyre is the most impartial of democrats; he proclaims liberty, equality, and fraternity among medical men. He recognises no Brahminical caste of doctors, and refuses to consider as pariahs the dissi-

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dents from established routine. Thus we find him citing the evidence of Hahnemann against that of the learned Dioscuri, Trousseau and Pidoux; Hartmann is quoted in corroboration of Christison; Rückert and Murray are coupled together in one sentence; Marchal is confuted by the testimony of Rapou, and so forth. Homœopathists and allopathists are made to jostle one another in quite an amicable fashion; and none would suppose, from seeing them in Dr. Imbert Gourbeyre's essay, that they were other than friendly competitors in the arena of science. We wonder if the editor of the *Moniteur des Hopitaux* is aware that fully one-half of the names of those he is lending his columns to immortalize belong to the scions of that heretical school he elsewhere does his best to anathematize.

Dr. Gourbeyre's essay is on the treatment of sore-throat by means of Mercury, Belladonna, and Aconite. He commences by alluding to the ordinary treatment of this disease. He says medical men oscillate gravely betwixt bloodletting, general or local, and the classical poultice; betwixt a linctus, an astringent gargle, sometimes cauterization, and, he might have added, mustard plasters—and time does the rest.

There is, however, he goes on to say, a treatment much superior to the prevalent method, and that is, the treatment by means of mercurials, a treatment of undoubted efficacy, and one which may be termed specific. By its safety, rapidity, and suitableness, this treatment well deserves the application of the famous axiom, *tuto, cito et jucunde.*

He then proceeds to state that the mercurial treatment of sore-throat has been almost ignored by the principal medical writers of ancient and modern times. However its value has not been altogether unrecognized, and at various periods it has been lauded by a few authors.

There are some medicines which have a power over certain diseases: thus, Aconite is efficacious in painful affections and acute inflammatory diseases; Belladonna in scarlatina and a large number of delirious states; Arsenic in severe typhoid fever, &c. Mercury in sore-throat our author reckons in the same category as the above remedies.

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"Let us now," he proceeds, "study the action of Mercury in sore-throat, on the double field of therapeutics and of physiological facts—two correlative points of view which ought to guide the physician, and make him apprehend the *reason* of this treatment, in the very connexion of these two orders of fundamental facts: we shall afterwards do the same with respect to Belladonna or Aconite.

"During the past twelve months, I have had occasion to treat a good number of sore-throats, both in private practice and at the hospital. Under the epidemic influence of measles and scarlatina, which have prevailed during the past few months, many primitive sore-throats have been developed. I have thereby been enabled to collect some observations, which I shall record in this place.

"On looking over my notes I find about forty sore-throats treated with Calomel. I employed this mercurial salt according to the method of Robert Law, even exaggerating that method. Thus, I gave indifferently from one to five centigrammes of Calomel mixed with sugar, and divided into twenty parts. I obtained results equally decided from the small as from larger doses.

"All my patients were subjected to this medication, to the exclusion of every other kind of treatment; no bloodletting, no gargles, nor cauterizations were employed; a simple tisane of barley water was alone allowed. They did not take more than three or four doses of Calomel a day, washed down with a mouthful of water.

"The chief forms of sore-throats I had to treat were inflammations of the tonsils, of the fauces, and of the pharynx. I do not include any cases unaccompanied by a notable amount of fever at their commencement. Among these inflammations none were of the croupy or diphtheric character. I did not meet with any such. Some only presented pultaceous secretions on the tonsils or on the pharynx.

"The greater number of the sore-throats were in young persons, particularly young soldiers.

"It may now be asked, what was the result of the treatment? Nine times in ten I noticed an evident amelioration at the end

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of twenty-four hours; cessation of the fever and marked diminution of the local symptoms; and on the second day I found the inflammation so far advanced in resolution that I generally discontinued the medicine.

"It was impossible for me, in the majority of cases, to explain the therapeutic result by a simple coincidence with the natural cessation of the disease, because the greater number of patients were treated from the commencement, on an average at the end of two days, and a sharp attack of febrile sore-throat does not naturally terminate in the space of twice forty-eight hours. Moreover, these results appear to me the more remarkable, since, before employing the mercurial treatment, I have frequently had opportunities of observing the longer duration of the disease under other modes of treatment. I have thus become perfectly satisfied, that of all the modes of treatment of sore-throat hitherto in use, Mercury is incontestably the most efficacious remedy for the disease, and is very much superior to all others employed in ordinary practice.

"In several cases I have been enabled to attack the disease at its very commencement, and I can testify that it was positively cut short in forty-eight hours.

"Now let this method be compared with general and local bloodlettings, poultices to the neck, gargles of all sorts, emeto-cathartics, repeated cauterizations, &c., and it will be at once seen which has the greatest claim to be considered *cito, tuto et jucunde*. With one or two centigrammes of Calomel divided into six or eight doses, in the space of forty-eight or sixty hours we shall always be able to cure more certainly, more rapidly, and more agreeably than by all the other means alluded to.

"To this general summary of results I must add some matters of detail.

"There are some sore-throats which have a fatal tendency to become complicated with abscesses. I have found it impossible, even by means of Mercury, to prevent the formation of these phlegmonous swellings; but I have observed that under the influence of the mercurial treatment their progress is much more speedy, the abscess rapidly opening spontaneously. I

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have also noticed that the Calomel singularly accelerated the resolution of the inflammatory engorgement that remains for some days after the evacuation of the pus."

Our author next proceeds to argue for the analogy of inflammation and abscess of the cheek, and of mumps, with cynanche tonsillaris, and he claims for Mercury an equal remedial power in those diseases. He also states that Mercury, in the small doses in which he administers it, produces its pathogenetic effects on the gums in a slight degree.

In the sore-throat accompanying variola, Dr. Gourbeyre has found Mercury equally valuable. He has however found it of no avail in chronic sore-throat.

He then cites numerous authorities, ancient and modern, in favour of the remedial power of Mercury in sore-throat. Here our author's impartiality displays itself, for he quotes homœopathic authorities as of at least equal value in his eyes with the most distinguished writers of the allopathic school.

He next enquires how it is that Mercury cures sore-throats so certainly and so specifically, and he furnishes the reply: because it exercises an elective action upon the parts, the seat of disease in sore-throat. To prove this, he adduces not only his own experience, but also the testimony of several eminent authors (one of whom is Hahnemann), that Mercury is capable of exciting a peculiar inflammation of the tonsils and fauces, termed by some *cynanche mercurialis*. Thus it is in its homœopathicity to the disease that our allopathic author finds the explanation of the curative action of Mercury in sore-throat.

His words are: "We see then, as regards the treatment of sore-throat, from a comparison of the therapeutic and physiological facts, that the remedy comes under the law of similitude, and we are forced to confess, that the well-known elective action of Mercury on the throat explains and confirms what an attentive observation of the therapeutic fact had already established."

In what Dr. Gourbeyre says of the remedial power of Belladonna in sore-throat, he is still more homœopathic. We shall quote his observations entire, though at the risk of offering our readers matter rather stale to most of them.

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"*Belladonna.*—The application of this heroic medicine to the treatment of sore-throat is of pure Hahnemannian origin. It is a most valuable application, and one which *eclecticism* should take advantage of. No author, as far as I know, spoke of it before Hahnemann, nor has this treatment been adopted by any other therapeutic school. I am careful to indicate its origin, for I have a great horror of resembling those medical *condottieri*, who silently cross the Rhine and return primed with discoveries, the publication of which has often caused the foreigner to smile. I should be extremely loath to be confounded with these scientific pirates; I could name more than one of them.

"The disciples of Hahnemann regard Belladonna as the remedy, *par excellence*, in sore-throat; they put it at the head of the list. I have not made many experiments with it in such cases, still the results I have obtained have sufficed to give me a clinical conviction of its value, and to demonstrate to me the truth and the exactness of this Hahnemannic indication.

"The evidence of the homœopathic school in favour of Belladonna in sore-throat is extensive and precise, and I shall adduce a portion of it.

"'Belladonna,' says Hartmann (*Treatment of Acute and Chronic Diseases*), 'should be placed at the head of the list of remedies for catarrhal sore-throat. It is indicated by the following symptoms: bright phlegmonous redness, and slight swelling of the velum palate, the base of the tongue, the fauces, and tonsils. The patient experiences, during deglutition, a shooting pain occasioned by the dryness of the back of the mouth; he swallows with difficulty, and feels a kind of contraction and constriction about the isthmus of the pharynx. When not swallowing there is often present a tearing pain which reaches upwards to the temples, and downwards to the lower maxilla, generally attacking the sub-maxillary glands, which are often swollen. In such cases, Belladonna in small doses will always effect a cure, even when violent synochal fever is present, and great dryness of the mucal aneous membrane but we shall succeed more quickly by employing Aconite. . .

"'When sore-throat' says Goullon does not yield in a day

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or two to Aconite; when the redness extends, deglutition becomes more difficult, the throat dry, and there is present a painful sensation of suffocation; Belladonna is then the most appropriate remedy, and a few doses suffice to bring about resolution, which is facilitated by the previous administration of Aconite.'—(*Arch. f. d. Hom. Heilk.*, vol. xix, p. 229.)

"'Belladonna is the most suitable remedy when the redness of the throat is bright, the mucous secretion scanty, the throat dry. In cases of violent inflammation Aconite should be given first. Belladonna is also useful after Mercury; it is sometimes advisable to alternate these two remedies.' (Rummel, *Allg. Hom. Ztg.*, vol iii, p. 36.)

"'I have,' says Knorre, in the same periodical (vol. v, p. 66), 'often had an opportunity of administering Belladonna in inflammatory sore-throat, and it has greatly surpassed, in certainty and rapidity of action, every other remedy and every other method of treatment. When the disease has already lasted some days it hastens the opening of the abscess in the throat. It even removes the disposition to a return of the disease.'

"I shall terminate these quotations by the following observation extracted from the *Archiv für die Hom. Heilk.* (vol. iv, pt. 3, p. 52).

"'A young woman, aged 26, became overheated while nursing her child suffering from fever; she fell ill herself as soon as her child became convalescent. A violent quinsey with which she had been affected two days, rendered deglutition almost impossible. She had shooting pains in the throat and both ears; the head was painful, the face burning, and the cheeks very red; she had continued fever with aggravation towards night, and delirium during a portion of the night; thirst great; pulse hard; skin hot and dry; bowels constipated; urine red. When I saw her the parotid glands were commencing to be swollen and painful. Belladonna presented, in its effects on the healthy body, as accurate a picture as possible of the above symptoms. Not having access to any medicine prepared with the care enjoined by Hahnemann, I was forced to employ the extract of Belladonna, such as is to be had in the ordinary pharmacies;

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I caused a grain of this extract to be triturated for an hour with four scruples of sugar of milk. This powder was dissolved in two ounces of distilled water, and the patient took a teaspoonful of the solution about two o'clock. At three o'clock, without having experienced the slightest aggravation of her disease, she fell asleep, and woke up at eight o'clock covered with a general moisture, without fever, and almost free from pain in the throat. She drank a quantity of sugared water until eleven o'clock, when she again fell asleep, and the following morning she was well enough to go about her ordinary household duties.'

"In reference to these various documents, which it would have been easy for me to have multiplied to a great extent, I have only one observation to make at present, which is, that the disciples of Hahnemann, as may be seen in various passages of their writings, exercise the most minute care in enumerating all the symptoms of the disease, from the ensemble of which they draw the indication for the remedy. As regards sore-throats, I imagine it is difficult to define the symptomatic differences betwixt those sore-throats which require Mercury and those in which Belladonna is indicated; and I believe it would be easy to demonstrate some contradictions in the details given. On close investigation we are obliged to content ourselves with this general statement, that Mercury and Belladonna are the two chief remedies in the treatment of inflammatory sore-throats: a precious truth, worthy of being imported into ordinary practice, where hitherto it has had no place. Mercury in such cases has, as I have shewn, a traditional origin, whilst Belladonna is of pure Hahnemannic origin.

"Let us now compare the physiological with the therapeutic fact, and this simple process will furnish us with more than one proof in support of the thesis in question.

"The elective action of Belladonna on the throat is incontestable. We have only to read Murray and Hahnemann, and we shall see that many writers have described this elective action most circumstantially.

"This fact has not escaped the attention of the toxicologists. 'The dryness of the throat,' says Christison, speaking of poi-

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soning by Belladonna, 'is not a constant symptom; it has, however, been often observed in the most marked degree. It was observed in the 150 soldiers poisoned at Dresden, whose history is related by M. Gualtier de Claubry (*Journal de Sedillot*, 1813, p. 364), and in six other soldiers mentioned by Brumwell (*London Med. Obs. and Inq.*, vi, p. 223). The first mentioned had not only dryness of the throat, they had also difficulty in swallowing. The same documents are quoted by Orfila.

"Finally, MM. Trousseau and Pidoux, copying what has been said by their predecessors, record, among the symptoms of the physiological action of Belladonna, dryness and heat of the throat as almost constant symptoms.

"This dryness and heat of the throat, and the difficulty of swallowing already mentioned, are only the symptomatic expressions of a more or less intense degree of real sore-throat, produced by Belladonna, as is proved by numerous observers. On this subject may be consulted the excellent works of Greding on Belladonna (*Ludw. Advers. Med. Practica*), Remer (*Hufeland's Journal*, vol. xvii) &c.

"In corroboration of these facts, I shall cite some experiments recently made on this subject, hitherto unknown in France. In a former essay I spoke of a society of medical men in Vienna, disciples of Hahnemann, who devoted themselves to making extensive experiments with Aconite. At the same period, other Viennese medical men, adherents of traditional medicine, made similar experiments with Belladonna. Their investigations were published in the *Wiener Zeitschrift der K. K. Ges. d. Ærzte*, 1845. Twelve members of the society took every day extract of Belladonna, raising the dose gradually from an eighth of a grain to a grain and a half. Well, among the symptoms developed by Belladonna was a constant and troublesome dryness of the lips, mouth, and throat, with insatiable thirst, and redness of the mucous membrane of the throat.

"The experiments of Dr. Schneller, which were published a year later in the same journal, are still more precise.* In his

* A full report of all these provings will be found in this Journal, vol. vi, p. 265. [Ed. B. J. of H.]

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first experiment made upon himself, while taking during twelve successive days the extract of Belladonna, beginning with one-eighth of a grain, and increasing the daily dose by the same quantity, he found that when he came to the dose of from three-eighths to one grain, he had dryness of the throat and larynx, with hoarseness; afterwards this dryness extended to the nasal fossæ, and in taking the last two doses he felt the same dryness of the mouth and throat, the fauces very red and burning. Six months later he made the same experiment in the same conditions. The last day of his trial he took a dose of 4½ grains, after remaining three days without medicine, and shortly afterwards the fauces became dry and burning, he became hoarse, the throat was of a bright red colour, he had difficulty of swallowing, and on the following evening the dryness gave place to a great secretion of mucus. For some days subsequently, the bucco-pharygeal mucous membrane continued to be much injected, and the tonsils somewhat swollen.

"Here then we find that Belladonna has a well-marked elective action on the throat; and it is curious to observe, in looking over all these documents, and many others which space prohibits me from quoting, what a large number of medical men of various nations, and holding various medical doctrines, have each contributed their quota to illustrate this interesting pharmaco-dynamic fact.

"Thus as in regard to Mercury, the comparison of the physiological fact with the therapeutical fact, throws new light on the subject, and in this instance it is the very knowledge of the physiological fact that has led *a priori* to the employment of Belladonna in the treatment of sore-throat. This application of the law of similitude demonstrates the great importance of that law."

Our author's observations on Aconite in the treatment of sore-throat are not long, and as they further illustrate his homœopathic tenets and tendencies we shall quote them entire.

"According to MM. Tessier and Gabalda (*Bullet. de Thérap.* 1847, p. 110), the therapeutic action of Aconite is very evident in sore-throat, as also in bronchitis and hooping cough. Its beneficial influence in sore-throat is rendered manifest by the

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diminution of the pain and dysphagia, a diminution which is very obvious in the course of twenty-four hours, and sometimes less.

"M. Teissier, physician of the Hôtel Dieu of Lyons (*Memoire sur les Effets Thérap. de l'Aconit,* 1850), has often seen Aconite of use in simple sore-throat and in acute pulmonary catarrh, diminish rapidly the pains on swallowing accompanying the first of these diseases, and render less troublesome the fits of coughing attending the second.

"MM. J. P. Teissier and Gabalda and M. Teissier of Lyons are, I believe, the only physicians in France who have verified the therapeutic action in sore-throat.

"The English physicians, Turnbull and Fleming, who have written largely on the subject of Aconite, say nothing about this therapeutic employment of it. Very little is to be found on this subject in the writings of the Hahnemannic school. Rückert (*Klin. Erfahr.*, 1853) expresses his astonishment at its well-known antiphlogistic power.

"I have frequently employed Aconite in sore-throat. My own experience has taught me that Aconite alone is unable to cure a violent sore-throat in an adult. When it succeeds without the aid of other medicines, it is only in cases of slight sore-throat of a rheumatic or catarrhal character; and if in such cases there is present a smart attack of fever, all is allayed in the course of twenty-four hours, by means of a few doses of Aconite. In such cases the febrile state was all the disease, and the local affection was only, so to speak, a slight development of the fever in the throat, which vanished with the cessation of its cause. It is quite otherwise with those severe sore-throats where the fever is only sympathetic. Aconite is, in such cases, insufficient: it will be necessary to have recourse to Mercury or to Belladonna, or to these two remedies in alternation. But as a rule, at the very commencement of such cases, Aconite will always be a precious auxiliary, much superior to bleeding, whether local or general, which is so frequently had recourse to in such cases.

"It is otherwise with children. Here Aconite legitimately assumes the chief place, and in most instances it alone suffices

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to effect a cure. The reason of this is, that the sore-throats of young subjects belong more to the first description mentioned above; in fact, most of the sore-throats of children are, so to speak, nothing more than inflammatory fevers of the purest type—febris angiinosa. Moreover, most of the diseases of infancy exhibit the least marked inflammatory element, and if it be true, as I hope to prove hereafter in a special essay on the antiphlogistic properties of Aconite, that this remedy is perfectly indicated in such cases, there is nothing wonderful in its successful employment in similar circumstances. It is a remedy all the more valuable in that bleeding is contraindicated at that age. Indeed, I have too often tested the power of Aconite to doubt that it is the best remedy to give at the commencement of most of the febrile affections of infancy, and it is moreover perfectly applicable in the inflammatory sore-throats of the same age. In diphtheric sore-throat it does not suffice: it may be useful at the commencement in case of obvious inflammatory fever, but it can never be more than an auxiliary; we must have recourse to other remedies.

"In its physiological effects, Aconite exercises a well-marked elective action on the throat. Baumes, Dumas, P. Frank observed that it sometimes affects the throat disagreeably.

"Neither Hahnemann, nor the writers he quotes, say anything very decisive on this subject. Among the Viennese experimenters *Gerstel, der Sturmhut*. 1845 we find some sufficiently convincing observations, in the experiments of Drs. Watzke, Wernke, and some others. In the dose of fifteen to twenty drops per day, of the alcoholic tincture of Aconite, the following symptoms were observed among others: burning heat in the throat, swelling and congestion of the fauces, of the velum palati, of the tonsils: increase of the secretion of mucus, &c.

"On the 24th of July last, I saw M. Gautier-Lacroze take on his tongue one drop of the tincture of Aconitine: he instantly experienced an acrid burning taste, and after a few minutes a marked constriction in the throat which lasted a long time.

"For my part I have seldom seen this elective action of Aconite display itself and certainly the action of this medicine

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on the throat and its appendages is as rare as it is frequent on the head and facial nerves. I shall hereafter shew that Aconite often develops physiologically an ensemble of symptoms which may be likened to inflammatory fever. This difference betwixt its action on the throat and on the vascular system, tends to confirm the therapeutic deductions above stated, relative to the employment of Aconite in sore-throat."

The concluding remarks of Dr. I. Gourbeyre are a still more unequivocal testimony to the truth of the homœopathic therapeutic law.

"Such," says he, "are the facts. My object has been simply to act the part of a faithful narrator. The first duty of an observer should be to describe the facts as they are, to daguerreotype them, so to say, taking care not to mix up with them those dangerous elements, our opinions, our fancies, and our prejudices; after having made this faithful analysis, we should then proceed to the synthesis, the interpretation, the generalization, and here intelligence, guided by a vigorous logic, should exercise its salutary and legitimate empire.

"Now the facts cited in reference to the physiological and therapeutical history of Mercury, Belladonna, and Aconite are conclusive in favour of the therapeutic law of similarity. This law, which M. Trousseau has re-baptized by the name of the *law of substitution*, and the importance of which he has pointed out, I have endeavoured in my previous essays to bring into still higher relief than has been done by the professor of the Faculty of Paris; for, after having rendered homage to the new divinity, he has permitted it to rest indolently in Olympus, and he has not been less constant in his devotion to his own Egeria.

"It is, however, a very remarkable idea, and one pregnant with practical importance—that of finding in the medicine the image of the disease itself; of comparing the medicinal with the natural disease; of establishing an equation between the first and the second; and of seeking to solve the problem of the cure in destroying the morbid process by the parallel action of the drug.

"In another point of view, the law of similarity is fundamentally nothing but a logical deduction from what one may

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term the *law of electivity*, and this law is only the expression of that general property of drugs to act on the various organs and apparatus of the organism, each after its own manner. These actions vary in their frequency and in their character, according to the individuals acted on, and other circumstances. This has not escaped the attention of the great observers. I need only cite the following passage from the writings of Frederick Hoffmann, which is remarkable, as it confirms what I have already said respecting the physiological properties of Mercury and Belladonna, and directs attention to the same pathogenetic action in other drugs. After having treated of sore-throat as a spontaneous disease, he points out in the following terms several remedies which have the power of producing it. 'Eamdem inflammantem venenis causticis inesse facultatem, inter omnes constat. Ex purgantibus elleborus albus specifica quasi indole, petit fauces, et strangulationem facit, argentum vivum præsertim male præparata pharmaca, fauces male afficere et inflammare pariter constat. Et idem quoque de solario furioso, nec non morsu canis rabidi accidere, medicorum testantur observata. Imprimis arsenicalium etiam mercurialium minerarum fumi, item vapores spirituum animalium, idem hoc malum improvide hausti causantur.'—(*Fr. Hoffmann, Op.*, t. ii, c. *de Angina.*)

"However numerous may be the traditional documents on the physiological properties of drugs, is is assuredly a subject respecting which little is known, and to which little attention has been given. We are hardly acquainted with the most marked symptoms developed by the most common agents of our materia medica, and yet we make a daily use of these same agents; inexperienced soldiers, we blindly fight with weapons we are almost entirely ignorant how to use; unskilful, and often imprudent chemists, we are constantly pouring confusedly into the organism reagents which we have not tested, whose purity and whose properties we are generally totally ignorant of.

"Thus therapeutics are mere confusion and chaos, and yet scepticism is rampant at every turn. Have we not reason to exclaim with the sage, 'I know that there are good remedies, but I don't know that there are good doctors'?

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"The first foundation of all *positive* or *rational* therapeutics must be an exact knowledge of all the properties of medicines: this foundation is in one word, pharmaco-dynamics.

"From pharmaco-dynamics to the therapeutic application there is but a step, but how is this step to be made? What path must we pursue? What method must we follow? Hic scinduntur medici! It is precisely because we have no compass and no rule, that our pharmaco-dynamic knowledge is in most cases a mere dead letter, and is recorded in our books merely as curiosities of toxicology.

"Shall we ask for the solution of this problem from the empiricists, the iatro-chemists, the iatro-mechanists, or the partisans of humorism, solidism, or physiological medicine? It is true that these various medical doctrines that have ceased to be in vogue, whilst they form a mere *caput mortuum* in the therapeutics of the present day, have left to us some isolated practical truths; but it is vain for us to seek in them a general formula, a rule, a law.

"How then are we to deduce the therapeutic fact from the physiological fact? In the actual condition of science, I can only see two rules or two laws—the law of electivity and the law of similarity.

"An organ or apparatus being diseased, the first thing we have to do is to find a medicine which exercises physiologically an elective action on this organ or apparatus: such as Copaiva, Cantharides, Aconite, &c. in affections of the genito-urinary system; Opium, Belladonna, &c. in affections of the head. This is an application of the law of electivity.

"Moreover, observation teaches us, that among the various medicines possessing an elective action, the most suitable is precisely that one which, in its physiological properties, presents the most accurate representation of the disease itself: this is the law of similarity.

"I imagine I have, superabundantly, demonstrated these two laws, in recording the history of the physiological and therapeutical properties of Belladonna. In fact, these two laws in reality constitute but a single law, and they are the two necessary terms of one and the same general therapeutic formula.

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"It is solely on the law of electivity that the Italian therapeutic school is based, and, as every one knows, the law of similarity is the foundation of the school of Hahnemann. The Italian school stops short at the first term of the general formula; the German school embraces both terms. This is what gives an incontestable value to both these therapeutic schools; indeed, to say the truth, in as far as therapeutics are concerned, they are the only schools from which we can seriously expect any scientific response.

"The two therapeutic laws formulized above, are substantially accepted by Professor Trousseau. 'There is reason in everything,' says the learned therapeutist, 'even in the most improbable reveries. In the homœopathic doctrine there is a therapeutic truth that was not unknown to the Galenists, that was revived by Paracelsus, and lauded by Van Helmont: it is, that a remedy, in order to be specific or direct, *should act on the part where the disease is acting.* But howsoever it may do this, whether it causes symptoms of similar appearance, or symptoms of dissimilar appearance, in both cases it acts according to the principle *contraria contrariis*, that is to say, its effects being incompatible with those of the disease, they exclude and neutralize one another.'—(*Traité de Thérapeutique*, t. i, Introduction, p. 79, 1855.)

"M. Trousseau wishes to call *the law of substitution* what Hahnemann has termed the *law of similarity.* Directing his attention to the object attained, the cure, the Parisian professor exclaims *contraria contrariis;* whilst the German physician, comparing the symptoms caused by the medicine with those of the disease, proclaims the formula *similia similibus curantur.* In truth, there is nothing but a verbal difference between the two, and in my opinion, M. Trousseau has followed Hahnemann exactly in the matter of the fundamental law of similarity.

"Let us recapitulate. The only *natural method* to follow in order to found a positive and rational system of therapeutics, is first to establish a good system of pharmaco-dynamics, and then to determine the relation that exists betwixt the physiological and the therapeutical fact. If the same active powers of observation, that have been so happily applied during the last

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fifty years on the domain of pathology and diagnosis, be directed towards these studies, we cannot fail eventually to found something useful and valuable.

"The reign of eclecticism approaches—to remain unattached to any one of the various schools, to keep himself aloof from their reciprocal prejudices and exaggerations, to judge of all of them with independence and dignity, and to constrain himself to introduce into traditional medicine the sum of all the truths scattered among the different schools—such should be the aim of the modern physician, whilst *suum cuique* should ever be his motto."

We feel that any comment of ours on this remarkable paper would be superfluous. The author takes a large and philosophical view of the whole subject of therapeutics, and though nominally he belongs to the ranks of our opponents, practically he testifies to the truth of homœopathy, and justly assigns to Hahnemann the merit of having first taught the true law of healing. This paper is the most hopeful sign of the times we have met with for a long time in allopathic literature. It reminds us of the first article of Hufeland on homœopathy, but it goes much further, and acknowledges much more explicitly the universality of the homœopathic law as the truth in therapeutics than the learned but timid German could bring himself to do. When shall we see such a paper written by an English professor of the dominant school, and published in an English allopathic journal?

A few more such articles as this from our opponents, and we shall laugh at all their attempts to revive obsolete laws in order to crush us, at their unanimous votes for our exclusion from their societies, and at all their puny attempts to extinguish a great truth by the arm of the law, and by unreasoning clamour. There is a moral force at work in the very heart of the allopathic school, that acts much more effectually to advance homœopathy, than the physical force measures of our opponents can ever do to retard its sure triumph. It is probably an uneasy consciousness of this, that renders the present attacks on us here and on the continent so very bitter and irrational; as the efforts of a garrison will sometimes become more desperately violent, when all hopes of success and of quarter are at an end.

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ON THE POISONOUS PROPERTIES OF THE YEW,

By Messrs. Chevalier, Duchesne & Reynel.

Translated and extracted from the Journal de la Soc. Gall. Jan. 1856,

By Dr. Aquilan Stokes.

This important work, published in the July and October numbers of the *Ann. d'Hyg. Pub. et de Med. Lég.* for 1855, is in many respects too interesting to be let pass without notice, whether we regard it as an experiment on animals and man, or in its therapeutical and toxological relations. We therefore present our readers with the chief points in the memoirs, reserving a few comments of our own for the conclusion.

Two attempts to procure abortion have recently come before the tribunals. One of these cases decided the authors to revive the ancient experiments with this plant, and to collect the information concerning it which was scattered through various scientific publications.

The poisonous qualities of the yew were known to the ancients, who made it a funereal emblem. It is called Σμιλαξ in Greek, Μυλη by Theophrastus; and in Latin Taxus baccata. It grows to ten yards in height on its native mountains, but seldom reaches this height under cultivation. The bark is rough and liable to crack and exfoliate. The branches are numerous, horizontal, and droop a little towards their extremities. The foliage is of a blackish green, and gives the tree a heavy, sombre appearance. The leaves are linear, persistant, and disposed like the teeth of a comb in double rows, along the branches. The flowers are monoecious or dioecious, axillary, sessile, showing but little; the males most numerous. The fruit is a little nut covered by a cupule, first round and fungous, then hemispherical and membranous, finally fleshy, berry-shaped, red, and perforated at the top. It encloses an indehiscent kernel, which contains a white fleshy nut, agreeable to the taste. The wood is hard and takes a fine polish.

This tree grows in the sombre valleys of the Alps, on the mountains of Savoy and Switzerland, and is found cultivated in

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many parks. Many yew trees are known of prodigious size and great antiquity. There are several varieties of it called Taxus canadensis, T. capensis, T. elongata, T. falcata, T. latifolia, T. macrophylla, T. montana, T. nucifera, T. spinulosa, T. tomentosa, T. verticillata.

The Bark.—Harmand de Montgarni has related two observations on the powdered bark of the yew, which we shall mention when we come to speak of its therapeutic action; at present we shall only mention one of them, from which it appears that the yew bark has caused secondary disorders of some gravity.

"In 1777 a journeyman potter of 40 years of age, and of spare but good constitution, had suffered during 16 months from a quartan fever which he could not get cured. He drank on the day of the attack a pint of white wine, in which an ounce of yew bark had been infused the previous day. The fever returned no more: there was no evacuation save two stools on the day he took the draught; but about a month afterwards his body became covered with pustules, all the hairy parts became denuded, and the man remained imbecile during two months that the skin was diseased. Since then the hue of the skin remains of a dirty leaden grey, and although his health is commonly good, he has had two attacks of black jaundice very difficult to remove."

We have only made one experiment with the bark infused in wine, but felt nothing more than a slight bitterness in the mouth, from its taste.

The ancients believed it to be dangerous to stand or lie under the shade of yew trees. Ray seems to think so, for he says that the gardeners at Pisa could not remain more than half-an-hour at the work of trimming the yew trees without suffering violent headaches.

Harmand de Montgarni relates that a dog, subject to convulsive movements of the extremities, used to go and lie under the shade of the yew in his garden, when he was immediately freed from his ailment and fell into a lethargic state lasting several hours. He also relates that one of his father's servants passed a night under the same tree. When she awoke the next

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morning her body was covered with a copious miliary eruption, and she was as if inanimated for the space of two days. On the third day the rash disappeared, and there was an abscess formed at the right knee, which broke on the eleventh day, and was followed by the girl's death on the fourteenth.

However it is asserted by Pena, Lobelius and Bulliard, that the shade of the yew tree exercises no injurious influence. Mr. Pescaux, chief gardener at Versailles, has kindly given the following information on this subject:

"The workmen who have trimmed the trees for years have never felt any inconvenience therefrom. In summer we daily see plenty of people lying on the grass under the yews in the park without being in the least affected by so doing. And every year many species of birds build their nests in the branches."

§ I.—*On the Effects of the Green Leaves on Man.*

The ancients knew the toxic and even the fatal qualities of the yew: Julius Cæsar tells us—"Cativulcum, Eburonum regem, ætate jam confectum, cum laborem, aut belli, aut fugæ, ferre non posset, taxo se interimere: an foliorum succo, an foliis potius ipsis determinari nonquam potest."—A matter of very small importance.

Percival says that three children who took fresh yew leaves as a vermifuge at seven in the evening, were taken at nine with chills, drowsiness and convulsive movements. One of them vomited and was griped: the two others showed no signs of pain, and all three died the same night without convulsions.

In Hufeland's Journal it is stated that a young woman, pregnant, died suddenly. The body was opened, and crushed yew leaves were found in the stomach, the mucous membrane of which, as well as that of the intestines, was inflamed.

The cases of poisoning by the fresh leaves are very few: and it is not certain that they were used, or the juice, in those we know of. The bitter and nauseous taste of the leaves when chewed would make it difficult to take a sufficient quantity to produce a fatal effect.

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§ II.—*On the Effects of the Fresh Leaves on Animals.*

We shall now give numerous cases of poisoning, to which we shall add our own experiments.

Theophrastus had observed that yew leaves are poisonous, for he says, that "si jumenti folia comederint, moriuntur."

J. Baulsin says that in the mountains of Burgundy, some oxen, cows, and an ass died from eating the bark and leaves of the yew. Blumenbach mentions similar cases, and Dr. Girard of Villars gives the following case in a paper on the properties of the yew.

"Some ostlers having left their horses in a stable yard at the village of Monchamp in lower Poitou, the animals ate some withered yew branches, and very shortly two of them died. My curiosity was roused by the report of this accident, so I went, and saw the carcases swollen, the hair standing on end, and coming out readily by handfuls. The ostlers, seeing their cattle ill without knowing the cause, gave them wine and brandy; and I having looked at the bodies, and seen the branches freshly bitten, immediately caused the living animals to swallow Theriacum dissolved in wine. Of the seven horses that left the yard, two died at a small distance from it; the others, a little way farther, hung the head, and dragged their limbs. I found their ears cold, the tongue yellow and swollen; the nostrils were inflamed, the eyes dull, and their flanks heaved.

"On examining the carcases I found the tongue yellow and thickened, the palate bluish, the interior of the nostrils dark red; the tonsils were swollen, the trachea covered with hydatids; the membrane of the œsophagus ulcerated, especially near the stomach. The intestines were covered with livid zigzags, and the rectum was swollen and protruding."

Messrs. Bredin and Benon, directors of the veterinary school of Lyons, wishing to verify these statements, gave a horse six ounces of yew leaves. After the lapse of an hour the animal fell dead without convulsions. The same dose given to a mule, together with some hay, had no other effect than to cause erection and emission during the first four hours; but after another

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hour in full gear with no convulsions or swelling. The examination was made by Mr. Gilbert, a physician and botanist of repute in Lynn, who saw the yew leaves and berries in the stomach and bowels with me. In the mucous membrane of the canal numerous small ecchymosic spots were seen of the size of a finger nail.

Another horse ate with impunity a whole bush.

In the November of 1783 it is stated that near the close of that month several horses entered a close near Lynn-regis in Norfolk, and ate the branches and leaves of the yew tree; one after another fell dead in about four minutes afterwards without any other symptoms besides slight convulsions.

Likewise it is stated that goats were ill after eating the leaves and it is said at Hillsborough, an oak tree annually kills the same cause as all it touches dies every spring.

In 1785 a man took a branch of yew as he was riding through a lane, and the animal being tired of it a few minutes threw the bush when the owner came it and him away. He saw him fall down and expire the most dreadful convulsions afterwards.

In Germany a detachment of the army of the Soudan lost several horses that eating the leaves of yew trees in which they had been imbedded during the night.

Many veterinary professors at Copenhagen stables that the horses which had been used to draw in the royal garden, being hungry and thirsty, ate some yew leaves and soon afterwards both died suddenly. Perceiving the grooms having witnessed one of the last I opened the bodies and found the leaves in the stomach, but as putrefaction was begun I could not arrive at any satisfactory conclusions from the autopsy. I determined on making some experiments on this subject and chose a horse 5 years old, the subject of mentioned disease. I gave him the leaves to eat, and he greedily devoured them, but soon after he was taken ill, and refused to take any more. I was convinced that the poisonous juice of the plant would cause animals to refuse it except under the pressure of hunger, and this experiment confirmed my idea that nature had a great wisdom in it. I repeated my experiment, and at the same

four hours without food, giving him 1½ oz. of fresh yew leaves, of which he ate 8 oz., but refused the rest. He remained lively and showed appetite, but I gave him no more food in order to watch the effect. An hour afterwards, the horse fell down, uttered a groan and died instantly, without the least sign of pain or of the approach of death.

I opened the body on the spot, but could find nothing to satisfy me as to the cause of death. The viscera looked natural, and there was nothing, except some blood in the left ventricle of the heart, fluid and dissolved. In the brain the veins were unnaturally full, and the blood showed air bubbles here and there.

M. Delcroix, veterinary surgeon at Bavay (Nord) has published the following observation: "I was called in by a gentleman to ascertain the cause of death in two colts of a year and a half old, and to treat three others apparently affected in the same manner as those which had died. I was informed that the colts had been put into a field near his house which had been eaten very bare by some cows which had been previously pastured there; in order that he might have an eye on them. Suspecting the animals to have been poisoned, I examined the meadow, and found nothing capable of doing harm except some yew trees, which formed a plantation on one side of the field. On close examination of the branches, I perceived that the leaves and twigs had been bruised, and the bark lacerated, the wood remaining naked. Recollecting then the cases of poisoning mentioned by Wiborg in 1849, I told the gentleman I suspected poisoning by yew, accidentally, and not by malice, as he thought, from the rapid death of the first two, and the sufferings of the three others.

"Before treating the sick colts, I thought it expedient to make an examination of the bodies, but in order not to lose time, I ordered the administration of a bottle of oil to each of the living animals, to ease pain and impede the operation of the poison. I found the bodies much swollen; the rectum a little protruding and reddened; the subcutaneous capillaries injected with black blood, but no injection of the cellular tissue; a black bloody fluid oozed from the nostrils; the conjunctivæ

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were colourless, without injection or infiltration; nothing abnormal in the mouth except the dryness and whiteness of the membrane of the larynx, pharynx, the posterior nares and posterior face of the velum. The mucous crypts were thrice their proper size, red or violet, or even brown coloured in spots, and covered by a layer of thick mucus. The œsophagus was studded with violet spots. The vessels of the stomach were gorged with black blood. The organ was lined with a layer of thick mucus, and contained a quantity of yew leaves, some whole, some crushed, and others half-digested. On the right side of the stomach there was a quantity of yellowish white mucus adhering to its surface, spotted with red, in patches more or less dusky, even to purple, under which the membrane appeared thickened. About the pylorus the same alterations were visible, but the inflammation was more uniformly extended, and the tint was brighter red, passing into dark purple. The whole of the small intestines presented the same appearances, more marked in the parts opposite the mesentery; the glands of Peyer were enlarged; their orifices were dilated and everted; and the villous tufts of the bowels, coloured bright red, were very visible on the surface of the mucous membrane. The large intestines showed a peculiar character of inflammation. I found in them throughout, especially at the top of the cœcum, an eruption of elevated patches, having the volume and form of a lentil, without arborization, and not unlike nettle-rash. The liquid contained in the several parts of the bowels was not of the same character, being red in the upper part, while in the cœcum a quantity of a greasy matter was found, of a dirty white colour, with a powdery looking substance like charcoal held in suspension. The peritonœum was much injected, the capillaries as well as the mesenteric vessels of a dark red colour, passing into purple in places. The purple was probably owing to decomposition which progressed with great rapidity, being far advanced four hours after death. There was but little fluid effused in the abdomen; the liver was pale and yellowish, and showed nothing abnormal in its texture. The kidneys were twice their usual size; their cortical substance of a reddish white tinge, broke down very easily under the

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slightest touch, and resembled a pulp when thus crushed. The tubules were swollen and distinct from each other; no injection in the pelvis or ureters.

"Respiratory apparatus. The mucous coat of the larynx was greatly injected. The pulmonary tissue was healthy; the bronchi were full of a black frothy blood; the pleuræ injected. The heart's cavities were unchanged, but contained some fluid black blood. This state of the blood is remarkable in all parts of the vascular system.

"In the skull the arachnoid and pia mater were gorged with black fluid blood; the substance of the brain was unchanged.

"I observed the following symptoms in the colts I saw alive. They hung the head; their ears fell; the eyes were half-closed; the nostrils dilated, and moving very slowly. There was complete insensibility; neither blows nor the pricking of pins could make the animals stir. Muscular tremors about the hips and forearms. Skin cold; hair on end; belly distended; loins very flexible under pressure; the limbs stiff, and set on the ground like posts. The gait was vacillating, especially with the hind legs; the colt had to be supported or he would fall. Respiration so slow, one would think it occasionally suspended. The tail quivering; the anus open, allows the escape of flatus and of semi-solid matters, excessively fœtid. From time to time the animals fell in a heap, and when down, uttered plaintive moans, turning the head towards the flank. It was difficult to raise them—for blows, punctures, and the utmost excitement, failed to rouse them to movement.

"The urinary secretion was remarkably excited, scarcely ten minutes passing without their making a considerable quantity of clear water, the act being each time accompanied by a plaintive expiration. After urinating, the penis remained pendant, and the animals remained in the posture of urinating, as if they had not strength to recover their former position. The limbs had to be replaced if we wished them to assume a different attitude.

"The pulse was full, slow, almost imperceptible. The heart could not be felt beating. The conjunctivæ were of a saffron yellow, injected, without infiltration. The respiratory move-

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ments were so slow as scarcely to be perceptible by auscultation. The chest was resonant on percussion.

"The mouth was cold and dry; the mucous membrane pale. Complete anorexia.

"*Treatment.*—The acute inflammation of the digestive organs shown by the autopsy of the dead colts made me give linseed tea, with camphor, which seemed indicated by the decomposition of the blood, the slowness of respiration and circulation, the coldness of the skin, &c. Each colt had 15 grammes for a dose, in one pound of honey." *

The authors relate from experiments made by them with yew leaves given alone :—

First experiment.—A heavy cart mare, aged 15, had been inoculated with the putrid matter from a glandered horse on the 4th March, 1855, and having experienced nothing untoward on the 24th, she was made to swallow 1500 grammes of bruised yew leaves, by mixing them with a couple of quarts of moistened bran. After eating it the mare had a slight colic, shook her head several times, and had some borborygmi. The pulse gradually rose; at 11 A.M. it was 52, and reached 75 at 2 P.M., pretty strong; respiration deep and slow. The blood showed nothing abnormal. The symptoms gradually abated during the day, and the next morning the mare took her food as well as usual.

Second experiment.—A horse aged 18, in good health, was made to eat six pounds of yew on the 3rd April 1855, and after thirty-six hours had shown no symptom of poisoning.

Third experiment.—On the 4th May 1855, two pounds of yew leaves were offered to a horse, fasting; but hardly had he taken a few into his mouth when he let them fall, and refused to take them even when mixed with bran. The next day he again refused them. The leaves were now bruised in a mortar, and made into balls which were put down the throat; during that day no symptom of poisoning was observed.

On the 6th the horse was again tried with the leaves, and 1½lb. was prepared as before, but he left the pulp untouched in his manger, and absolutely refused to touch it, although fasting

* M. Delcroix has not stated the result.

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for four days. On the 7th no better success. On the 8th the horse was killed. Nothing remarkable was seen at the autopsy except a circumscribed patch of inflamed membrane near the pylorus, but that might have been caused by long fasting (8 days).

Fourth experiment.—On the 13th of April a small dog was made to swallow 30 grammes of yew, bruised, after a fast of 24 hours. The œsophagus was tied to prevent vomiting. During the first two hours after taking the dose, the dog made the most violent efforts to eject it; after three hours the efforts ceased: the dog remained quiet and sleepy. The eyes were dull and sunk in the orbits. Now and then contractions of the limbs were observed. The symptoms increased during the evening and the dog died in the night. The examination took place at 7 A.M. the next morning. It showed us traces of violent inflammation of the intestinal tube, most decided in the large curvature of the stomach and the small intestines. In the large bowel were found streaks of saffron yellow colour. The sinuses of the brain were gorged, as were also the vessels on the surface of the spinal marrow.

In these experiments we have unfortunately not been able to arrive at any satisfactory conclusions, owing to the difficulty of giving the fresh leaves without mixture; but in the following chapters we shall relate results interesting to science. Before concluding this chapter however, we must hear the statement of Professor Schott, who assures us that if yew be thrown into still water, the fish become quite intoxicated, and may be taken by the hand; producing upon them the same effects as the cocculus.

§ III.—*The green leaves mixed with hay, barley, oats, &c.*

The authors begin by referring to the statements of Wiborg, who asserts that in Hanover and Hesse, the yew has been used as fodder, and that by admixture with other food, its deleterious properties are obviated. He says that, wishing to verify the statements made to him, he caused a weak and hungry horse to eat 8 ounces of yew chopped up with 80 ounces of

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oats, without any evil resulting; also that he gave a blood mare 7 ounces of yew chopped with 20 ounces of oats, and that she remained perfectly well after it.

To these statements the authors oppose the facts related by Mr. Dujardin in the "*Horticultural Review,*" and their own experiments. These are of great importance, and the authors shall be allowed to relate them in their own words.

The Horticultural Review publishes in the number for November 1854, a letter from Mons. Dujardin, veterinary surgeon at Bayeux.

"On the 29th Dec. 1853, I was called to examine two mares which had died suddenly in harness the previous day. I saw the bodies where they fell, and perceived no external lesion. One of them had expelled a seven months' fœtus and its coverings. On opening the abdomen I was at first struck with the congestion of the small intestines; it was scattered here and there and was less marked as it receded from the pylorus. Within the bowels I found an enormous quantity of thick white mucus covering portions of green leaves which were intermingled with the fæces. The surface of the membrane was violet, brown in some places. Black patches of various sizes from 5 to 10 milimetres broad covered the pyloric extremity of the small bowel; they were found in the floating portion also, but less numerous. There was nothing remarkable in the cœcum or colon. The liver, spleen and kidneys were quite sound. The bladder was much congested, and contained but little fluid.

"In the unimpregnated mare the uterus was reddened internally, but without increase of mucus. In the other, the lining membrane showed signs of recent delivery.

"The stomach was greatly distended, and pasty to touch. On cutting into the larger curvature I found a remarkable disposition of food. In the whole of the right or pyloric portion I found hay occupying at least two thirds of the space; in the left were a number of leaves of the common yew. The separation between these and the hay was perfect. A few leaves only of the yew had penetrated the pyloric portion, and were found

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in contact with the walls of the stomach. The membrane of this portion was red, ecchymosed, and spotted with dark brown marks, which were deeper still in the jejunum. At the points of contact of the yew with the membrane of the greater curvature the latter was blackened, and appeared disorganized, and the leaves and food were covered with a mucus so thick as to look like recent false membranes. There was nothing abnormal in the skull, chest, or spinal canal. Both bodies exhibited the same appearances, and I was convinced they had perished from the action of the poisonous taxus baccata.

"Wishing to ascertain by experiment its fatal properties, I bought a horse, to which I offered some yew, but although fasting he refused to eat, and I had recourse to a mixture of bran and oats to induce him to take it. An hour after the meal he fell as if shot, with a portion of the food in his lips, and having experienced no warning symptoms whatever. The autopsy revealed exactly the same conditions as I have described above. Since then it has come to my knowledge that other domestic animals had perished in like manner from eating yew in the fields where they had been pastured."

After a few reflections on these facts, the authors proceed with their own experiments: "We gave to an aged stallion in good health a mixture of 300 grammes of yew pounded, and barley meal, which had no effect on him whatever. An old mare was treated the same way without any injury accruing. This mare served for a third experiment with a mixture of yew and barley meal. There was some difficulty in getting it taken; an hour afterwards she seemed uneasy, turned about, listened, ate some straw, and then rested her head on the manger. Respiration was rather quickened, and the buccal mucous membrane was reddened. Two hours after eating the animal staggered, fell, and after a few movements expired.

The examination was made immediately, and showed the great curvature of the stomach inflamed, red and injected. At the line of separation between the right and left portions, the epithelium appeared pale, and was easily stripped off. This was probably the result of the irritation caused by the dose of

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the previous day. In the upper half of the small bowel the inflammation was much more marked, especially near the pylorus, where the membrane was of a uniform bright red. In the lower half the marks of inflammation were scattered and much less distinct, and in the great intestine there were none.

Fourth experiment.—On a nine year old gelding, given to the school at Alfort on account of an incurable farcy. The animal had fasted for 24 hours, and ate greedily the mass prepared for him with 1500 grammes of yew, and barley meal. He very soon appeared uneasy, rubbed his head against the manger, staggered and fell on the right side. He raised his head; his eyes rolled; the limbs were extended and stiff; the mouth open; the nostrils dilated; the breathing slow and deep. The head gradually fell: the breathing became slower; the inspirations being deep and full, the expirations quick and shaking the whole body. The limbs remained strongly extended, and the horse died without convulsions forty-five minutes after receiving the poison. The autopsy only showed a little irritation of the right sac of the stomach.

Fifth experiment.—A horse, aged 12, took without repugnance a mixture of 700 grammes of yew and the same quantity of oats. On the morrow he appeared quite well.

Sixth experiment.—The same horse took 800 grammes of yew, and experienced only a slight dimresis.

Seventh experiment.—The same horse took 1000 grammes of yew and 700 of oats without any symptoms appearing.

Eighth experiment.—The same horse, being kept absolutely fasting from all other food, took 1500 grammes of yew and 700 of oats. He ate only about two-thirds of the mass, and appeared to feel nothing unusual, but died the following night.

The stomach contained about three quarts of yew leaves reduced to a thick pulp. The right sac presented a few red streaks at the level of the great curvature and near the pylorus. The small intestine was quite healthy. The floating portion presented bright streaks and spots here and there; and farther down the membrane appeared in its normal state. The lesions are confined to the upper border of the bowel, and seem to correspond to the situation of the Peyerian glands,

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which share the injection of the membrane. The cœcum appeared to be bright red at the salient points of its folds.

Ninth experiment.—A mixture of 1500 grammes of yew and a gallon of oats was given to a Hanoverian mare eight years old. Having fasted for three days, she devoured it eagerly, and in seven hours from the time of eating expired.

Fifteen hours after death we found the stomach distended with the substance administered. The membrane of the left sac showed nothing particular; that of the right side was paler than natural, except about the pylorus, where it was visibly injected. The mucous membrane of the small intestine was tinted rose colour, varied with here and there a purplish streak over the veins. The cœcum was much injected, especially near its apex, where it was purple; this injection was prolonged faintly to the first turn of the colon; beyond this there were no marks.

The blood was everywhere black and fluid, and had but few loose whitish clots. The lungs showed, besides the lesion of chronic glanders, half-a-dozen little bloody tumours, from the size of a pea to that of a hazel nut.

We conclude then, that if the yew be found poisonous in the quantities given above, it ought to be proscribed altogether as fodder for animals.

Tenth experiment.—By Barthelemy, veterinary surgeon in the 3rd light infantry. A mixture of 10 ounces of yew leaves which had served to make an infusion, with some oats, was given to a mare on the 3rd Sept. 1810. The pulse was from 40 to 50, the animal lying down. She ate at first without repugnance, but showed dislike afterwards, and would only take the food for the sake of some additional oats. Up to 10 A.M. the pulse was very irregular (from 30 to 50), then rumbling was heard in the belly. The mare rose hastily, and when on her feet staggered a little. I gave her a bucket of water, of which she took half, then she began to eat the litter. Between ten and eleven o'clock she lay down and rose several times. She then fell down and expired, after having struggled a little and uttered cries of pain.

The autopsy shewed no apparent lesion.

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§ IV. *On the fresh leaves of the Yew.*

According to Strabo the Gauls poisoned their arrows with the juice of yew leaves. To test his assertion we made numerous incisions with a scalpel on the sides of the chest in three horses, and introduced the juice into these wounds, which we then closed up. These trials gave no results. Fifty grammes, and afterwards 100 grammes, were given to a moderately sized rough coated dog, without producing other effects than vomiting. A smaller dog died after taking 10 grammes of the same juice. Wiborg says he gave to a mare a mess made of 7 ounces of yew pounded in 12 ounces of water, and that she died suddenly an hour aftewards.

On the 10th of June, 1855, we gave to a caged sparrow, fasting from the previous night, a paste made with yew leaves, pounded bread crumbs, and hemp seed. He ate of it and seemed quite happy all the forenoon, but at 2 P.M. fell down as if struck by lightning, giving only a few kicks before expiring.

Death of a pregnant woman from the effects of Yew.

A girl bruised some yew branches and drank the juice in the night. At 4 in the morning she went out and fed the horses; towards five she returned, complaining of great uneasiness, dizziness, and obscurity of vision, but, nevertheless, again went out to draw water. On returning she lost her sight and fell on the bed she was making. She then fell into a state of profound stupor and helplessness. A physician was sent for, who arrived before six o'clock; but she had already expired, having previously had an involuntary stool. The yew branch found near her bed bore berries the size of hemp seed.

The autopsy showed an intense uniform deep red colour pervading the posterior and even lateral parts of the trunk and limbs, with an appearance of swelling. Nearly circular spots of the same colour, and raised, appeared on the front of the lower limbs.

The uterus contained a male fœtus of seven months.

The stomach contained about four tablespoonfuls of a rosy grey liquid. A little below the cardia there was a round

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ecchymosed spot as large as a halfpenny. On the folds of the half-contracted stomach were continuous bands of ecchymotic spots, either simply contiguous or confluent. There was nothing particular in the intestines or thoracic viscera.

The liver was large, of a purplish brown, nearly friable, and very much gorged with blood. The gall bladder was full.

The cerebrum and cerebellum were very firm, slightly dotted with bleeding points on being sliced. The pia mater was dark reddish brown, dry, as if compressed between the circumvolutions of the brain.

We would briefly point out the resemblance between the features of this case and those of the poisonings of inferior animals, especially in the ecchymoses visible in the stomach and intestines, and pass on to another case, showing the power of yew to induce abortion.

On the 15th of July, 1855, we took a three year old mastiff bitch, ninety or a hundred days pregnant, in good health, and gave her 120 grammes of fresh yew leaves reduced to pulp, fasting. We then tied up her jaws and hobbled her, in order to hinder the admission of air into the stomach and restrain the efforts to vomit. At the end of three hours she was untied, and immediately tried to vomit, ejecting some green mucous matter mixed with a few yew leaves. In the course of the day she appeared sad, refused food, and showed great general sensitiveness—the least touch calling forth a plaintive howl. The gait was feeble, especially on the hind legs, and the strength failed rapidly. Twenty-four hours after the injection of the poison the bitch could scarcely stand, and was excessively drowsy; she died at the end of thirty-six hours without showing any symptoms of pain.

In the last hours of life a slight discharge from the vulva was remarked, unaccompanied by any motions of the limbs, or heaving of the flanks.

The autopsy was made two hours after death, and showed inflammation of the whole intestinal mucous membrane. Numerous ecchymosed spots were scattered about, particularly on the small intestine. Engorgement of the cerebro-spinal veins; yellow infiltration of the cortical part of the kidneys;

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redness of the bladder. The pups were dead in the uterus, and blood was effused within it; its mucous membrane brown and black, and easily torn.

In this case, as in the young woman's above related, it is to be observed that the action of the poison was exerted on the fœtus, causing its death, and not calling into play the expulsive power of the uterus. Pass we now to the experiments made by others, as well as ourselves, with the green leaves, in the form of infusion, extract, and other preparations.

§ V.—*Infusion of the green leaves.*

Mr. Barthelemy writes thus:—"On the 2nd September, 1810, I infused 10 oz. of fresh yew leaves in 1½ lb. of water, and decanted the liquor, which I gave to a mare, fasting; the pulse was at 50 when the animal lay down, and 68 when up. After the dose she lay down, and in half an hour the pulse fell to 45. There was no other effect produced."

§ VI.—*Decoction.*

Ray asserts that he saw a woman who had drunk a decoction of yew leaves, and was attacked by vomitings, which ended in her death.

Gmelin relates that a young girl who had drunk a decoction of yew, in order to remove freckles from her skin, died immediately afterwards.

Dr. Hartmann, of Frankfort, relates, that he examined the body of a young girl who had died from the poison of yew, which she had taken in order to induce abortion. He found the womb much inflamed, and an ovule the size of a nut, containing the rudiments of a placenta, but not any distinct traces of fœtus.

M. Crognier has published some experiments with yew, in the Gazette de Santé. A decoction of yew, boiled down to half, was given to two dogs, a large one and a small one. They were muzzled and tied to hinder vomiting, but no inconvenience resulted to them in any manner. The morrow the dose was made stronger, but no results were obtained.

Barthelemy, whom we quoted before, says, that he boiled

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10 oz. of yew leaves in 3 pints of water, to half the quantity. The liquor was brown coloured, nauseous to taste, and threw down an abundant precipitate, having the same characters. A disabled mare was selected for the experiment. The animal was in good health, and while fasting was drenched with the liquor, well stirred up. In an hour the pulse rose from 56 to 80. In another hour it fell again to 50. The appetite remained very good, and the next morning the animal was eating her bedding.

M. Canu relates, that a gentleman living near Thorigny, in Calvados, seeing a plot of newly sown peas devastated by field mice, conceived the idea of scattering some peas soaked in a decoction of yew over the ground: the next day he found about sixty of his pigeons dead in the dove cote, having their crops full of the poisoned peas. Mr. Canu suggests that this would be a cheap and certain mode of killing rooks or other creatures that pillage corn fields.

§ VII.—*Distilled water of the green leaves.*

We selected for experiment a foundered mare of 5½ years, rather out of condition, but not otherwise diseased. On the 14th April, at noon, the animal had fasted for two days; the pulse was 44; respiration 18; mucous membranes rosy. She was drenched with two quarts of distilled water of yew, and ate some straw immediately afterwards. At 2 p.m. the pulse was 52, weak; the respiration at 28; at 3·30 pulse 46; respirations 35, irregular. Five or six short expirations were followed by three or four deeper ones, but without uniformity as to number or time. Occasionally the fore legs gave way, and the animal rested the nose on the ground, but in half a minute an abrupt movement brought her up again. We thought this might partly be owing to fatigue from the unusual standing posture, and partly to slight colic. She did not lie down at all; at 5·30 the pulse was 60, fuller; respiration down to 28; The fore legs still as weak as before. We remarked a little sweat on the groins and belly, but thought it might be caused by the confined air of the closed box. The mucous membranes were normal, and appetite good. The next morning the animal being perfectly well, we gave two bottles of distilled water of

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yew, without noting anything remarkable in the respiration or circulation. There were, however, on the skin, many isolated lumps; these increased towards evening, until the whole body was covered with them; and on parts, such as the loins, they were united into patches as large as a hand. This eruption had almost entirely disappeared on the morning of the 16th, and next day all the functions were natural.

§ VIII.—*Watery Extract.*

Gatereau writes:—"I made a watery extract, of which I gave six grains to a magpie, three days following. The bird had no symptoms other than a copious evacuation on the second and third days."

Second Experiment. I gave a puppy of six months old, the first day 10 grains, the second day a drachm, the third day three drachms. I observed only more frequent stools the second and third day.

Third Experiment. I then took, myself, a pill containing 2½ grains, and remained two hours fasting, watching for symptoms but experiencing none. This I did for five days, without further results.

Crognier injected into the jugular vein of a strong dog, 40 grains of the watery extract, dissolved in half an ounce of water. Two minutes afterwards the animal had vertigo, his head appeared heavy, and his hind legs began to fail. Five minutes afterwards he was drowsy, and seemed about to fall, but was suddenly wakened. The symptoms abated, and on the morrow he appeared quite well. Another dog so treated had the same symptoms, and died in the night, but there were no alterations visible at the autopsy.

§ IX.—*Alcoholic Extract.*

First Experiment.—On the 22nd January 1855, we administered to a stallion 250 grammes of this extract, in the form of electuary. The horse was twelve years old, in good health, and showed no remarkable symptoms during the twenty-four hours following the ingestion of the medicine.

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Second Experiment.—We gave to a white wolf dog twenty grammes of this extract, without result.

Third Experiment.—The same repeated in the dose of thirty grammes, on a common pointer, without result.

Fourth Experiment.—We gave fifty grammes to a watch dog, without result.

§ X.—*The dried leaves and the powder.*

To ascertain whether the properties of the leaves were altered by desiccation, we made several experiments with the dried leaves reduced to powder.

In the last century Doctor Harmand, Seigneur of Montgarni, had found the yew as poisonous when dry, as it was when fresh, and that the powder of the leaves acted very energetically.

He writes thus: "I gave to a dog, subject to a chronic convulsive cough, a drachm of powdered yew bark and leaves in three doses. He vomited but was not relieved. I gave the medicine for nine days following, and found the dog losing his appetite, and very thirsty." In this case there was no toxic effect, although the medicine was given in large doses.

In another experiment he gave the same doses to a cat for three days, without immediate result; but in a week the cat was covered with itch, refused food, and died of marasmus on the seventeenth day.

A fowl, having swallowed 9 grains of the same powder, was soon seized with convulsive movements, and died the same day.

He observes, that in a case of eclampsia, in a child of two years, he gave two grains of yew powder in a little sweet wine, and the convulsions ceased in a few minutes. On the morrow, a more violent attack having come on, the parents, without consulting me, gave the rest of the powder I had brought on the previous day, and which amounted to about six grains. The child died immediately; and an hour after death the body was marked with extensive discolored streaks and ecchymoses.

Our own experiments confirm the toxic properties of yew powder, and we think they deserve particular attention.

First experiment.—We gave to a healthy stallion, 16 years old, and fasting for twenty-four hours previously, 500 grammes

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(1lb) of yew powder in an electuary. Forty minutes after ingestion, the horse suddenly gave a start backwards, lifting the head upwards and backwards. This was suddenly succeeded by weakness of the hind quarters, and a violent fall on the right side. He strove in vain to rise; the respiration was quickened, the mouth open, nostrils dilated, the eyes rolling. To these signs of nervous disturbance succeeded a state of profound quiet, during which the respiratory movements were visible only at intervals of fifteen or twenty seconds. Five minutes after the seizure the horse expired.

On examination, two hours after death, we found spots scattered over the right sac of the stomach. The organ contained all the powder ingested, which smelt strongly of yew. There was a slight plastic exudation on the membrane of the same side of the stomach. The other organs were healthy.

Second experiment.—On the 23rd we gave to a stallion, aged 14, 500 grammes of yew powder in an electuary. He was healthy, and had fasted since the preceding day. Forty-five minutes after ingestion he suddenly started back and fell like the first one. He made several convulsive efforts, alternated with quiet, and soon expired. The autopsy, performed four hours after death, revealed no lesion in the digestive tube, except a little redness of the stomach.

Four other experiments gave the same results.

Third experiment.—We placed a lively leech in a glass half-full of water, wherein we had infused a gramme of yew powder. It began immediately to be agitated. Four hours afterwards it was living, but next morning was found dead, and the fluid was coloured red. Two other experiments were made with smaller quantities of the powder, but the leech in both cases died in a few hours.

We conclude, from these facts, that in the solid hoofed animals the yew powder, in doses of one pound, causes rapid poisoning, and exerts its action chiefly on the nervous system. We also advise the yew not to be planted near leech ponds.

The poisonous properties of the yew powder may be exhausted by æther. The following experiment is interesting as proving this. If any symptoms are observed, it is because the powder

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has not been completely exhausted by the æther. We took a dog of ten months old, and gave him 30 grammes of the powder treated by æther, mixed with soup. The œsophagus was tied to prevent vomiting. In half an hour the dog began to howl, and the movements of the ribs and belly seem to indicate efforts to vomit. From 10·30 A.M. to 4 P.M. the cries and weakness continued much the same without increasing. The bowels were moved and the stools were liquid and very offensive. At 6 P.M. the dog appeared better; the throat was liberated; at 9 he was much better, though very weak; and the next morning he had quite recovered.

§ XI. *Æthereal extract of the dried and powdered leaves.*

August 13, 1855.—At half-past eight we gave a common strong dog 15 grammes of this extract in a little cold soup, which he ate at several times, and began to vomit in about ten minutes, the matters vomited being bottle green. The œsophagus was compressed, and after a few vain efforts to vomit he expired suddenly at 8.45. The throat was immediately examined, but no mechanical obstruction had occurred at the larynx.

20th August.—A strong two year old dog was given three grammes of æthereal extract in some meat, and his throat was tied to prevent vomiting, at 10·5 A.M. At 10·27 the muscles of the chest and belly began to contract violently, and the animal ejected a small quantity of meat mixed with mucus, in spite of the firm ligature round the throat. The efforts were continued, and the cries continued and loud. In his struggles he freed his throat from the ligature and vomited a quantity of mucus and meat coloured green. After this he appeared quite relieved and was soon much better. In this experiment the poisonous effect was frustrated by vomiting, but in the next we shall see it rapidly produced by preserving the requisite conditions.

24th August, 1855.—At 10·6 A.M. a pointer, ten months old, took 3 grammes of æthereal extract of yew in a ball of meat, and the gullet was tied. At 10·35 he appeared low and moaned. The respiration was deep, and the ribs seem to be twisted.

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At 10·50 there were some convulsions of the muscles of the trunk and abdomen, and death took place without struggles. There was no autopsy.

The flowers of yew have been very little experimented with by the moderns, none of whom appear to have verified the opinions of ancient authors as to its noxious properties. We have used the yew in flower as well as not, but have remarked no difference in the nature of the phenomena resulting from its use. We have been able besides to collect, with great trouble, about four decigr. of the pollen of the flowers, which we made into a paste with pounded hemp seed, and gave to a hen sparrow, on the 31st of May, 1855. She devoured it greedily, and the next day was quite well. We cannot draw conclusions from one observation, but it would seem from this one as if the pollen had no poisonous properties.

Of the Berries.

Opinions are much divided as to the noxious properties of yew berries. As yet we have not made any experiments with them, but intend to do so as soon as we have the opportunity.

It is stated in the *Révue Médicale* that five little children ate the berries which they gathered under a yew tree. An hour afterwards, when they were at dinner, one of them, aged 3½ years, was seized with vomiting, and brought up some yew berries with the food swallowed. Convulsions immediately ensued, and the child died before medical aid could arrive. The lips were purple, and the pupils very dilated. Two days after death the autopsy was made. The body was covered with purple spots. The stomach was lined with mucus, and its membrane dotted with red, and softened. The pupils had become contracted. (Related in Prof. Taylor's work on Poisons, p. 789, Tr.)

Percy says that M. Geoffrey saw children in the Jardin des Plantes eat yew berries without inconvenience. They do the same here at Compèigne, he says, and except a little diarrhœa frm over-eating, they cause no harm. I tasted the berries myself, and found them to have an insipid taste, and to be very sticky. I ate a dozen of them that evening, and my nephew twice as many. The next morning we both ate a quantity

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fasting, and experienced nothing worse than a slight diarrhœa without colic.

Lobelius asserts that he has seen pigs eat the berries as freely as they eat acorns, and Dr. Gerard de Villars and others have stated that they ate the berries of yew without the slightest inconvenience. The chief gardener at Versailles, in his letter of 3rd May, 1855, also speaks of the berries, and says that numbers of birds feed on them, and that himself and his children have eaten large quantities without any harm accruing to them.

Knight says that wasps prefer the yew berries to grapes, and recommends vineyards to be planted with a few yew trees in order to preserve the grapes.

Prof. Groquier made an experiment with the berries, which he deprived of the kernels, and boiled 240 grammes of the fruit in a quart of water, until it was reduced to a pint. The decoction was given to a dog, fasting, without doing him any harm.

In the case of poisoning by the berries above related, Dr. Hurt thinks the noxious properties may reside in the kernel; but Groquier's experiment appears to negative this opinion. He gave eight hectogrammes of yew kernels, mixed with oats, to a horse, without any symptoms occurring. It is said, too, that the kernel stripped of the pulp has a nutty flavour, and is agreeable and nutritious, but becomes rancid and unwholesome by long keeping. Fowls are fattened with it, and a very good oil can be obtained by expression.

Haller says that Barkley observed the resin which exuded from the branches of yew to irritate the mouth considerably.

Harmand relates that a yew tree had been uprooted in his garden, and that the roots had been cast into a pond where there were fish. That same night a number of them perished; and the servants who ate of them suffered several days from a diarrhœa, attended with colic. The cats refused to touch them.

Treatment of cases of poisoning.

If we attentively consider the cases of poisoning by yew, we shall find that it has a particular action on the functions of

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respiration and circulation, increasing the activity of both. It irritates violently the stomach and alimentary canal, and leaves traces of inflammation on the parts it has touched, thus showing its acrid or irritant nature.

The next class of effects is very marked in the narcotic action which it exerts as soon as absorption takes place. The disturbance of the nervous centres is then shown by a restless uneasiness, dimness of sight, dazzling before the eyes, even in animals; slowness of circulation and respiration, syncope, coma, and finally instantaneous and complete cessation of life. The victims feel as if struck by lightning, to rise no more.

In the first period the stomach must be emptied as soon as possible by tickling the throat, or by some speedy emetic, and then bland mucilaginous drinks should be taken, such as gruel, milk, or white of egg in water. We should then seek to counteract the effects on the nervous system by means of strong coffee, acid drinks and injections, by tobacco injections, and afterwards by proper hygienic and other treatment to improve the general health.

There exists evidently in the yew an energetic active principle, especially in the leaves. It is not destroyed by drying, is soluble in æther, and although as yet unknown to us in an isolated form, is being diligently sought for by Mr. Gobley, one of our able chemists. When it shall have been isolated, we may more easily learn its particular properties, and the points in which it differs from other known poisons. It will doubtlessly be called taxine, and we may yet be able to find an antidote for it.

Therapeutics.

Although we have not had time to submit the various parts of the plant to a proper investigation, we will not pass by the therapeutic properties attributed to the yew by other authors.

Suetonius tells us that Tiberius Claudius issued an edict to inform the citizens that yew juice was a true antidote to the bites of serpents.

The extract has been recommended in rheumatism, chlorotic cachexia, amenorrhœas, intermittent fevers, rickets, scrofulous affections, and scurvy.

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Harmand thinks he has known several cases of epilepsy cured by the watery extract. He states that he has cured three quartan fevers by the powder mixed with the watery extract.

Gatereau treated a case of rheumatism with yew, that had been previously treated in vain by bleedings, blisters, purgatives, resolvents, &c., &c. The patient had kept his bed six months, and had no power over his left arm. Three grains of yew extract per day, gradually increased to 7 grains during a treatment of 40 days enabled the man to resume his work. At first the pills caused increased flow of saliva of a viscid character. Towards the end of the course they gently acted on the bowels for a few days.

Some physicians in France and Germany have pointed to the distilled water of the leaves as possessing contra-stimulant properties analogous to those of foxglove. Harmand thinks that the powdered bark and leaves produce no sensible effects when taken in small quantity, but in larger doses the following effects have been observed.

1° Nausea followed sometimes by vomiting. 2° Diarrhœa, mostly copious, but attended with tenesmus. 3° Passing vertigo. 4° Drowsiness for a few hours. 5° Difficult micturation. 6° Saliva thick, acrid, and salt. 7° Clammy, fœtid sweats with considerable itching. 8° Numbness and difficulty of moving the limbs.

He began by giving small doses of the powder, and increased them up to the maximum of 2 drachms per day. The watery or vinous extract was given in doses of 12 grains per day.

Percy states that the berries are demulcent, pectoral, aperient; and that he had a syrup and a jelly made from them, the latter of a beautiful flesh colour, transparent, and of a delicious coolness, which he gave with success in obstinate coughs to children and adults. He found it also useful in moving the bowels in a case of piles and habitual constipation; one spoonful of the jelly at bedtime producing a gentle action. An officer who suffered from gravel and passed mucous urine, was relieved of his trouble after taking ℥ iv. of the syrup in divided doses.

Some Italian physicians having sought for a plant possessing sedative properties like those of digitalis, but of longer action,

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report that they found this desideratum in the yew berry, which they think may be substituted with advantage.

Swenckfeld has extolled the bark against hydrophobia; and Kluncker also says that the peasantry of Silesia have long used a decoction of yew chips in milk against the bite of mad dogs. In Canada they make a sort of beer, which is made purgative by infusing in it branches of yew with the berries on them.

We shall now offer the reader some observations of our own on the memoir, the substance of which we have given above. These we shall reserve however for the next number.

GYMNASTICS.

By Dr. Chapman.

This journal has so repeatedly shown its professional and scientific catholicity, that the permission of its editors to its contributors to furnish occasionally articles not strictly medical, can be no matter of surprise to its habitual readers. The subject of gymnastics has been somewhat thread-worn; but a new writer may restore some gloss to it, and make that acceptable in a more agreeable form, which was simply wearisome when cumbered with jaw-breaking technicalities.

> "When Adam delved and Eve span,
> Where was then the gentleman?"

We wont go back so far: we will not pursue our researches either to Adamites or pre-Adamites. But the history of gymnastics is full of interest; for it involves the question of education, than which there is none more important to the well-being of the rising and of all future generations. Man is a three-in-one being: he consists of body, animal soul or life, including the instinct of infancy and reasoning faculties of after life, and spirit. True education consists in the harmonious development of this three-in-one being. The physical training of the child is, therefore, of the utmost consequence. The definition of health among the ancients was *mens sana in corpore sano*—a sound

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mind in a healthy frame. Christians add to it religious culture, which should be the ground-work of true soundness of mind. It is obvious that education should begin with the beginning; and that due attention to the physical health is absolutely necessary. Exercises, systematized according to a ripe knowledge of anatomy and physiology, are most beneficial in preserving the equilibrium of the various physical forces that constitute the life of a child, that should grow up to the adult man or woman. The ancients were fully aware of the importance of this sort of training.

It was the custom of the Greeks to strip themselves of all their dress, or the greater part of it, according to the exercises they went through; hence the word *gymnastic,* to signify their being "naked" at the time. The schools for their boys, and those for their girls, were thence called *gymnasia,* which shews that they looked on the physical training as of the utmost importance in true education, and so it is. They made the education of their children of both sexes an affair of the state; it was done at the public expense. In this way the Greek became the type of the human race in its best characteristics. In form they were all but perfect; in courage unequalled; they excelled in the arts and sciences; in polite literature, in poetry and history, they are still our masters. Their theory of education, and the practical results of it, were *better than ours at this day.* In very truth true education is little understood among us. The Greeks were right; we are wrong; and that too with the infinite advantage on our side of Christianity instead of their polytheism: though even that is misunderstood, for the educated Greeks, in their fine appreciation of nature, symbolised natural forces and powers. The vulgar worshipped the glorious forms presented to them by their painters and sculptors. The *initiated* worshipped God in the manifestations of His goodness in His visible creation. They made the most of their materials. Their glorious language remains to us in its imperishable beauty—a language worthy of demigods. There is no such now spoken; and it is impossible to conceive any superior to it. In an

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inferior, but still classical, form it is the language of the Evangelists and the Apostles. And what tongue of men could better, or so well, express "the height of that great argument," which is enforced in the New Testament?

It is to be noticed that those sage Greeks educated their women as carefully as their men. Our own sage, Hahnemann, has remarked that "with the feebleness of the mother begins the feebleness of the man." Thence the necessity for the proper physical training of girls as well as of boys. There never lived a *great* man, in whatever department or pursuit of life, who had not a noble mother, of excellent physical, moral and mental health. Search history, and prove the contrary if you can. So the Greeks were right in having their *gymnasia* for girls as well as those for the boys.

The Argonautic heroes, Hercules, the Æacidæ, Castor and Pollux, Orpheus, Theseus—and who in recounting these worthies fails to remember their poets, Theocritus, Euripides, Apollonius of Rhodes, and our own Chaucer, Shakspeare, and Dryden—were in this fashion trained and prepared for their great exploits. In this way were educated those immortalised in the drama of Æschylus, the "Seven against Thebes." In this way were brought up the worthies who fought the battle of Greece against Troy—to which event we are indebted for the two epics of Homer, and that of Virgil. All the *Dii Minores*, the saints of the Greek Calendar, were thus prepared for those achievements which obtained for them their canonisation.

Gymnastic feats are recorded in Homer, and are described, in his splendid verse, in the Iliad. Bodily exercises, devised for the development of the human frame, were practised in honour of the gods, and thus physical training partook of a religious character.

Plato informs us in the third book of his "Republic," that gymnastics were made, not long before the time of Hippocrates, a part of hygienic medicine as a counterpoise to the ill-effects of luxury. They were reduced into a regular system, and pursued under the supervision of officers appointed by the state. There was, no doubt, a compulsory

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rate for the education of the Athenians, though it has been lately decided by the House of Commons that there should be no compulsory rate for the education of Englishmen. If the law hangs men, and otherwise punishes them for crime, it should provide for the lieges that kind of education which is a preservative from crime.

> "The immortal gods have before virtue placed
> The sweat of labour, and the road is long
> And steep, that to it leads. At first 'tis rough;
> But when you reach the top, 'tis easy all,
> Although it was all difficult before."

Such is all true education. We dont provide it, but for the want of it there is an ample provision of gallows, and hulks, and tread-mills, and penal settlements, and penitentiaries.

In the book that has been referred to, Plato states that the youth of his model republic should be accurately trained in gymnastics from infancy onward through life. What music, as he expresses it, that is the harmonious development of the intellectual and spiritual being, is to the inner man, gymnastics is to the frame-work that encloses his mind and spirit; in other words, he argues that true education consists in the concurrent development of the mind and the body, the due harmony and proportion of each being attained as nearly as possible. The Attic word for gentleman exactly expresses this harmony—*καλοκἀγαθος*.

In his book of "Laws," Plato informs us that the first *gymnasia* were built by the primitive Lacedæmonians; and in the Epithalamium of Theocritus is preserved the fact that their girls were trained like their boys in respect of exercises.

> Where flows Eurotas in his pleasant place,
> Thrice eighty virgins we pursued the race,
> Like men, anointed with the glistering oil,
> A bloom of maiden buds—Love's blushing spoil.

Soon after the Athenians instituted *gymnasia*, and had three near to the city. One, the Academia, whence our English *academy*, celebrated for its walks, where Plato instructed his disciples in the philosophy of Socrates, enriched by his own exquisite language; another, the Lyceum, another

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name engrafted on our language to express a place for obtaining knowledge, in which Aristotle held forth to his pupils; and a third, Cynosarges, frequented only by the lowest class.

The Romans, in this respect, as in most others, the imitators of the Greeks, erected theirs on a grander scale.

The exercises practised in these gymnasia were of divers kinds.

Dancing—in which a very great variety of movements, rhythmical and harmonious, was introduced. In this branch of gymnastics is to be found the nearest approach of the ancients to the methodised system of Ling.

Racing, leaping, wrestling, boxing, hurling, and *quoits,* were their chief exercises. *Riding, driving, swinging, rope climbing, swimming,* and other different exercises for the development of the body, were also regularly taught.

The use of baths formed also an essential part of their physical training; hence many of the gymnasia of the Romans were called *thermæ.* We keep the word in "thermal springs." These baths were invariably employed after their exercises. They adopted the plan of the Russian bath not unfrequently, going first into the hot bath, and then plunging into cold water. This hint may be of use to those who practise the water-treatment. Ling's exercises first, then a hot or tepid bath, then a plunge into a cold one.

Another practice of the ancients, that of inunctions might be re-introduced with great advantage. It is recorded as a fact that oil-carriers and water-carriers were the classes in the East who most generally escaped the plague; the one being saturated with oil, and the other kept wet with water, from their way of carrying oil or water.

So much was this system of exercises considered to be hygienic, that a particular superintendent, the gymnastes, skilled in medicine, was appointed to prescribe the kind and amount of exercises each person was to take, and he had assistants to dispense, according to Galen, the means the gymnast prescribed. This looks as if some of the exercises were of the kind now called passive, in which the individual under treatment is acted on by another.

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The ancients not only employed a methodized system of exercises for the harmonious development of mind and body, for training *the children of the state;* but they also applied it to the cure of chronic diseases.

Plato and Aristotle considered this system of exercises to be indispensable in every well-ordered commonwealth: and insisted on the necessity of developing mind and body at one and the same time. It is most important that such a system should be again made an essential part of education, and be again placed in the circle of hygienic therapeutics.

Hippocrates claimed for himself the credit of systematising exercises: and observed that "Exercise gives strength and firmness to the body and vigour to the mind." Besides the gymnast already mentioned, there was also a class of physicians among the Greeks called *iatroleiptic,* from their making use of frictions and inunctions for the purpose of curing.

Celsus records the application of exercises, of active and passive movements, for the treatment of various disorders; and gives some general descriptions of the kinds of friction used in different circumstances of health or disease. It seems clear that the principle of using derivative movements was well understood. Thus he says—"When one part is in pain a different one is to be rubbed; and when we wish to make a derivation from the upper and middle parts of the body, we rub the extremities." He indicates some of the disorders and diseases for the cure of which active and passive movements were applied; for instance, functional disorders of the heart, liver, spleen, and digestive tube, palsy, neuralgic affections, epilepsy, &c.

Galen paid great attention to different kinds of movements and frictions for the treatment of disease. He recommended a system of exercises which occupied at once both body and mind; and insisted on such a method as an essential part of therapeutics. One of his remarks is worthy of attention—"If the lower extremities are kept warm by action, there is produced a free circulation over the whole body." To have "the head cool and the feet warm," is the rule of normal health.

During the "dark ages," as they have been emphatically

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called, when the light of civilization was all but extinguished, and only a few sparks of celestial fire were preserved in the ashes of the past, while barbarism was rampant, and the grinding tyranny of brute force repressed all struggles for a better state of things, the art of gymnastic therapeutics was lost, nor was it revived on the revival of literature and the arts, though the dawn of civilization again came from the glorious scenes of its former resplendence.

At the end of the sixteenth century Borelli and others introduced the "*iatro-mechanic*" doctrine, which attempted to explain the phenomena of life from a mechanical point of view. Some worthy names of the medical roll adopted and enforced this doctrine; and some excellent physiologists have since come into their view, and by-and-bye physicians may think it worth their while to study the science of iatro-mechanics, and to apply it practically for the benefit of their patients.

Towards the end of the seventeenth century was published in London a book of rare value, "Medicina Gymnastica; or, Every Man his own Physician," by Fuller. In the ninth edition, published in 1777, a series of movements is proposed, which were said to conduce much to an easy respiration, to prevent asthma, to promote perspiration, and general health. Fuller recommended, in the first instance, equitation chiefly. "Cold-affusion" Currie was in this way cured in early manhood, of phthisis; and the writer of this article was in this way cured, also in his early manhood, of *agrypnia*, a painful and distressing want of sleep, which continued for nearly a year. The case is an interesting one, and is worth recording. He had gone to Edinburgh for his last medical session. He was a clinical clerk at the Infirmary; and was an active president of the Royal Physical Society; and he had to prepare for his examination, for which purpose he was a pupil of excellent Fletcher. He was lodging in that unamiable street known as "College Street." During an intensely cold night, he was summoned from his bed by his landlady to see the maid of all work, who had been suddenly taken ill. He saw her in the homely

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kitchen of the second *flat*. He had been residing for some time, before the commencement of that winter session of Edinburgh, in the Westminster Lying-in Hospital; and his practised ear at once discovered, from her peculiar cry, that sonsie Effie, supposed to be a virgin by the old spinster landlady, was about to be a mother though she was not a wife. He blurted out his conviction; Effie stoutly denied it, and her mistress was scandalized: "Hout! mon, are ye no ashamed o' yersel; Effie is a veertuous lassie." "Well," quod the inceptive doctor, "if she is not going to have a bairn, she has inflammation of the bowels—so I will bleed her." In those days, little recked he of bloodletting or heroic practice, so he bled her largely; thinking as it was probably a first labour, it would bring it to pass sooner. Unhappy victim he! it came to pass sooner than he calculated on. He had only been an hour in his roost, when the poor landlady came to him, "Oh sir, it is ower true, Effie is in the thraw; come awa!" In a loose dressing gown and a pair of drawers, he at once went to the poor thing. She was in a closet let into the wall, midships, that is, in the mid-passage of the house; and there he was with her three hours. She had her bairn, and he had, in consequence of his exposure in a bitter cold night in the mid-passage of that villainous flat, a severe attack of meningitis. He was in those days a hard student, his brain had been taxed to the full, by reading, and lectures, and hospital practice, for he had to prepare the notes for the clinical lectures, besides his other kinds of necessary work. Inability to read, or sleep, or think; a quick wiry pulse, headache, and other such symptoms, took the pluck out of him—at that time he had more than enough of it. He went to his masters at the Infirmary, to the dons of the University—they all scouted the idea of there being inflammation of the brain. "You have worked too hard, live generously; shut up your books, drink wine, and work no more for the present." In the sense of reading, he could work no more; but he had himself bled once and again. He was not plucked; and at the close of that year he went to British Guiana, six degrees

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from the Equator. For twelve months he did not sleep more than two hours in the twenty-four; sometimes not more than one hour; sometimes not at all. After trying everything he could think of, he bethought him of horse-exercise, and pursued it steadily, riding for very many hours every day, and gradually his sleep returned to him; and from that time to this he has slept "like a top."

The case of Currie is given in Darwin's "Zoonomia." John Wesley also cured himself, of phthisis in the first stage, by riding.

Tissot wrote a book on medical gymnastics. John Hunter approved of Pugh's *special* muscular movements for contractions of joints, paralytic weakness, and other affections. Mr. Pugh's book on the science of muscular action was published in 1794.

The celebrated surgeon of Oxford, Mr. Grosvenor, held in the highest esteem by Sir Astley Cooper and other eminent surgeons, was known throughout the kingdom for his application of friction to lameness or imperfections of motion, arising from stiff or diseased joints. An account of his treatment was published by Mr. Cleoburey. Mr. Grosvenor was undoubtedly successful in a multitude of cases.

Dr. Balfour, of Edinburgh, published a book, in 1819, illustrative of the beneficial action of compression and percussion in the cure of gout and debility of the extremities, and in prolonging health and promoting longevity. In the same year Dr. Gower published in London, "Auxiliaries to Medicine," in which he describes an instrument, the *pulsator*, for the percussion of various parts of the body. He says: "It has been an established practice, traceable from a period as ancient as that of Hippocrates, to give aid to such parts of the human body as are enfeebled, or under suffering, by *mechanically propelling the languid circulation of the fluids.*"

Every one knows the beneficial effects of *shampooing* and *rubbing*. The Brighton rubber, Mr. Harrop, and the Edinburgh one, Mr. Beveridge, have with their manipulations and rubbings, been successful in a number of cases.

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The writer of this paper has lately seen a case of *porrigo decalvans,* in which all the hair had perished and there was complete baldness, in which a complete cure was chiefly effected by gentle manipulations and kneading of the scalp. The patient, a girl of seven years of age, took at the same time preparations of Baryta, by his direction, in homœopathic doses; but the cure was effected in a few months, and he is inclined to attribute it more to the mechanical than to the medical treatment. The hand only was used, and no external medicinal application of any kind.

Dr. Marshall Hall, in his work on the diseases and derangements of the nervous system, has shown the transmission of external action to internal organs, and thence the efficacy of the movement cure in many varieties of affection of the nervous system. A writer in "Household Words" has laid hold of the absurdities of a barbarous terminology, and polyphonous technicalities, to throw ridicule on a scientific system of methodised exercises; but the facts remain.

The part that manual magnetism, or mesmerism, has in the specific movements of Ling, will be considered on a future occasion. This kind of magnetism, according to Ling himself, is a dynamic agent, through an external mechanical vehicle.

Let it be repeated that mechanical applications, movements, and diversified exercises, formed an essential part of ancient therapeutics. During the dark ages this method was lost; but Ling, the Swede, has supplied to practical therapeutics the curative application of the physiological principles of the iatro-mechanical school, and has restored the gap that had been made in the healing art.

Gymnastic exercises, regulated according to the present knowledge of anatomy and physiology, the former an exact science, and the latter advancing to exactness though it can never entirely reach it, ought to be re-instituted as a part of rational education, to insure a robust habit of body, and through it, a vigorous development of the mental faculties; and they should be restored as an essential part of therapeutics, for the cure of chronic diseases, in connexion with true medical treatment, that is, homœopathy.

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In respect of education, all thinkers and observers know the influence the mind and body exercise on each other, how interdependent they are, the one on the other; and therefore the due development of the physical powers exercises an immense influence on the due development of the mind. If, then, exercises should be a part of education, they should be applied according to a system which is in accordance with the sciences of anatomy and physiology. The principle on which they act is obvious. They stimulate equally to healthy action all the parts of the body; the circulation is made free and vigorous; and all the functions are performed with proper activity; the normal health is maintained; and the material for a healthy longevity is fully supplied. Such exercises are especially called for in the education of girls, who should not be wasp-shaped and indolent, with tender or twisted spines, but should be able to run races, and "hold their own" in the course of life. No education is otherwise than excessively faulty, whereby physical vigour is not maintained or obtained. Sir John Forbes has mentioned a school that came under his own observation, in which "there was not one girl who had been there two years that was not more or less crooked." He adds: "Scarcely a single girl that has been at a boarding school for two or three years returns home with unimpaired health." This is not the sort of stuff out of which the human family should be replenished. Let your girls and your women be healthy, and you will have a healthy race of men. The vast increase of cases of "spinal irritation," and of uterine disorders, which has led to the numerous quality of the *specialities*, shows the necessity of altering a better system in the education of girls. The "forcing system" of education is an evil that cannot be too strongly denounced: and in the case of girls it is worse, for here have not the exercises of boys to counteract the ill effects of a too sedentary life. Youth should be the period of the maintenance of young life—dancing and its wholesome health-getting, and grace-learning, and strength-winning. Whereas girl-youth is mainly a period of weakness, or at best, strength-

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laced and sour-visaged. This is altogether wrong; let nature, and their nature, have free play, and let them have all the enjoyments, recreations, and exercises that are suitable to their period of life and are consistent with virtue and modesty. The free and unrestrained play of limb is one of the very best things in this world for the young and the adolescent. Take their feet out of the stocks, and their hands out of the gyves, and their waists out of the prisons in which your false method of education has placed them, and your daughters will grow up in health, and strength, and beauty, and their sons and daughters will have a healthy infancy and childhood: and so the human stock will be improved, generation after generation.

Peter Henry Ling, the restorer of mechanical therapeutics, and the formative *iatro-mechanic*, whose methodized system of exercises, it is to be hoped, will henceforth form a part of medical education, was born on the 15th of November 1766. He departed this life on the 3rd of May, 1839.

He invented a system of therapeutic movements in thorough accordance with the *laws of motion*. He contended that mechanical agency should be employed therapeutically, as it is an established fact that "the living fibre equally reacts for mechanic as for chemical or galvanic excitation." He observed that certain movements occasioned giddiness, others caused vomiting, others increased the animal heat even to a high degree of perspiration; others, again, produced a sensation of cold. Some quickened the pulse, others made it slower. He summed up the results of his experiments on the motory phenomena of the human organism in this formula: "To render any movement definite and exact, a point of departure, a point of termination, and the line through which the body or any of its parts must pass, are to be clearly and severally determined, as well as the velocity and rhythm of the motory act itself."

In a scheme so comprehensive as his, the methodised exercises may be applied to educational, therapeutical, military, and æsthetic purposes. Not only the whole body, but any molecule of the whole body may be acted on, according

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to him. The intensity of the application of motive power may vary from the slightest to a very great amount of force.

In 1813, a Central Institution for the practice of his system, was established at Stockholm. How devoted he was to it appears from the touching utterances he made on his death-bed. "Often misunderstood, and often without means, for thirty-five years I have devoted my life to a subject without any hope of immediate or climate reward. The King and Diet have assisted me in my struggles from time to time, but my health was unfortunately sacrificed before the hand of encouragement was held out, and even now I have only a few assistants to aid me in carrying out my original idea. Death is about to put an end to all my activity, and what I have done may rather like a burden, should the King and Diet refuse to listen to my dying request and deny their support to the enlargement of the Institution, according to the whole plan laid down. Out of nearly a hundred pupils I have endeavoured to educate as gymnastarcha. Here are only two who are able to carry out my true scientific idea, and these two in delicate health. Should they leave before others are educated in their place, the real object of the Institution will be lost."

These two worthy successors, Professor Branting, who fills his place at Stockholm, and Professor Georgii, who for some years has been resident in London, the brothers, the two eldest remaining of Ling's seven sons, and one of his earliest champions and followers.

Ling set himself to complete figures of the system of mechanical movements, but a material addition of which, it is enriched with its own name, as it bears that of "Ling-ian movements." Professor Georgii has promised us

[illegible]

and Paris, and received from the king of Sweden the "brevêt de professeur." He is a thorough master of his art; and it is very much to be desired that he should be enabled to found a pedagogic establishment—so that from him our young physicians and surgeons might learn the doctrine and practice of Ling. No one else, out of Stockholm, for Branting is there, has either the science or practical skill to teach others effectively. It is fitting that those designated by Ling should be the teachers of his mechanical therapeutics.

Some of Ling's physiological and therapeutic views are included in the following sentences:—

"The vital phenomena may be arranged in three principal or fundamental orders: 1st. *Dynamical phenomena,* manifestations of the mind, moral and intellectual powers. 2nd. *Chemical phenomena,* assimilation, sanguification, secretion, nutrition, &c. 3rd. *Mechanical phenomena,* voluntary and organic; respiration, mastication, deglutition, circulation, &c.

"The union and harmony of these three orders of phenomena characterize a perfect organization, and every vital act is accomplished under their combined influence.

"The different share these phenomena take in a certain vital act, gives it its peculiar character. If any derangement occurs in any of these phenomena, the result is always a disturbance of the vital functions, which we call disease.

"The state of health depends, accordingly, on the equilibrium and harmony that ought to exist between the functions of those tissues or organs in which these three orders of phenomena occur.

"When this harmony is deranged, in order to re-establish it, we should endeavour to increase the vital activity of those organs whose functions have a relation to that order of phenomena whose manifestation is decreased or weakened."

In accordance with these views he includes, among therapeutic means, three different kinds of influences on the human organism. 1st. *Chemical agencies*—2nd. *Physical and mechanical agencies*—3rd. *Dynamical agencies.* And he observes that "the physician has accordingly to regulate,

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not only the medicine and food requisite for the sick; but also exercise, position during resting, and the manner in which the irritable mind is to be calmed. Due attention to all these matters is necessary to constitute a rational treatment of disease."

Professor Georgii thus comments on this axiomatic statement of his master. "In admitting these three principal varieties of vital acts, and, as a consequence, so many corresponding modes of physiologically affecting the organism, each of which is in its sphere of equal importance, we consider the therapeutical system incomplete in which all these powers are not taken into consideration. Another question not less important is the establishing of a law for the therapeutical application of these three powers. The living organism can no more be considered merely as a chemical retort, in which we are able to produce at pleasure the same phenomena as in a laboratory, than it can be held to be a mechanical production, on which we are allowed by mechanical pressure to efface an elevation on the surface or alter its form, as we would straighten a pliant but crooked stick. If the re-active phenomena of life are not taken into due consideration, the treatment must fail, the result be injurious. "A course" of mercury, or of iodine, or of any other potential drug is, accordingly, within the chemical sphere, as much opposed to the laws of reaction, as is an orthopædic treatment continued for years, within the mechanical sphere. The law of reaction is a law of nature. According to its principles the organism creates new powers where they are demanded. Not only the *educability* of man in moral and intellectual, as well as in physical respects, depends on this law, but the same principle prevails also in the pathological state of the body, and must accordingly be taken into consideration in therapeutics. Thus we observe that the physical powers of the organism are increased by corporeal exercises just because the reproductive powers of that organism are compelled to increased activity in consequence of the consumption of power that takes place from every physical effort. The self-sustaining power of life, the *vis medicatrix*

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naturæ, depends on these principles. Exercise in proportion to the re-active powers of the body is strengthening, and promotes sleep, appetite, and tranquillity of mind; when it is in disproportion to these re-active powers, its excess produces fatigue, restlessness, heat, pain, sleeplessness; carried to extreme excess, alteration of the blood is produced, and even death may be the consequence."

The movement-cure, or bio-mechanical therapeutics, consists of a methodical application of well-defined and appropriate rhythmical movements to the human body. This method, being founded on an accurate knowledge of anatomy and physiology, differs entirely from every kind of ordinary gymnastics.

It was first practised in England by Messrs. Ehrenhoff and De Betou. The former is now settled at Liverpool; the latter is dead, and Dr. Blundell is his successor in the city. Professor Georgii came to England in 1848. Dr. Roth was for some months his pupil, and has been for some years engaged in this mode of practice. So far as the writer knows, all other persons in this country who profess to make use of the Swedish exercises for curative purposes, are mere pretenders.

The movement-cure may be used in suitable cases as a non-medical tonic; and is capable of increasing the vital and nervous power, either locally or generally; it is also useful in cases of congestion or unequal circulation, by its derivative processes, whereby the equilibrium and harmony of the system may be restored. It is very useful in cases of chronic weakness of the limbs or joints. There is a multitude of cases in which it may be advantageously combined with homœopathic treatment.

The movements employed are of two classes—*active* movements, by which the patient puts, under the direction of the gymnast, the levers of the human frame-work into an uniform regulated action: and *passive* movements, which are made independently of the will of the patient.

This method of treatment is of signal advantage in cases where there is a tendency to phthisis; in the first stage of

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consumption; for chronic bronchitis and for asthma. It is very useful in spinal affections, for curvatures and tendency thereto; and also in functional disorders of the heart, and of other important organs. Its usefulness in affections of the respiratory organs makes it of peculiar value in this country, the inhabitants of which are so subject to such affections. Its curative power in such cases has been abundantly proved at the institution of Stockholm.

The writer has found it of use in such cases, as well as in chronic congestions of different kinds, for chronic diarrhœa, and for many affections of the nervous system. He has used it with advantage for some of his own children; one of them has been under the treatment during six years.

He is satisfied that if it was introduced into the nursery and into schools, it would so improve the constitutional power of the children and youth submitted to it, that their after-life would be healthier and much prolonged.

This method of practice must not be judged partially, but in its entirety. "Though each subdivision of the science," says Professor Georgii, "is complete in itself, it is maimed and defective when regarded without reference to the whole. Ling's conception of a gymnasiarch was not merely that of a fencing master, one skilled in the intricacies of drill and posture, nor that of a pathologist only, adroit in all the varieties of rubbings, shampooings, and such like manipulations, nor yet of a mere orchestric artist, though he should understand all the possibilities of figure, and all the formularies of grace. These are only rude *embrya* of a rational system of gymnastics. To eliminate the latent capacities of the organism, to repress what is abnormal, to adjust what is disturbed—in a word, to adapt the powers of each individual constitution to the necessities of its vocation, by well-defined and anatomically-determined movements, to establish harmony in form and motion, beauty and healthfulness, so that the result should be *mens sana in corpore sano;* these were the aims Ling endeavoured, and was admirably fitted, to carry out. As a pedagogist, it was his care to graduate each exercise to the capacity of the feeblest as well as of the strongest. As a pathologist, it was his study to apply the

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mechanical agency as a healing instrument, in cases even where all other means had failed. In the latter part of his life he evinced a greater partiality for the therapeutic branch of his system. If he succeeded in establishing the fact that chronic diseases were capable of cure, in a comparatively short time, by a certain *modus operandi* in the application of active and passive movements, he not only proved beyond a doubt the therapeutical value of motion (mechanical agency), but demonstrated also the importance of gymnastics as an educational and hygienic apparatus, and the absolutely necessary possession of anatomical and physiological knowledge as the basis for its practical application."

As neither a complete nor exact analysis of the comprehensive science, for such it is, of therapeutic gymnastics can be expected in a brief sketch of this kind, what has been already said may suffice to shew the importance of the subject, and to invite the professional reader to consider it with earnestness and diligence. The addition of a few cases, which were submitted to the treatment by the writer, may be acceptable. They were all treated by Professor Georgii, and the first three cases have already been reported by him.

Case 1.—Miss ——, aged 26, had lost two sisters from pulmonary consumption. From the sixth year of her age, she had suffered from an occasional sharp pain in her chest, and had at times a profuse expectoration, which about three years ago became tinged with blood. She had passed two winters in Madeira, and had returned much improved in health. During the last spring and summer, she began to decline, and her cough and expectoration became troublesome. At the end of July, 1851, there was a slight depression under the right clavicle; dulness on percussion, and bronchial respiration under the clavicle. The vesicular murmur on that side was very weak, and indeed could scarcely be heard. The heart was atrophied and hurried in its movements. The *period* had, of late, been very scanty; the feet cold; the face flushed; and the patient felt very hot, especially after dinner. She often had a sensation of fatigue and

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weakness in the left side of the chest, which measured twenty-seven inches and a quarter. A great amelioration took place after a month's treatment. The feet were always warm; the face had resumed its natural colour; and the periodical discharge was increased. The patient felt better than she had done for many years, and the circumference of the chest was increased an inch. After this favourable change it was considered safe for the patient to remain in this country for the winter, as she did not wish to return to Madeira.

The beneficial results continued; and her health has since been tolerably good.

Case 2.—Mr. —— aged 31, born in the Levant, had suffered from spitting of blood since he was fourteen. When he commenced the treatment in February, 1850, he was very much reduced in strength and flesh, and the expectoration was profuse and muco-purulent. He was always hoarse and had a feeling of weakness in the throat, as well as a constant tickling sensation there. The chest was very contracted and his position stooping. On his trying to keep the head upright, he experienced a sensation in the throat as if something would burst. The digestion was weak, and the bowels were rather constipated. He had a feeling of weakness in the whole left side of the body, but principally at the left side of the head, and then the sensation of weakness in the left side of the chest increased. The feet were always cold. Two months ago there was a slight recurrence of spitting of blood. The stethoscope pointed out the anterior part of the left lung almost entirely, but principally in its central part, as impermeable to air, which was the case also with the whole posterior part. The right lung was sound. This patient continued to use the movement cure, off and on, for more than two years: he gained in flesh and general strength, he became quite upright, his chest increased an inch and a half in circumference. The feet were always warm; the voice became clear, and he could even sing, which he had not done for many years previously.

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He continued in improved health for more than a year and a half, when he had severe pulmonary hæmorrhage. It was arrested; but some months after it recurred, when he was at Marseilles, and it proved fatal. But the improvement he received while he was under the movement treatment was unequivocal.

Case 3.—Mr. —— aged 25, of lymphatic temperament, was advised by the writer to consult Professor Georgii, in the beginning of February, 1850. He had for some time been losing flesh, and was easily fatigued on any slight exertion, and had now and then a slight cough: there was danger of his becoming phthisical. He had a tendency to take cold readily; the appetite was indifferent, especially in the morning; the hair was falling off and very dry; the hips were very prominent in proportion to the development of the chest. He measured round the chest thirty-five inches, and by strong inspiration only thirty-six, which proved there were great weakness and incapacity of the lungs. The stethoscope shewed a very indistinct respiratory murmur in general, but especially under the right collar-bone at which place dulness was found on percussion. The congested state of the lungs, and the deficient development of the chest, induced the professor to use derivative movements, calculated to act on the motory powers for the elevation of the ribs. A fortnight elapsed before any change had taken place; the movements at first caused great fatigue and languor, which however yielded to some movements directed to accelerate the action of the absorbents of the alimentary canal, and to soothe the irritation of the ganglionic nerves. At the end of two months the patient could support any amount of fatigue; his muscular powers were in fact greatly increased, and the feet were always warm. The circumference of the chest had increased an inch, and the improved capacity of the lungs was proved by the increased movements of the thorax, which was found on inspiration to be nearly thirty-eight inches. Several threatenings of colds and sore-throats that occurred during the treatment were put a stop to

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by appropriate movements, and the patient was perfectly cured, and has since increased both in flesh and general health.

Case 4.—Miss S., 26 years of age, had suffered during a year from cough, with considerable muco-purulent expectoration, and from hæmoptysis, which had recurred five times. She suffered distressingly from cold feet, especially at night and in bed, in summer as well as in winter. She had burning heat in the palms of the hands, and her face was flushed and hot in the evening. The right shoulder was lower than the left; and there was a depression of the sternum. Her eyes were weak and she could not read by candlelight. She was subject to nose-bleeding. The catamenia regular; she had leucorrhœa. She suffered occasionally from acute pain under the right shoulder blade. She was frequently hoarse. Dulness on percussion under both clavicles, especially on the right side; the respiratory murmur under the right clavicle was tubular, and there was also a prolonged respiratory murmur. On the back in respiratory sound could be detected above the scapular blades on either side. Her chest only expanded a quarter of an inch with the strongest inspiration that she could make. Her nervous force was very feeble.

She then received treatment by Ling's exercises, which was commenced in February, 1850, her strength, as shown by pressure with the hand, measured from 12 to 20 in the case of the dynamometer. She gained one inch and a quarter round the chest, and the respiratory power was increased nearly an inch. Her general health was much improved, her feet were warm, and she could take long walks.

There the case is in the present time in progress, and she is now in her health.

Case 5.—Miss F. [illegible] a sister of the lady whose case has just been given, besides the exercises at the same time [illegible] part of her right lung had been [illegible]. She had [illegible] which her mother died.

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suffered from an attack of typhoid pneumonia. There was a slight lateral curvature for which instrumental support had been used. She often had pain in the back and under the right shoulder-blade. About four years before she was seen by the writer she began to cough, and her expectoration was tinged with blood, and muco-purulent. Her feet were always cold. There was a depression on the left side of the thorax, and there were all the physical signs, at that spot, of a mass of tubercles in the process of softening. On the right side there was a prolonged expiratory murmur; and in the back a respiratory murmur could hardly be discovered. She had been losing flesh; was often hoarse; and the mucous râle could be heard at a distance of several feet.

After three months of these exercises a decided improvement had taken place. She is still delicate, but she has at present a more comfortable existence than could have been anticipated for her, from her advanced and long-standing pulmonic affection.

The excellent effect of the Swedish exercises, in pulmonary affections, may be judged of from the recital of the five cases now given; and the writer could add not a few more.

Case 6.—Rev. Mr. ——, about thirty-five years of age, had been living at different Mediterranean stations for some years, and had been obliged to return to England from an utter failure of his physical powers. He had long suffered from a mesenteric affection, and was reduced to a pitiable condition of leanness and feebleness. He was advised by the writer, for the purpose of being tonified, to try Ling's exercises. He had been subject to repeated attacks of quinsey. He suffered from constipation and indigestion. About two months before he was seen by the writer, an abscess had formed in the rectum, and a great deal of pus had passed away: during that time he had frequently fainted. There was still a fistulous opening, and after every alvine relief he suffered from severe tenesmus, and pressure downward in the rectum. He felt oppressed after meals, was flatulent and often giddy. He is very tall; he stooped a

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good deal; and at that time only weighed 144 lbs. There was want of vesicular murmur in the upper part of the right lung. There was a slight enlargement of the left lobe of the liver. He measured round the thorax 35½ inches, and on a full inspiration 36½ inches.

He was so feeble that he fainted after the application of the third movement, though most gently and carefully made. The first movement was a light friction of the loins, the second was a rotatory movement of the feet, and the third, after which he swooned, was a most gentle bending and then extension of the arms. In ten days, from being hardly able to creep along a few yards, he walked nearly two miles. In six weeks the measurement of his chest showed an increase of nearly an inch. His strength rapidly and progressively improved; the sufferings of the rectum ceased; the fecular abscess was gradually but effectually cured. In five months he undertook a most onerous and responsible clerical charge, and ceased to take the exercises.

This gentleman has since that time had a severe attack of pleurisy, with effusion; and two years ago, while in France, he had a fugitive hæmoptysis. Yet such is his vitality, and such his indomitable pluck, that he still discharges the functions of a clergyman, a full work, it one of the most labour-exacting positions in the kingdom. His general health at this time is good; and has a chance and true ring as he is. He is a generous and faithful upholder of manly piety, and of Lord's exercises. It should be observed that the patient he writes has submitted to the recommended treatment, and received treatment from him consecutively; and the reader may judge for himself whether such results in such cases and in such periods of time, could have been obtained from medical treatment alone. It is but just to Professor Leone, as he is a scientific homœopathist, that he will see a notice of his opinion of

[illegible] ... [illegible]

been subject to great sufferings of a dyspeptic character; acid eructations, and vomitings of white frothy matter. His spirits were greatly dejected; his complexion was sallow; the expression of his countenance was anxious and worn. His sleep was restless, and interrupted by night-mare. He had giddiness on stooping; cold feet; pain between the shoulders; palpitation of the heart. After six weeks' treatment with the exercises, he found himself, to his own astonishment, well. He became re-juvenescent; and as he is one of the most accomplished of men, so is he now one of the happiest. This pleasant state of things has continued, without interruption, for several years.

Case 8.—Rev. Mr. Y——, aged 32. Has for some time suffered from "clergyman's throat;" has been for years dyspeptic; cannot read even a few minutes without loss of voice; the tonsils and uvula red and swollen; feet cold, and only get warm after walking exercise; when in bed has a sensation of coldness on the outside of the thighs; the pit of the stomach tender to the touch; flatulent distention of the abdomen; shooting crampoid pains in the chest, and especially in the left mamma. He commenced the exercises on the 27th January 1852. His improvement was decisive from the first. All his throat symptoms disappeared; his dyspeptic sufferings were quite relieved. He was under the treatment several months.

Case 9.—Miss B——, in the 14th year of her age, was seen by the writer in April 1852. Four years before had a severe illness, rheumatic fever. She has been since delicate; and subject to severe headaches; her feet always cold; any fatigue or bodily exercise brings on vehement palpitation of the heart. It had been supposed she suffers from an organic disease of that organ. Obstinate constipation; spasms in the back of the hands; she was pale and anæmic; was very feeble, and could scarcely walk across a room without severe pain in the cardiac region. She frequently fainted, and especially at night on going to bed. Her feet and hands

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were always cold; she was constipated; her visage was wan, languid, yet anxious, and worn in its expression. The slightest allusion to her illness distressed her, and often caused her to faint. The action of the heart was irregular and jerking; the rhythm between the two sounds was equal; there was no hypertrophy. Her father, an eminent theologian, remarkable alike for his piety, his nobility of character, his learning and his eloquence, died suddenly just after preaching a magnificent sermon, of cardiac disease.

The exercises were most cautiously applied by Professor Georgii. In a month a most sensible improvement had taken place in her health. She could walk great distances; she had no longer fainting fits; her feet were warm. The treatment was pursued for three months. The young lady is at this time well.

Case 10.— Rev. Mr.——, aged 40, unmarried, was recommended to have recourse to the treatment by exercises which he commenced on the 1st July, 1852. He then, and for some years previously, had suffered from a most distressing and constant sensation of dragging between the shoulders, obliging him to draw his breath deeply and to sigh constantly. The thorax was fully developed; and the heart and lungs were healthy. He ascribed his illness to a neglected cold four years before this time. The functions of secretion and assimilation were regular, excepting that he was subject to a cold, clammy perspiration. The tongue was white and dry. His feet were always cold; though his muscular system was well developed, he complained of great weakness, especially in the morning, of the legs, and especially of the knees. He formerly had hæmorrhoids. He was often tormented with erotic dreams, which occasioned him great vexation. The bowels acted regularly. The whites of the eyes had a yellowish hue. He was very dejected in spirits, and was subject to uncontrollable fits of crying. Night and day he perspired profusely, and the surface of his body was cold, especially his hands and feet. He was keenly sensitive to the influence of the open air, and in the hottest day felt

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himself obliged to wear winter clothing. He was liable to violent muscular spasms, which drew down the lower jaw: These spasmodic attacks also occurred in the nasal group of muscles; and sometimes the whole face was distorted. He complained of a distressing sensation of tightness and compression of the forehead, with an instinctive feeling that he could only be relieved by sneezing, which relief, however, he never obtained. When his bowels were constipated, there was at the time of the alvine relief, a discharge of prostatic, and sometimes of seminal fluid. The heart and lungs were healthy.

After he had taken the exercises a fortnight, he became more cheerful; though he still had fits of despondence. His sighings were less frequent. After a month, he was much less sensitive to the air, and after three months the sensation of the compression of the forehead ceased; as well as that of the dragging between the shoulders, when an extensive itching eruption had broken out. Eruptions also appeared on other parts of the body; the distressing perspiration ceased. Even his hands and feet were warm and dry. He no longer suffered from *pertes seminales*. He was also relieved from the spasmodic affection of his face, nose, and jaw.

It is believed that the cure has been permanent.

Case 11.—Mr. W., aged 51. Had been for a great number of years subject to cerebral congestion. He had been bled often; leeched often; and had been assiduously drugged with calomel, antimony, saline draughts, and so forth.

He suffered from extreme confusion in the head, loss of memory, and a pitiable dejection of spirits. He had in former years had a great deal of anxiety of mind, and suffered from stress on his brain. For years he had been subject, periodically, either in spring or autumn, to an annual attack of more severe illness, the chief features of which were: great pain in the region of the heart, with anxiety; heat and weight on the top of the head, with determination of blood to the head; the eyes very red, with a sensation of

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heaviness; the extremities very cold and benumbed. For these he had been mercurialized, and antimonialized, and colocynthized, till to the sufferings due to his morbid condition were added those due to the medication, salivation, &c.; —extreme debility, horrible depression of spirits, sobs and weeping. He had such an attack at the end of the autumn of 1851, after which there remained a great deal of pain and weakness in the deltoid muscle of the left arm, which disabled him from lifting anything, or raising his hand to the level of the head. There was tremor of the hands; the lower extremities were cold, especially from the toes up to the middle of the legs. There was numbness of the right foot, which was even colder than the left. The top of the head felt hot, and there was a spot as large as a crown-piece which was intensely hot to the touch. He was hardly ever free from a constant sensation of heat and weight in that part. The left lobe of the liver was somewhat enlarged. He was very sensitive to damp and cold. His pulse was regular, 72. The lungs were sound.

After several months of homœopathic treatment there was a decided improvement in his general health; but it was thought he would derive material benefit from the Swedish exercises, which he commenced on the 30th October 1852. Those applied to him consisted chiefly of derivative movements to the lower extremities.

In a month, his lower extremities were warmer, though there was still occasional coldness with numbness of the right foot. The paralytic weakness of the left arm was in a degree relieved, and the head was cooler and less heavy to his own sensation.

The movements were then changed, and others were adopted for the purpose of strengthening, by increased innervation, the paralysed motory and sensitive nerves, and also of driving the blood to the abdominal and pelvic regions.

At the end of two months the patient thought himself as well as he ever was; the usual time for his dreaded attack (autumnal) had passed, and his freedom from it acted bene-

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ficially on his mind. There remained some tremulous motion of the hands, but scarcely any sensation of numbness of the right foot. He could read without confusion, and his memory was better than it had been for a long time. The motory power of the left arm and shoulder was entirely restored. The treatment was continued till the 11th of February, 1853.

The writer has seen this gentleman since, and the benefit he derived from the treatment continued, and continues—for he was heard of not long ago.

Case 12.—Mr. L—— aged 31. Had been in the habit of using the common kinds of gymnastic exercises, and had been much given to fencing.

In the beginning of 1853, he began to feel himself incapable of mental application, and especially after much bodily exercise of any kind. He derived some benefit from a short course of the water treatment. He had been, on several occasions, mercurialised. In the spring of 1855, he complained of general weakness, felt tired after walking no long distance, especially in the legs; any physical exertion brought on aching in the back, and pain in the occipital region. He felt it a difficulty to walk in a straight line. His general appearance was that of an anæmic person. Excepting that he could not use his brain, which to him was a cause of distress, for being of the legal profession, he required it to be clear and active, there was no functional derangement of any kind. After any attempt at mental application he had a sense of confusion and weakness in the forehead. He had increased in bulk of late; his abdomen was rather full for a man of his age. His feet were cold.

He was advised to try these exercises; and after he had used them three months, his health was quite restored, and continues unimpaired to this date. He now feels stronger both mentally and bodily, than he had done for years. It is to be noticed that this gentleman fenced habitually, and used other kinds of gymnastics: but that his health broke down notwithstanding: whereas the influences of Ling's

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system of exercises, accurately defined and accurately applied, did not fail in their power of developing strength, of giving innervation where it was wanted, and of equalizing the circulation. During the treatment his waist was reduced in size, and his chest was increased two inches in girth.

Case 13.—Mr. ——, aged 27. In February 1856 he consulted the writer. He had cholerine in the Crimea, and again in the Asiatic campaign of Omar Pasha. He had been treated allopathically; but a persistent diarrhœa continued to wear him. Every morning the bowels were relaxed, with a sensation of burning in the lower part of the rectum. If he was not most strict in his diet, pain in the stomach with nausea and vomiting immediately punished him for his imprudence. As soon as the diarrhœa was relieved he had head-ache. His feet and legs were always cold. He complained of great weakness in the loins; and stooped very much. His tongue was swollen, and very red at the tip and also underneath. Had lost a stone in weight during the preceding year.

After the first application of the movements, the diarrhœa ceased. After a week of the treatment, thinking himself well, he gave it up: had a relapse, had again recourse to it, and the diarrhœa was again cured. He is now restored to health. Has no head-aches; no coldness of the feet since the normal circulation has been obtained by means of the mechanical stimulus of these exercises.

This brief paper, and these few cases, to which many more might be added by the writer, of patients whom he has recommended to try Ling's system of exercises, may suffice to show the importance of the bio-mechanical treatment. The cases which have been recited are of sufficient variety and importance to claim the attention of the profession; and it is earnestly hoped that medical homœopathists will inquire into and convince themselves of the value of Ling's system of exercises, for purposes of education in the way of physical training, of obtaining a vital re-action where there is want of nervous force or impaired vitality, and of

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obtaining as an adjuvant to reformed medicine, in a great variety of chronic diseases, the beneficial influence of the mechanical stimulation afforded by Ling's method.

REVIEW.

Physicians and Physic. Three Addresses. I. *On the Duties of Young Physicians.* II. *On the Prospects of Young Physicians.* III. *On the Modern Advancement of Physic.* By JAMES G. SIMPSON, M.D., F.R.S.E., &c. &c.

THERE were many sermons preached in Scotland upon the occasion of the thanksgiving of equal or greater excellence than that of Mr. Caird, yet by the magic power of the royal touch, his and his alone acquired celebrity, he was accepted as the representative of Scottish pulpit eloquence, and the leading periodicals of the day founded their general criticisms of the merits and defects of the school upon this particular specimen. Dr. Simpson by publishing his addresses claims from the public a similar verdict. He alone has published those he delivered to the students upon the day of their graduation, and his address to the Medico-Chirurgical Society upon being appointed president, although during the twelve years that elapsed between the first and second of these orations, a similar composition has been annually delivered within the walls of the University. He reckons on the influence of his name in giving this volume notoriety and a large circulation. Nor probably does he reckon in vain. Few living physicians have so great a celebrity, and few with such a name are so ill fitted for the office of spokesman of a learned profession. Dr. Simpson's talents are very great, but they do not lie in the direction of literature. An ingenious writer of the present day divides men of talent into three great classes. The first the oratorical or practical, the second the scientific, and the third the poetic or artistic. The first uses for practical purposes the labours of the other two. The second bestows his whole mind in investigating the causes of things;

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whether his researches are useful or useless is nothing to him. The third dwells apart like a star, surveying all things and extracting from them materials for the elaboration of his own conceptions in the province of art. As types of the three we may take O'Connell, Newton and Wordsworth. Dr. Simpson belongs to the first class and to it alone. He is not scientific, nor in the smallest degree artistic, but he is essentially practical and oratorical. He is keenly alive to all that is discovered by men of science, and the moment any discovery is made which he can turn to practical use, he pounces on it with the speed of a hawk, and promulgates it with the zeal of Peter the Hermit. An American produced insensibility in his patients by giving them ether to inhale. No sooner did the news reach Dr. Simpson, than straightway all his patients were thrown into a state of delicious ethereal intoxication, and enjoyed a sort of medical debauch. But ether was not potent enough for the country of Glenlivat, whose inhabitants we are told by a great authority are descended from an ancestor "who nearly spoilt the flood by drinking up the water," and so Dr. Simpson turned to the chemists and asked for some more potent spell than ether, to steep the senses in sweet forgetfulness. Chemists sent him various samples, and nightly did he and his associates gather round his table to try some new form of intoxication, till at length on a happy occasion they found themselves all under the table one fine morning, each with his empty glass by his side. This then was the thing. Such satisfactory and profound drunkenness none of them had ever enjoyed, and so Dr. Simpson applied for a large supply of the last sample, and requested to know its name. It had a long and ugly one (the per-chloride of formyle), he popularized it into chloroform. Such is the story of his great discovery. And it is an excellent example of his character. Inquisitive, ardent and impressive, with wonderful powers of acquiring knowledge, and able to endure an amount of mental and bodily fatigue almost surpassing belief, overflowing with a certain superficial geniality of disposition, and real kindliness of heart, yet without any desire to discover principles by which practice may be improved, and even unable apparently to appreciate them; lightly moved himself by every

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small novelty, and powerfully moving others, he is pre-eminently the great agitator of physic, the man of the present and practical, exercising an enormous influence upon all immediately exposed to his powerful personality; but his influence being of a physical and not at all of a spiritual nature, in obedience to the laws of physics, it diminishes in direct ratio as his distance increases.

Such a man is not a good exponent either of the duties of a physician or of the advancement of medicine. And for his own sake as well as that of his themes, we regret he should have put forth his remarkably common-place and illwritten pages in such pomp of type. In the addresses to the students we find positively nothing that has the least approach to novelty or originality. The substance of the two addresses consists of such curious examples of composition as thus, "In the language of Chilo, 'man know thyself,' and again in the language *of a far higher authority*, [whose?*] 'physician heal thyself.'" It would be a waste of time to criticise what should never have been published, and what really gives a most false representation of the author, the university, and the students; and we prefer using these orations as a text for some observations upon the question of medical education.

The number of medical practitioners in the united kingdoms is not less than twenty thousand. A vast proportion of these are scattered over the country, and constitute or ought to constitute a sort of home mission, and should exercise a powerful influence upon the general civilization of the population, for in many places the doctor and the clergyman are the only educated persons in the whole neighbourhood. Thus it is not only their actual scientific acquirements that are of consequence to the state, but the whole tenour of their lives and conversation. Hence it follows that it is of paramount importance to the welfare and future progress of the whole community, that medical education should be as perfect as possible. The great difficulty in securing a high standard consists in the fact that the pro-

* Ye will surely say unto me *this proverb*, "Physician heal thyself."—*Luke* iv, 23.

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fession is essentially democratic in its constitution, and recruited for the most part from the middle and lower ranks of society. This has a two-fold effect: *first*, as a rule, the candidates have not been reared in circumstances to give an opportunity of acquiring the habits and manners which it is desirable they should have, and this very defect prevents them estimating the importance of a higher tone of mind. It is enough to contrast the clergy of the English church and the body of country practitioners, who are probably on the whole much richer, to feel the truth of this observation. In the *second* place, at the outset of their career they are not able to prosecute so long a course of study as is requisite, from the absolute necessity of doing something for their immediate support.

A lad of 16 or 17 years old, with a smattering of Latin and a faint knowledge of English, goes to Edinburgh. He at once begins to learn chemistry and anatomy, then physiology and the other branches of medical knowledge. Of these he learns a great deal, for the teaching is admirable; but when at the age of 21 he takes his degree, is he really fit to take his place in the world as a representative of the educated mind of his age? To suppose that he is would be absurd. He has had no university education in the proper sense of the word whatever. He has not dwelt in an academic atmosphere during his passage from boyhood to manhood, that plastic period, on the development of which, amid salubrious influences depends for the most part the future tone of mind which will distinguish him through life. In this respect undoubtedly the English universities possess an enormous advantage over the Scotch. A graduate of Oxford or Cambridge may leave with his diploma of doctor of medicine in almost utter ignorance of all that the graduate of Edinburgh knows, but the former is a man of a higher stamp of general attainments, and this will tell upon his whole future career, whereas the rapidly acquired knowledge of the other is in great danger of being forgotten after he is engaged in his profession. Now the great object is if possible to combine the advantages of both systems. This might be done by infusing more scientific and purely professional teaching into the English, and by prolonging the period of study in the Scotch. That in Edin-

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burgh for example there are abundant means at the disposal of the university for securing the very highest education can hardly admit of doubt, when we remember that during the last century some of the very greatest names both in physical and mental philosophy and in Belles Lettres have occupied the professorial chairs in that renowned school of learning. Is it not a lamentable reflection that hundreds of intelligent, ardent and laborious young men should every year be within hearing of teachers whose prelections would change their whole manner of thought and impart to their after course in life a more philosophic tendency and a loftier character, and yet that perverse necessity should shut the doors of these halls against them and drive them through a succession of indurating processes till they come out the manufactured article fit for the medical market? We believe it is impossible to over-estimate the impression made upon an ingenuous and intelligent youth by daily contact with a mind of high range of power and cultivation. Dr. Chalmers used to say that the accession of Sir W. Hamilton to the university had imparted a wholly new life to the students of divinity, and why should it not also to those of medicine? Why should they be excluded at the only period of their lives when such an opportunity is within their power from benefiting by it? Because they cannot afford it. That is the simple answer. And for want of a few pounds the whole medical education is lowered, and the fertilizing streams which might be carried over the whole world are arrested at the fountain head.

How gladly in after-life when he has made his position, and is in the receipt of a handsome income, would the medical practitioner redeem at a ten-fold price those opportunities which he deeply regrets not having had it in his power to employ at the proper time. But now to him they are irrecoverable, and his position is permanently lowered by his premature professional development. Are there no means for obviating this evil? Are there no means by which the youth may draw upon his future so as to improve his present? The plan we would suggest is the following. Let the present system of complete scientific instruction be pursued, and let there be stated examinations in these scientific branches during the college curriculum.

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Let them be annual or biennial, so that after spending his four years at a university he may have acquired all the purely technical knowledge in anatomy and surgery, &c., which a graduate at present is supposed to have, and let it also be imperative that before taking a degree of M.D. he shall pass an examination in languages, physic and logic. But instead of taking a degree at 21, let it be postponed till he is 25 years of age. During the four years let the aspirant for the degree be in the position of a probationer, let him be acknowledged as qualified to hold subordinate posts in dispensaries and hospitals as paid assistant, and above all let him supply to the old established practitioner what he so often requires, youth, energy and scientific acquirement, while in return he receives his maintenance, and grows in the knowledge of his profession. That openings of this sort might be found for a great many students who deserve them can hardly be doubted. It is in fact what the young graduates do at present. In his evidence before the university commissioners, Dr. Alison stated, "In regard to the age, I may mention that it cannot be supposed that a man of twenty-one will enter at once into practice as a physician. If he enters at all upon practice at that age, he enters as a general practitioner *and is an assistant almost always to an elder man.*" Let this continue, let him do as he does now, be an assistant, but let not the bond of his university be severed, let him continue longer in the fœtal state. A residence at the university during these four years is of course out of the question, but there is no reason why the annual examination should cease. Certain subjects and certain books should be prescribed for each year, and at fixed periods, an examination should be held, and not till the probationer had successfully passed all the examinations should he obtain the degree of M.D. The advantage to the graduate would we believe be incalculable—he would be piloted through that most dangerous period of his career, when at present he is either necessarily idle in as far as professional occupation goes, and if he have any competence runs the greatest risk of acquiring unsettled habits from spending them abroad by way of studying, but in fact for the most part in amusement; or if he is obliged at once to do something for his support, he is put to the merest

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technical drudgery, and he has no inducement whatever to elevate his mind by general reading or the higher class of professional studies. But he runs a much greater risk than the mere negation of study: he his almost certain to find himself committed to the received opinions and practices of his day; if he is diligent and intelligent, the assistantship tends to be permanent, and before he is half educated, when but a boy, he is committed for life to the system he has been reared in. Although he were conscious of the errors or defects of his system, he cannot amend it, there is no locus penitentiæ given him, no interval between the school and the vow of perpetual service.

To this fact we ascribe the impenetrability of the medical mind in this country, the great difficulty of impressing a new idea upon it. Nor would the advantages of this system be confined to the young graduate, his older colleague would be also improved by it, for it would be the infusion of what Coleridge calls the *clerical* element into every doctor's house. The old practitioner would respect his assistant more and avoid all acts of a degrading character towards him. Thus the knowledge of the youth would ripen with practical wisdom, and the experience of his master be corrected and cultivated by the recent science of his pupil. That there are difficulties of detail in the way of carrying out such a scheme is obvious enough, and we do not expect that it is to be done by an Act of Parliament. But one great use of Acts of Parliament is to be canvassed, and now that our legislators at Westminster and Parliament Square have taken the matter up, we hope it will lead to a thorough sifting of the whole question.

One of the objections which will naturally be made to such a plan, is the expense it would involve to the probationer making his annual journey to the university. This difficulty might easily be met by having a board of examiners, appointed and paid by government, to make a circuit of the country and bring the examination to the probationers. We have spoken of graduates of an university hitherto, and said nothing about colleges, but we believe that the time will come when it will be looked upon as absurd to license men to practise medicine among the lower classes, and in country districts, who have an

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imperfect education, as it would now be for the state to send out an inferior kind of clergy to teach a lower sort of religion to the masses, while the best religion was kept for those who had wealth to pay for it, and taste to enjoy it.*

Let us return to Dr. Simpson's book, for the preceding observations have reference only to the two addresses delivered to the graduates, and we must not pass unnoticed the third address which was spoken before the Medico-Chirurgical Society, on the event of his appointment as president of that body, in the year 1853. We do not regret the publication of this; quite the contrary, we trust it will be read by every medical man and every medical man's patient in the kingdom. It is most instructive. He undertakes to combat the notion that medicine has stood still for the last fifty years. "Ever and anon we hear it doubted by men, both without and within the profession, whether medicine has made any marked progress at all during the period that I speak of"—that is the last half century. Here is an admission! He then boldly says it has advanced as much as any other department of science or art in the same period. It is certainly strange that we should have made such extraordinary progress without knowing it. However, let us to the proof. Have we not within the last fifty years discovered Morphia and Strychnine, and made drugs more agreeable to the palate, and more easy to swallow. And is this nothing? "I for one," exclaims this bold champion of old physic, "believe that a better covering for a pill than we yet possess, or a way of disarming of their disagreeableness the revolting forms of most medicinal fluids and draughts, would in reality prove a more important discovery for the promotion and utility of true practical medicine than the discovery of matters of far more scientific bearing and movement." To gild the pill then is the high aim of modern physic, to have advanced in this glorious achievement is all that can reasonably be expected, and who in the presence of Strychnia will dare to deny that now at length the ancient and noble art of medicine is dowered with the fatal

* Since this was written we have seen the new Medical Bill dated 10th June 1856, and we find nothing in it inconsistent with the plan we should like to see adopted. It would be in the power of the Council to make all the regulations required for carrying it into execution.

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gift of beauty? But if there be a sceptic within or without the professional pale, why, have we not vaccination to fall back upon? Can the stump orator of doctors ever be at a loss as long as the name of Jenner is remembered. True it is, as our great northern light takes care to tell his audience, Dr. Mead, the first London physician of his day, (in Edinburgh they would have acted very differently) speaks of the "possibility of a specific antidote being found against the contagious poison of small pox, that is, an antidote by which it may be so thoroughly destroyed, that though it had been received into the body it may not produce the disease, as an idea as wild and chimerical as that of alchemy, and one in his opinion *outraging the principles and elements of things that are so certain and so well-established by the permanent laws of nature.*" This was written in 1747—what is the commentary of 1847 upon it?

We fear the commentary is not complimentary to the medical profession. It is this, that starting from the single fact of the cure or antidote of a disease by its specific remedy, a learned physician proposed to the medical world to push the enquiry beyond a solitary instance accidentally discovered, and if possible to ascertain the reason of the cure, and whether he could act upon the pregnant hint. For having proposed this law of specifics this great physician was hooted out of all respectable society, and the very body which, through its president Dr. Simpson, now serves itself heir to Jenner's glory, rather than to Mead's dishonour, unanimously passed a resolution that any one who adhered to the belief promulgated by the modern Jenner, that there was a law by which diseases could be cured by their direct antidote, was to be held disqualified from being admitted or remaining a member of the Medico-Chirurgical Society of Edinburgh. Yes, they do well to turn their attention to gilding pills, for here is a pill which it will require the utmost skill of the most cunning artificers of drugs to render palatable, and yet one which this body of practitioners must swallow. "Hence I am qualmish at the smell of leek." Let it not be named then, says the courteous president Dr. Fluellen, "because you do not love it, nor your affections, and your appetites and digestion does not agree with it, I would desire you to eat it."

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But let me prepare you for it and it for you. So here is the disguised leek to exhibit practically our progress in "disarming of their disagreeableness the revolting forms of medicinal substances." "And let me add the whole subject and theory of therapeutics, the department perhaps the least advanced in medical science, [and the only practical part in fact what is popularly understood by medicine, for chemistry, and the so-called accessory sciences, have no more to do with medicine than botany has with cookery,] seems destined, if we may judge from various attendant circumstances, to undergo ere long some great and important revolutions, by which we will probably acquire a more certain and direct knowledge than we at present possess of the mode or modes in which different medicines produce their special medicinal effects upon the body, or upon the different organs of it. Doubtless also if such knowledge comes to be once acquired it will enable us to apply our remedies with more accuracy and success in the details of actual practice." The above may be taken as the last receipt for gilding the pill called homœopathy, and we trust it may prove successful.

MISCELLANEOUS.

Sixth Report of the London Homœopathic Hospital.

In pursuance of the Resolution of the General Meeting, held on the 6th June last, by which it was directed that the Hospital Accounts should be closed on the 31st December, instead of on the 31st March of each year, the following Report embraces a period of only nine months. Between the 1st April to the 31st December, 1855, the total number of patients received and treated has been 3636, of which 3507 were out-patients, and 129 were in-patients.

The results of treatment were as follows:

Total out-patients treated	.. ..		..	3507
" "	cured	1776		
" "	relieved	288		
" "	admitted as in-patients	18		
" "	dismissed unaltered	18		
" "	died	7		
" "	result unknown or remaining under treatment, 31st December, 1855..	1394		
	Carried forward ..			3507

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		Brought forward ..		3507
Total in-patients received				129
„ „ cured..	90			
„ „ relieved	20			
„ „ dismissed unaltered	8			
„ „ died	6			
„ „ remaining under treatment on 31st December, 1855	5			
Total out- and in-patients received ..				3636

The aggregate number of patients received and treated since the opening of the hospital, on the 10th April, 1850, to the 31st December, 1855, has therefore been 19,073, of which 18,002 were out-patients, and 1071 were in-patients.*

The income of the hospital during the nine months to the 31st December last, including a balance of £17 5s. 1d., on the 1st April, 1855, amounted to £711 5s. 9d.; but as the expenditure for the same period was £844 17s. 7d., there has been an excess of expenditure over income to the extent of £133 11s. 10d. This expenditure is at the rate of £1126 10s. 1d. for the twelve months; and, compared with the average annual expenditure during the five years, to the 31st March, 1855, exhibits an increase to the amount of £88 16s. 3d., which is accounted for by the great rise in the price of all articles of domestic consumption which took place during the last autumn and winter. On the other hand, it is to be observed, that the considerable amount received from the Ladies' Subscription Society, and which has usually been paid to the hospital account in the month of March, could not be made available for the current expenses during the period ended the 31st December last, so that the state of the finances of the institution, on this and other grounds, appears in a less favourable light than on former occasions, when the Board of Management were enabled to report a balance in favour of the hospital at the close of the year.

In anticipation of a deficit at the close of the year, estimated at £360, the Board of Management, early in the month of November last, on the suggestion of Dr. Hilbers, of Brighton, and encouraged by the spirited example furnished by him, as a practical illustra-

* If the Report had been made up, as in former years, to 31st of March, there would have been 4184 cases recorded, of which 4029 were out-patients, and 155 were in-patients, making in all, from the first establishment of the hospital, 19,621, of which, 18,524 were out-patients, and 1097 in-patints.

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tion of what might be easily and speedly effected by means of a five shilling subscription, invited contributions with the view of meeting this deficiency; but, from an earnest desire to avoid, at a season of increased taxation on account of the war, any additional demand upon the regular supporters of the hospital, the appeal was almost entirely confined to those whose names do not appear in the list of annual subscribers. In answer to this appeal, donations and subscriptions were received, before the close of the year, to the amount of £176 17s. 6d.; and by confining the current expenses of the institution within the narrowest possible limit consistent with an efficient discharge of the obligations to the governors and subscribers, the anticipated deficiency of £360 was reduced to the above-mentioned sum of £183 11s. 10d.

That the London Homœopathic Hospital, in common with other and older institutions, should suffer from causes directly referable to the war was to have been expected; but it is cheering to remark, that the income of this hospital for the twelve months between the 1st April, 1855, and the 31st March, 1856 (£1129), falls short of the average income from all sources, of the previous five years (£1157), by no more than £28. The Board of Management would, however, earnestly solicit a still greater amount of co-operation on the part of the practitioners and adherents of homœopathy throughout the country, so as to increase the annual subscriptions to the hospital to such an amount as will admit of the donations being appropriated to the Endowment Fund, at present amounting to £567, instead of being applied as heretofore to the current expenses of the institution. It is so obviously of importance to the future well-being and prospects of homœopathy, that the position of this—the only existing homœopathic hospital in the metropolis—should be both maintained and advanced, more especially after the public attention called to its proceedings during the cholera epidemic of 1854, that the Board of Management indulge the hope that their anxiety on this point will be understood, and their appeal productive of the most beneficial results.

The following gentlemen who, upon a ballot, retire from the Board of Management, are again proposed for re-election:

N. Barton, Esq.	R. T. Reep, Esq.
J. B. Crampern, Esq.	H. O. Robinson, Esq.
E. Esdaile, Esq.	Sir J. Smith, Bart.

Major-General the Hon. Thomas Ashburnham is also proposed

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for election to the Board of Management, in the room of the late and lamented Captain Branford, R.N. In consequence of the failure of the Bankers, Messrs. Strahan, Paul, & Co., the General Account of the hospital has, with the consent of the Trustees, been removed to the Argyll Street Branch of the Union Bank of London; and Nathaniel Barton, Esq., has been nominated to the office of Treasurer to the Hospital, in the place of Sir John Dean Paul, Bart., and is proposed to be one of the Trustees of the Hospital in the room of the late and much-regretted D. W. Witton, Esq.

The Building Committee regret that, hitherto, their efforts to obtain a site or premises adapted to the requirements of a new hospital have been unattended with success, but they trust that before the termination, at Lady-day, 1857, of the lease of the house in Golden Square, they may be in a position to announce the purchase of a site or premises in all respects adapted for the purposes of the charity.

Meanwhile, and in conclusion, the Board of Management would urge upon the serious consideration of those governors and subscribers who have not yet contributed to the Building Fund, the observations made by Dr. Quin on the occasion of the General Meeting held at Willis's Rooms, on the 6th June last, as reported at page 18 of the Fifth Annual Report:—

"The size and accommodation of the present hospital were ill-adapted for the proper care of the sick; a larger building, loftier and better-aired wards, and a greater number of beds were required. He would earnestly entreat those present to come to the assistance of the Board of Management, and to use their utmost influence with their friends to increase the Building Fund to an amount that would warrant their purchasing, or commencing to build, a larger hospital; for he could assure them that the efforts of the Board of Management to carry out their humane and charitable views could be but of little avail, and that no amount of skill, experience, and zeal on the part of their medical officers, could do justice to the sick poor, or to the beneficial mode of treatment bequeathed to them by Hahnemann, until they had a large, well-ventilated, and properly built hospital, full of all the modern improvements and accommodations. If those who now heard him would manfully put their shoulders to the wheel, and prevail upon their friends to do the same, they could not fail to succeed in accomplishing the great object which all true homœopathists ought to have at heart, namely the establishment of a homœopathic hospital on such a scale as would ensure proper care of the sick, and a school where young practitioners might be educated in the theory, principles, and practice of the doctrines of Hahnemann."

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RETURN OF CASES TREATED AT THE LONDON HOMŒOPATHIC HOSPITAL,

From the 10th April 1850, to 31st December 1855.

	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.	Admitted In-Patients.	Died.	Dismissed unaltered.	Result unknown, or under treatment, on Dec. 31st, 1855.
Class 1.—Zymotic or Contagious Diseases	2322	325	292	8	3	14	6	2	1997	1473	168	29	11	6	310
Class 2.—Sporadic Diseases ..															
—A. of variable or uncertain seat	2708	185	123	40	10	9	3	..	2523	1150	677	31	15	8	642
—B. of the Nervous System ..	2625	91	37	40	5	5	4	..	2534	997	781	15	2	25	714
—C. of the Circulatory do. ..	326	27	5	11	2	5	4	..	299	44	139	5	3	6	102
—D. of the Respiratory do. ..	2844	160	86	50	6	10	7	1	2684	1218	656	30	11	9	760
—E. of the Digestive do. ..	3274	90	73	8	5	4	..	..	3184	1895	537	17	5	8	722
—F. of the Urinary do. ..	165	14	8	5	..	1	..	..	151	68	34	2	..	..	47
—G. of the Reproductive do. ..	1196	36	12	20	2	..	2	..	1160	405	483	6	..	7	259
—H. of the Locomotive do. ..	1011	79	55	20	3	..	1	..	932	344	242	19	1	8	318
—I. of the Integumentary do..	1065	25	22	3	..	..	..	..	1040	550	245	2	..	3	240
Class 3.—Diseases from External causes	308	30	25	4	..	..	..	1	278	218	26	6	..	2	26
Diseases unspecified	518	..	..	..	..	..	..	..	518	54	19	..	..	3	442
Totals	18362	1062	738	209	36	48	27	4	17300	8416	4007	162	48	85	4582

	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 Diseases.																
Variola	11	6	4	..	2	..	..	..	5	5	..	..	..	..	..	..
Varicella	5	1	1	..	..	..	..	..	4	4	..	..	..	..	..	..
Vaccinia	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Miliaria	5	..	..	..	..	..	..	..	5	4	..	1	..	..	..	..
Rubeola	44	..	..	..	..	..	..	..	44	39	1	4	..	..	..	..
Scarlatina	41	..	..	..	..	..	..	..	41	36	2	3	..	..	..	..
Roseola	2	..	..	..	..	..	..	..	2	1	..	1	..	..	..	..
Cynanche Parotidea	36	3	2	..	..	..	1	..	33	26	2	5	..	..	..	..
Pertussis	222	1	1	..	..	..	..	..	221	169	15	30	2	3	..	2
Aphthæ	14	..	..	..	..	..	..	..	14	10	2	2	..	..	..	..
Diarrhœa	715	18	14	4	..	..	..	..	697	562	36	90	3	1	2	3
,, Choleraic	121	5	5	..	..	..	..	..	116	107	..	4	..	1	4	..
,, Dysenteric	21	..	..	..	..	..	..	..	21	16	5	..	..	..	..	..
Dysentery	63	10	8	..	..	2	..	..	53	43	1	7	1	..	..	1
Cholera	63	34	26	..	..	7	1	..	29	24	..	2	..	3	..	..
Influenza	31	1	1	..	..	..	..	..	30	24	2	4	..	..	..	..

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lass 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-patient.	Died.	Dismissed unaltered.	Under treatment.
Purpura	8	3	3	..	..	..	..	..	5	2	..	..	2	1	..	..
Fever	125	41	38	..	..	2	1	..	84	61	1	19	3	..	..	..
„ Intermittent	18	3	3	..	..	..	..	..	15	8	3	3	1	..	..	..
„ Remittent	6	..	..	..	..	..	..	..	6	4	..	2	..	..	..	..
„ Gastric and Bilious	57	40	38	..	..	..	2	..	17	9	..	6	2	..	..	..
„ Typhus and Typhoid	51	34	31	..	..	3	..	..	17	8	..	3	4	2	..	..
Acute Rheumatism	82	66	60	3	..	..	1	2	16	12	1	..	3	..	..	..
Syphilis, Primary	47	12	11	..	1	..	..	..	35	18	3	12	2	..	..	..
„ Secondary	82	4	3	1	..	..	..	..	78	26	26	18	1	..	..	7
Gonorrhœa	130	3	3	..	..	..	..	..	127	87	12	25	.	..	..	3
Gleet	27	..	..	..	..	..	..	..	27	10	7	9	1	..	..	..
Erysipelas	102	39	39	..	..	..	..	..	63	41	8	9	4	..	..	1
Necusia	5	..	..	..	..	..	..	..	5	3	..	2	..	..	..	..
Porrigo	140	..	..	..	..	..	..	..	140	82	34	22	..	..	..	2
Scabies	46	..	..	..	..	..	..	..	46	31	7	8	..	..	..	..
Class II.—Sporadic Diseases.																
A—*Sporadic Diseases of uncertain or variable seat.*																
Epistaxis	6	..	..	..	..	..	..	..	6	3	3	..	..	..	..	..
Hæmatemesis	15	..	..	..	..	..	..	..	15	9	5	1	..	..	..	..
Hæmoptysis	84	9	5	3	..	1	..	..	75	29	24	19	3	..	..	..
Melæna	5	..	..	..	..	..	..	..	5	5	..	..	..	..	..	..
Hæmaturia	14	3	2	..	..	..	1	..	11	6	4	1	..	..	..	..
Metrorrhagia	94	5	4	1	..	..	..	..	89	55	11	23	..	..	..	..
Anæmia	29	1	1	..	..	..	..	..	28	15	10	3	..	..	..	..
Chlorosis	95	3	1	2	..	..	..	..	92	31	51	7	1	..	..	2
Dropsy	19	6	4	1	..	1	..	..	13	2	6	2	1	..	..	2
Anasarca and Œdema	43	6	5	1	..	..	..	..	37	9	18	8	..	..	..	2
Ascites	20	2	1	..	..	1	..	..	18	6	4	5	1	..	..	2
Hydrocele	8	2	1	1	..	..	..	..	6	1	3	2	..	..	..	..
Ovarian Dropsy	15	..	..	..	..	..	..	..	15	..	12	3	..	..	..	..
Hydrocephalus, Chronic	4	..	..	..	..	..	..	..	4	3	1	..	..	..	..	..
Abscess	237	32	30	1	..	1	..	..	205	157	11	24	8	..	1	4
Bubo	11	3	2	1	..	..	..	..	8	5	..	1	2	..	..	..
Furunculus	155	3	3	..	..	..	..	..	152	17	18	8	3	..	..	6
Carbuncle	17	8	7	1	..	..	..	..	9	8	1	..	..	..	..	..
Ulcer	233	47	35	12	..	..	..	..	186	78	48	53	4	..	1	2
Sinus	33	2	2	..	..	..	..	..	31	8	8	15	..	..	..	..
Caries	80	7	3	4	..	..	..	..	73	10	33	23	1	..	1	5
Fistula	13	2	..	2	..	..	..	..	11	1	3	6	1	..	..	..
„ in Ano	21	2	2	..	..	..	..	..	19	5	6	6	1	..	..	1
Glandular Disease	101	2	2	..	..	..	..	..	99	50	12	33	1	..	1	2
Scrofula	228	5	1	3	1	..	..	..	223	60	97	59	..	3	1	3
Scrofulous Abscess	31	4	2	1	..	1	..	..	27	9	11	5	..	..	..	2
„ Ulcer	13	..	..	..	..	..	..	..	13	6	2	3	..	1	..	1
Tabes Mesenterica	94	1	..	1	..	..	..	..	93	37	23	22	..	10	..	1
Rachitis	61	1	..	1	..	..	..	..	60	11	19	26	..	1	..	3

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Class II.—A *continued.*	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.
Bronchocele	12	..	..	..	..	..	..	..	12	4	5	2	..	..	..	1
Podagra	15	1	1	..	..	..	..	..	14	6	3	5	..	..	..	..
Cancer	73	7	..	1	5	1	..	..	66	..	46	18	..	..	1	1
Tumour	94	6	3	1	2	..	..	..	88	26	30	27	..	..	..	5
Polypus	31	2	1	..	1	..	..	..	29	5	18	5	..	..	..	1
Atrophy	32	1	1	..	..	..	..	..	31	12	10	9	..	..	..	..
Cachexia	26	..	..	..	..	..	..	..	26	13	6	5	..	..	..	2
Debility	156	2	..	1	..	..	1	..	154	73	34	41	1	..	..	5
Gangrene	6	4	1	..	..	3	..	..	2	..	..	..	2	..	..	..
Sycosis	7	1	..	1	..	..	..	..	6	3	1	1	..	..	1	..
Condylomata	9	..	..	..	..	..	..	..	9	3	1	5	..	..	..	..
Helminthiasis	410	3	3	..	..	..	..	..	407	257	56	82	..	..	..	12
Tænia	50	..	..	..	..	..	..	..	50	12	23	10	1	..	..	4
Induration of Areolar Tissue	5	2	..	..	1	..	1	..	3	..	..	3	..	..	..	..
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	17	..	..	..	..	..	..	..	17	7	4	6	..	..	..	..
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	123	5	1	4	..	..	..	..	118	9	70	32	2	..	1	4
„ Agitans	4	1	..	1	..	..	..	..	3	..	3	..	..	..	..	..
„ Hemiplegia	23	3	1	2	..	..	..	..	20	2	6	10	1	..	..	1
„ Paraplegia	5	..	..	..	..	..	..	..	5	..	1	3	..	..	..	1
Partial Anæsthesia	2	..	..	..	..	..	..	..	2	..	2	..	..	..	..	..
Mania	1	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..
Melancholia	10	1	1	..	..	..	..	..	9	1	2	6	..	..	..	..
Dementia	16	1	..	1	..	..	..	..	15	3	4	7	..	..	1	..
Delirium Tremens	7	2	2	..	..	..	..	..	5	1	4	..	..	..	..	..
Epilepsy	191	11	7	1	2	1	..	..	180	27	79	59	4	..	2	9
Apoplexy	3	2	..	1	..	1	..	..	1	..	..	..	..	..	..	1
Cerebral Congestion	48	5	5	..	..	..	..	..	43	21	10	9	..	..	..	3
„ Affection	28	..	..	..	..	..	..	..	28	4	21	2	..	..	..	1
Cephalalgia	581	1	1	..	..	..	..	..	580	319	107	145	..	..	2	7
Vertigo	82	..	..	..	..	..	..	..	82	38	17	24	..	..	1	2
Chorea	30	3	..	2	..	..	1	..	27	12	5	8	..	..	2	..
Hysteria	166	8	2	6	..	..	..	..	158	59	51	35	1	..	2	10
Spinal Irritation	35	3	2	1	..	..	..	..	32	8	15	9	..	..	..	..
Spasms	21	3	2	..	..	..	1	..	18	11	3	4	..	..	..	..
Convulsions	26	..	..	..	..	..	..	..	26	14	5	5	..	1	..	1
Laryngismus Stridulus	8	..	..	..	..	..	..	..	8	4	1	1	..	..	..	2
Neuralgia	130	4	2	1	..	..	1	..	126	61	27	34	1	..	2	1
Neuroma	2	..	..	..	..	..	..	..	2	1	1	..	..	..	..	..
Ophthalmia	456	18	9	8	..	..	1	..	438	231	94	98	3	..	1	11
Retinitis	10	..	..	..	..	..	..	..	10	3	4	3	..	..	..	..

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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.	Dismiss'd for irregularity	Under treatment.	Total of Out-Patients.	Cured.	Relieved.	Result unknown.	Admitted In-Patients.	Died.	Dismissed unaltered.	Under treatment.
Amaurosis and Amblyopia	125	2	..	..	2	..	..	..	123	12	69	34	..	..	3	5
Myopia	5	..	..	..	..	..	..	..	5	..	3	2	..	..	..	..
Hemeralopia	1	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..
Nyctalopia	4	..	..	..	..	..	..	..	4	..	4	..	..	..	..	..
Cataract	52	6	..	6	..	..	..	..	46	1	25	12	2	..	..	1
Iritis	16	4	1	3	..	..	..	..	12	6	2	2	..	..	2	..
Corneitis	27	..	..	..	..	..	..	..	27	12	10	5	..	..	..	..
Opacity of Cornea	27	1	..	1	..	..	..	..	26	10	6	9	..	..	..	1
Sclerotitis	5	..	..	..	..	..	..	..	5	1	4	..	..	..	..	..
Lippitudo and Ectropium	11	1	..	1	..	..	..	..	10	4	4	1	1	..	..	..
Hordeolum	10	..	..	..	..	..	..	..	10	8	..	1	..	..	..	1
Ozæna	27	..	..	..	..	..	..	..	27	10	8	6	..	..	..	3
Otitis	7	..	..	..	..	..	..	..	7	7	..	..	..	..	..	..
Tinnitus Aurium	7	..	..	..	..	..	..	..	7	4	1	2	..	..	..	..
Dysecœia	112	..	..	..	..	..	..	..	112	24	51	34	..	..	1	2
Otorrhœa	82	..	..	..	..	..	..	..	82	36	25	20	..	..	..	1
Nervous Affection	44	..	..	..	..	..	..	..	44	17	16	11	..	..	..	..
Catalepsy	1	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..
Otalgia	6	..	..	..	..	..	..	..	6	5	..	1	..	..	..	..
Strabismus	3	..	..	..	..	..	..	..	3	1	2	..	..	..	..	..
Drowsiness	2	..	..	..	..	..	..	..	2	1	..	1	..	..	..	..
Puerperal Mania	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Class II. C—*Sporadic Diseases of the Circulatory System.*																
Heart Disease	175	15	2	4	2	3	4	..	160	10	95	44	3	2	4	2
Pericarditis	18	5	1	3	..	1	..	..	13	1	6	2	2	..	2	..
Endocarditis	2	1	..	..	..	1	..	..	1	..	..	..	..	1	..	..
Hydropericardium	2	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..
Aneurism	6	..	..	..	..	..	..	..	6	..	5	1	..	..	..	..
Phlebitis	12	4	2	2	..	..	..	..	8	2	1	3	..	..	..	2
Varicose Veins	65	..	..	..	..	..	..	..	65	19	25	19	..	..	..	2
Angina Pectoris	8	..	..	..	..	..	..	..	8	..	5	3	..	..	..	..
Syncope	6	..	..	..	..	..	..	..	6	4	..	2	..	..	..	..
Palpitation of Heart	28	..	..	..	..	..	..	..	28	7	2	19	..	..	..	..
Irritable Heart	3	..	..	..	..	..	..	..	3	1	..	2	..	..	..	..
Cyanosis	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Class II. D—*Sporadic Diseases of the Respiratory System.*																
Laryngitis	4	1	..	..	..	..	1	..	3	2	..	1	..	..	..	..
„ Chronic	48	10	2	4	1	2	1	..	38	6	9	20	2	..	..	1
Bronchitis, Acute	849	49	46	2	..	..	1	..	800	503	88	188	13	2	..	6
„ Chronic	396	18	2	16	..	..	..	..	378	94	180	95	..	..	..	9
Catarrh	428	..	..	..	..	..	..	..	428	296	32	93	1	..	..	6
Bronchial Catarrh	10	..	..	..	..	..	..	..	10	7	..	3	..	..	..	..
Pneumonia	60	21	19	..	..	..	2	..	39	22	3	8	3	3	..	..
Hepatization of Lungs	8	2	1	..	..	..	..	1	6	2	2	2	..	..	..	..

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Case II.—D *continued.*	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.
Congestion of Lungs	4	2	2	..	..	..	..	..	2	..	1	..	..	..	..	1
Paralysis of Lungs	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Pleuritis	39	6	4	..	..	..	2	..	33	24	1	8	..	..	..	..
Pleurodynia	64	3	3	..	..	..	..	..	61	36	10	14	1	..	..	..
Emphysema	8	1	..	1	..	..	..	..	7	1	2	3	1	..	..	..
Asthma	128	..	..	..	..	..	..	..	128	19	62	46	..	..	..	1
Dyspnœa	17	..	..	..	..	..	..	..	17	6	4	7	..	..	..	..
Phthisis	440	45	7	26	5	7	..	..	395	16	223	123	8	6	8	11
Pulmonary Disease	6	1	..	1	..	..	..	..	5	..	5	..	..	..	..	..
Cough	324	..	..	..	..	..	..	..	324	179	32	103	1	..	1	8
Aphonia	10	..	..	..	..	..	..	..	10	5	2	3	..	..	..	..
Class II. E—*Sporadic Diseases of the Digestive System.*																
Dentition	142	..	..	..	..	..	..	..	142	105	16	18	..	..	..	3
Cancrum Oris	3	1	..	..	..	1	..	..	2	1	..	1	..	..	..	..
Glossitis	2	1	1	..	..	..	..	..	1	..	..	1	..	..	..	..
Stomacace	37	1	1	..	..	..	..	..	36	28	1	7	..	..	..	..
Ptyalism	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Odontalgia	71	1	1	..	..	..	..	..	70	53	9	7	..	..	..	1
Prosopalgia	82	3	3	..	..	..	..	..	79	63	1	9	2	..	..	4
Tonsillitis	91	6	6	..	..	..	..	..	85	62	11	10	..	..	..	2
Angina	166	16	16	..	..	..	..	..	150	108	9	30	..	1	..	2
Pharyngitis	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Dysphagia	5	..	..	..	..	..	..	..	5	1	..	4	..	..	..	..
Gastritis	132	13	13	..	..	..	..	..	119	73	20	24	..	1	..	1
„ Chronic	82	4	4	..	..	..	..	..	78	39	19	20	..	..	..	..
Gastralgia	72	2	2	..	..	..	..	..	70	39	11	16	..	..	1	3
Dyspepsia	1595	2	..	2	..	..	..	..	1593	963	265	329	4	..	23	29
„ Acute	36	..	..	..	..	..	..	..	36	23	2	9	..	..	1	1
Cardialgia	26	..	..	..	..	..	..	..	26	14	6	6	..	..	..	..
Anorexia	6	..	..	..	..	..	..	..	6	6	..	..	..	..	..	..
Bulimia	1	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..
Pyrosis	31	..	..	..	..	..	..	..	31	18	5	8	..	..	..	..
Pyloric Disease	7	2	..	..	1	1	..	..	5	1	1	2	..	..	1	..
Chronic Vomiting	29	1	1	..	..	..	..	..	28	13	11	3	..	..	..	1
Enteritis	5	..	..	..	..	..	..	..	5	4	..	1	..	..	..	..
Peritonitis	14	9	7	1	..	1	..	..	5	2	1	..	1	1	..	..
Enterodynia	21	..	..	..	..	..	..	..	21	12	3	6	..	..	..	..
Colic	25	1	1	..	..	..	..	..	24	15	4	5	..	..	..	..
Chronic Dysentery	6	2	..	..	2	..	..	..	4	2	1	1	..	..	..	..
Ulceration of Intestines	2	2	1	..	..	1	..	..	..	..	..	..	..	..	..	..
Constipation	75	1	1	..	..	..	..	..	74	35	8	31	..	..	..	..
Hernia	26	..	..	..	..	..	..	..	26	6	5	12	..	1	1	1
Stricture and disease of Rectum	19	..	..	..	..	..	..	..	19	7	2	9	..	1	..	..
Prolapsus Ani	51	1	..	1	..	..	..	..	50	30	12	4	..	..	..	4
Blennorrhœa Recti	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Hæmorrhoids	178	2	1	1	..	..	..	..	176	95	36	37	3	..	..	5
Hepatitis	29	3	3	..	..	..	..	..	26	15	5	6	..	..	..	..
„ Chronic	65	3	3	..	..	..	..	..	62	22	26	13	1	..	..	..

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Case II.—*G continued.*	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.
Hepatic Abscess	2	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic Induration of Liver	3	1	..	1	..	..	..	..	2	..	..	1	1	..	..	..
Icterus	49	8	6	..	2	..	..	..	41	15	17	4	4	..	1	..
Hepatic Congestion	24	..	..	..	..	..	..	..	24	8	6	7	..	..	..	3
Hepatic Derangement	13	..	..	..	..	..	..	..	13	7	..	5	..	..	..	1
Hypochondriasis	32	2	..	2	..	..	..	..	30	4	17	7	..	..	..	2
Splenic Disease	11	..	..	..	..	..	..	..	11	1	5	2	1	..	..	2
Abdominal Congestion	5	..	..	..	..	..	..	..	5	2	1	1	..	..	..	1
Class II. F—*Sporadic Diseases of the Urinary System.*																
Nephritis	3	1	1	..	..	..	..	..	2	2	..	..	..	..	..	..
Renal Abscess	2	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Nephria	10	1	..	..	..	1	..	..	9	..	3	2	1	..	..	3
Diabetes	12	4	1	3	..	..	..	..	8	1	6	1	..	..	..	..
Enuresis	35	1	1	..	..	..	..	..	34	19	9	5	..	..	..	1
Dysuria	27	..	..	..	..	..	..	..	27	11	3	13	..	..	..	..
Retention of Urine	12	1	1	..	..	..	..	..	11	8	..	2	1	..	..	..
Cystitis	13	..	..	..	..	..	..	..	13	9	..	4	..	..	..	..
Vesical Catarrh	3	..	..	..	..	..	..	..	3	2	..	1	..	..	..	..
Calculus Vesicæ	6	..	..	..	..	..	..	..	6	3	1	2	..	..	..	..
Lithiasis	5	..	..	..	..	..	..	..	5	2	..	3	..	..	..	..
Prostatitis	5	2	1	1	..	..	..	..	3	1	1	..	..	..	..	1
Stricture of Urethra	13	..	..	..	..	..	..	..	13	2	8	3	..	..	..	..
Nephralgia	3	..	..	..	..	..	..	..	3	3	..	..	..	..	..	..
Paralysis Vesicæ	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Urethritis	1	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..
Urinary Disease	14	1	1	..	..	..	..	..	13	5	3	5	..	..	..	..
Class II. G—*Sporadic Diseases of the Reproductive System.*																
Orchitis	25	4	4	..	..	..	..	..	21	8	3	8	2	..	..	..
Hæmatocele	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Non-descent of Testes	2	..	..	..	..	..	..	..	2	..	..	2	..	..	..	..
Spermatorrhœa	32	1	1	..	..	..	..	..	31	10	13	6	..	..	2	..
Impotence	4	..	..	..	..	..	..	..	4	2	..	1	..	..	..	1
Balanitis	2	..	..	..	..	..	..	..	2	1	1	..	..	..	..	..
Paraphimosis	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Oophoritis	41	5	..	4	1	..	..	..	36	11	21	2	2	..	..	..
Ovarian Disease	49	1	..	1	..	..	..	..	48	3	34	11	..	..	..	..
Sterility	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Uterine Disease	365	15	1	13	..	..	1	..	350	77	221	38	..	..	..	14
Metritis	23	5	4	1	..	..	..	..	18	8	7	3	..	..	..	..
,, Chronic	25	2	1	1	..	..	..	..	23	7	7	7	..	..	..	2
Paramenia	269	..	..	..	..	..	..	..	269	124	61	78	1	..	..	5
Prolapsus Uteri	85	1	..	..	..	..	1	..	84	22	35	19	..	..	2	6
Leucorrhœa	97	..	..	..	..	..	..	..	97	49	22	25	1	..	..	..
Vaginitis	9	..	..	..	..	..	..	..	9	6	1	2	..	..	..	..

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Class II.—G *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.
Disordered Gestation	26	..	..	..	..	..	..	..	26	15	6	3	..	..	1	1
Threatened Abortion	15	..	..	..	..	..	..	..	15	6	5	2	..	..	2	..
Inflammation of Labia	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Mastitis	30	1	1	..	..	..	..	..	29	23	1	5	..	..	..	..
Hypertrophia Mammæ	4	..	..	..	..	..	..	..	4	4	..	..	..	..	..	..
Morbid Lactation	7	..	..	..	..	..	..	..	7	4	2	1	..	..	..	..
Mastodynia	1	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..
Climateric Disease	81	1	..	..	1	..	..	..	80	21	43	16	..	..	..	..
Class II. H—*Sporadic Diseases of the Organs of Locomotion.*																
Arthritis	25	3	3	..	..	..	..	..	22	10	5	6	1	..	..	..
Hydrarthra	12	..	..	..	..	..	..	..	12	6	2	4	..	..	..	..
Disease of Joints	33	9	5	4	..	..	..	..	24	7	2	11	1	..	1	2
Synovitis	26	..	..	..	..	..	..	..	26	5	18	3	..	..	..	..
Housemaid's Knee	11	5	4	..	..	..	..	1	6	4	..	1	1	..	..	..
Ganglion	9	..	..	..	..	..	..	..	9	2	3	4	..	..	..	..
Necrosis	20	4	1	3	..	..	..	..	16	4	8	3	..	..	..	1
Periostitis	22	3	2	..	1	..	..	..	19	4	7	7	..	1	..	..
Exostosis	8	1	..	..	1	..	..	..	7	..	..	4	3	..	..	..
Contracted Tendon	7	..	..	..	..	..	..	..	7	..	3	4	..	..	..	..
Spinal Curvature	8	..	..	..	..	..	..	..	8	..	3	5	..	..	..	..
Rheumatism, Sub-acute	435	20	18	2	..	..	..	..	415	163	78	149	8	..	2	15
„ Chronic	187	14	8	6	..	..	..	..	173	40	84	42	..	..	2	5
Lumbago	77	1	1	..	..	..	..	..	76	53	6	16	..	..	1	..
Sciatica	113	19	12	5	1	..	1	..	94	38	22	27	5	..	1	1
Coxalgia	10	..	..	..	..	..	..	..	10	4	..	4	..	..	1	1
Mollities Ossium	1	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..
Growing Pains	3	..	..	..	..	..	..	..	3	3	..	..	..	..	..	..
Chondritis	1	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..
Inflamed Foot	1	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..
Flat Foot	2	..	..	..	..	..	..	..	2	1	..	1	..	..	..	..
Class II. I—*Sporadic Diseases of the Integumentary System.*																
Skin Disease	65	..	..	..	..	..	..	..	65	26	23	15	..	..	..	1
Urticaria	39	1	1	..	..	..	..	..	38	26	5	6	..	..	..	1
Eczema	205	8	6	2	..	..	..	..	197	107	31	50	..	..	1	8
Herpes	80	..	..	..	..	..	..	..	80	52	8	18	..	..	1	1
„ Zoster	5	2	2	..	..	..	..	..	3	3	..	..	..	..	..	..
„ Circinnatus	27	..	..	..	..	..	..	..	27	20	3	4	..	..	..	..
Crusta Lactæa	18	..	..	..	..	..	..	..	18	12	4	2	..	..	..	..
Pemphigus	8	..	..	..	..	..	..	..	8	7	..	..	..	..	..	1
Rupia	4	..	..	..	..	..	..	..	4	2	..	2	..	..	..	..
Ecthyma	9	..	..	..	..	..	..	..	9	5	3	1	..	..	..	..
Impetigo	58	1	1	..	..	..	..	..	57	36	10	10	..	..	..	1
Acne	51	..	..	..	..	..	..	..	51	21	9	18	..	..	1	2
Lichen	11	..	..	..	..	..	..	..	11	7	..	3	1	..	..	..

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Class II.—I *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.
Prurigo	49	..	..	..	..	..	..	..	49	26	6	16	..	..	..	1
Lepra	28	..	..	..	..	..	..	..	28	6	16	4	..	..	..	2
Psoriasis	200	..	..	..	..	..	..	..	200	73	88	36	..	..	..	3
Rhagades	7	..	..	..	..	..	..	..	7	1	5	1	..	..	..	..
Pityriasis	42	1	1	..	..	..	..	..	41	25	13	2	..	..	..	1
Lupus	7	..	..	..	..	..	..	..	7	..	4	1	..	..	..	2
Erythema	16	1	..	1	..	..	..	..	15	9	5	1	..	..	..	..
„ Nodosum	12	3	3	..	..	..	..	..	9	7	1	1	..	..	..	..
Paronychia	72	6	6	..	..	..	..	..	66	51	5	8	1	..	..	1
Inverted Toe Nail	3	2	2	..	..	..	..	..	1	1	..	..	..	..	..	..
Intertrigo	13	..	..	..	..	..	..	..	13	8	4	1	..	..	..	..
Excoriation	7	..	..	..	..	..	..	..	7	4	..	3	..	..	..	..
Plica Polonica	2	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..
Alopecia	10	..	..	..	..	..	..	..	10	6	..	4	..	..	..	..
Nœvus	3	..	..	..	..	..	..	..	3	..	..	3	..	..	..	..
Abnormal Perspiration	2	..	..	..	..	..	..	..	2	..	..	2	..	..	..	..
Tinea Capitis	10	..	..	..	..	..	..	..	10	7	1	2	..	..	..	..
Ephelis	2	..	..	..	..	..	..	..	2	1	1	..	..	..	..	..
Class III.—Diseases from External Causes.																
Accidents, &c.	245	23	21	2	..	..	..	..	222	191	9	14	5	..	2	1
Pernio	26	2	2	..	..	..	..	..	24	20	3	1	..	..	..	..
Medicinal Diseases and Poisonings	37	5	2	2	..	..	..	1	32	7	14	10	1	..	..	..
Diseases not specified	518	..	..	..	..	..	..	..	518	54	19	441	..	..	3	1

Expulsion of Homœopathists from the Anatomical Society of Paris.

The Gazette hebdom. de Méd. et de Chirur. of Jan. 11, 1856, contains the following announcement:—

Sitting of 4 Jan., Cruveilhier President.

"Unanimously expelled from the Anatomical Society on account of homœopathic publications, the corresponding members named below:

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Messrs. J. P. Tessier, Gabalda, Frédault, Jousset;
and on account of a degrading act, already judicially punished, Mr. * * * corresponding member.

Dr. AXENFELD, Secretary."

Dr. Tessier remarks on the foregoing:—

"I leave it to every man of honour to form his own opinion of Prof. Cruveilhier's conduct in presiding over the meeting at which this infamous vote was passed, and associating the name of a man judicially punished with those of four of his confrères, for no other reason than that they hold different therapeutical views to his own."

Messrs. Frédault, Gabalda, and Jousset, immediately addressed the following letter to the *Gazette hebdomadaire.*

Mr. Editor,—Your number of the 12th Jan. announces, in the proceedings of the Anatomical Society, our expulsion from that body.

Had our names been simply expunged from the list of members, we should have made no complaints about it, for we are used to such violent proceedings. But the circumstances attending that measure, and the manifest intention to render it disgraceful, render it a duty to protest against it, and to point out that—

1st. We were expelled in our absence, and without notice, contrary to the custom of the society and the rules of equity.

2nd. The only motive for this step was that we hold therapeutic opinions different from those of our colleagues, and that we have candidly expressed these opinions in a medical journal.

3rd. The initiative was taken in this measure by men who profess toleration and freedom of opinion.

4th. Lastly, and this makes the act the more odious, our names have been associated with that of a criminal punished by the hand of justice, whom it had been more generous to have left unmentioned.

GABALDA, FREDAULT, JOUSSET.

24 *Jan.*, 1856.

Dr. Milcent, another member of the Anatomical Society, immediately tendered his resignation in the following letter, addressed to Professor Cruveilhier.

Sir,—In a recent sitting the Anatomical Society expelled Messrs. Tessier, Gabalda, Fredault, Jousset, for their authorship of homœo-

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pathic publications. Every honourable man will appreciate this act, and the cruel outrage sought to be inflicted by a most odious fellowship. To me it recalls the fact that I also was a member of the society. Now as I am bound by the closest fellowship of principles, labours and sacrifices for the truth, to the honourable physicians lately expelled, and as I have moreover lately been honoured by the thunders of the faculty, and deprived of a service at the Val de Grâce, I cannot imagine how the Anatomical Society could do me the injustice to forget to expel me also. Therefore I protest against this offensive negligence, and insist on being excluded in such good company.

Accept, Mr. President, this sincere expression of the feelings of your humble servant and old pupil,

ALPH. MILCENT.

Dr. Ozanam also resigned membership in the following note, addressed to the President.

Sir,—Having learnt that Messrs. Tessier, Gabalda, Fredault and Jousset have been expelled from the Anatomical Society on account of homœopathy, I think it concerns my honour and dignity to tell you that I also am labouring to propagate whatever is true in the reform of Hahnemann, and that it is for me an affair of conscience.

Between conscience and worldly honours there can be no balancing, therefore I at once offer my resignation.

Receive the expression of my respect,

CH. OZANAM.

The *Gazette hebdom.* contains another letter from the expelled, which we here reproduce.

Mr. Editor,—The interests of justice and of our own dignity compel us to address you with another protest. In your paper of Feb. 1 you have inserted our protest against the ignominy attempted to be inflicted on us by the Anatomical Society. But in the feuilleton of the same number you have used expressions concerning us, and have made remarks which evidently aggravate our position, so that you withdraw with one hand what you offer with the other; and if you appear to acknowledge the unjust violence offered us, yet you support that violence by trying to give it a character which it cannot have. We do not suppose you mean any new offence, but such

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most dangerous mistake. To hear you, there is an official medicine whose representative you are, and any doctor or any doctrine excluded with your sanction would be officially condemned! You are the supreme and infallible judge whose fiat is to establish the validity of a doctrine or the merit of a treatment! Where is the physician who would admit such pretensions, and whom do you suppose you will convince? But you do not yourself believe in this imaginary right, for if you regard as only probable the existence of such an authority, of such an infallible criterion which your science will never possess, you will not fail to announce it to the world, and to blazon it in golden letters, instead of timidly insinuating it as you do in an ambiguous phrase.

Besides, your journal consists of two parts: the first, official, and containing only authoritative acts or decrees: and the second, unofficial, and open to subjects of free discussion. Now it is in this latter that we find the minute mentioning the exclusion we have the honor to receive at the hands of our brethren.

Thus your publication of our expulsion has given no official character, nor any authority thereto. And here again you have stated what is untrue.

Such are the errors which have crept into your paper, and which it behoved us to notice, because they wound our honor and dignity.

After the explanations we have given, malevolence alone can say we are devoted to any particular system. Every just man may see that we are devoted solely to truth.

We count on your fairness to insert this letter, and offer you the expression of our most distinguished consideration.

(Signed) F. GABALDA.
P. FREDAULT.
Paris, 7 Feb., 1856. F. JOUSSET.

Ten days after sending this letter, Mr. Dechambre favoured us with the following reply:

Sir,

As the publisher is the responsible person, I have forwarded your communication to him, and you will apply to him if you think it needful.

As far as I am concerned, I am very willing to mediate in the interests of justice, but not for what I consider an abuse. I cannot think you can seriously attribute to me the idea of "official medi-

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cine," I merely said that the publication of the act of the society had become official by appearing in the Gazette. As regards the appellation of homœopathist, it were rather too singular that you should feel it be offensive.

I have the honor, &c. &c.

A. DECHAMBRE.

It was very evident to us from the *scarcely* polite and not at all fraternal tone of this missive, that we could not reckon on a voluntary insertion of ours, and that we should have to compel it by legal means. But before we had recourse to extreme measures we resolved to make one more application to the publisher, Mr. Victor Masson. The worthy bookseller assured us that the insertion of our letter in his journal would injure it in the eyes of his subscribers, and that therefore he would only insert it on being summoned to do so. It was only after taking this step, and on the reiterated assurance of Mr. Masson, that we had recourse to the officer of justice.

After this legal formality, when Mr. Masson found himself obliged to present to his readers our answer to the insinuations made against us, notwithstanding the damage his publication might thereby sustain, the worthy publisher thought fit to address to us the following letter.

Paris, 20 Feb. 1856.

Messrs. Gabalda, Frédault, and Jousset,

I have received your joint letter and the summons for its insertion. I perceive it will occupy 120 to 150 lines. The passage you complain of contains five lines. You have then a right to ten lines to answer in. You will please deposit in the hands of a third party the sum of 350 fr., the price of 140 lines at fr. 2, c. 50. This party shall be empowered to pay me for all beyond ten lines at the rate of fr. 2, c. 50 each.

I warn you that I can on no account allow that three names appended to your letter give you the right of a triple insertion; if each one writes a letter he shall have ten lines of space. I shall await the deposit, to be made to whomsoever you may choose to appoint. It should be made before 10 A. M. to-morrow if the insertion is to appear in the next number.

I have, &c., &c.,

VICTOR MASSON.

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This was not the first time that M. Victor Masson had tried to turn to the profit of his exchequer a discussion that might prejudice his Gazette, as he himself told us. On our first complaint he endeavoured to extract from us 40 fr. for extra charges, but was obliged to withdraw his unfounded claim. He still hankered however after the cash, and returned to the charge this time with a claim that would compensate for his previous failure. We recommend this proceeding, *en passant*, to papers that don't pay their expenses, and wish them more luck than the editor of the Gazette had. Astonished at such an outrageous overcharge, we forebore to answer Mr. Masson, who, now under the finger of the law, was free to abide by the consequences of not inserting our letter. We have had but to congratulate ourselves on this step, for the worthy editor, who had doubtless reflected on our right of answer, decided on inserting it without prepayment.

Our letter appeared on the 22nd of February, and we considered the discussion ended, since the editor in chief had declared he would make no comments on it. It was not so, however, for in the number of the 29th February Mr. Dechambre has paid us the compliment of a second medical letter.* We append the passage of it that concerns us, from the *Gazette Hebdomad.* of the 29th Feb.:

"It is a wise thing to be wise," said a wise man: which means that wisdom is of good account, being a virtue. We begin to doubt the truth of the maxim. Were we wise, O Solomon, were we virtuous and just, and true to duty, O Aristides, O Regulus, and you, O Catos, both? when, receiving the protest against a recent decision of the Anatomical Society, we printed it in handsome bourgeois against the advice of the majority; having had the kindness to listen to the voice of natural equity before that of jurisprudence, to abstain carefully from all offensive expressions, from jest, or smile, and be careful to a degree that will astonish future medical generations? And all we get for this is a complaint still less infinitesimal than the first! So much for listening to moralists; they would make you believe that virtue is always rewarded:—a complete sell! When you show them, clear as light that you are duped for the moment, they send you off to the other world. This is really too bad. Besides we are already in the other world, or very nearly; for whence can come

* A publication in which Mr. Dechambre holds up homœopathy to the ridicule of his readers.

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so many queer notions as we find around us but from the moon? Table turning, spirit rapping, magnetic divination, and homœopathy: are these not things of the other world? We tell you this world is overcome by the other, and since it is with the latter that the Gazette has to do, through the medium of summoning officers, it is hard that it cannot immediately enjoy the fruit of its merits, according to the rule laid down by wisdom.

Who spoke about homœopathy? Who uttered the expression, "homœopathic doctor"? Homœopathist, yourself! Don't you know that the expression hurts? What insolence! Homœopathic medicine! Tarte à la crême! Homœopathic doctor! Really the journal is a viper's tongue; they would use it better in preserving people from yellow fever. Why not cry Raca when they are at it? Homœopathy! Tarte à la crême!—enough to drive one mad! Yes, dear and excellent brother, you are right; the epithet is not a flattering one; we have long since thought so; but what would you have? It is all custom. You know there are now and then coarse expressions current, which well bred young ladies use without thought of evil, and bye and bye understand that they are indecent; that is the progress of public modesty. We will get rid then, of the evil habit, directly, in order to tell you two pretty little stories concerning.....the thing.

First of all, learn that influence was used with a powerful journal, to interest it in the misfortunes of Hahnemannism.....We know this to be fact. Your Gazette had a narrow escape of it! In its quality of historiographer of societies which reduce their own numbers, a hurricane, perhaps, had fallen across its vortex.

> And if it had met the Gazette in its path,
> Had smash'd it to shivers—so awful its wrath.

Fortunately the good sense of the editor of the political journal saved us from accident. The preservation deserves a candle,* and we will heartily give it, if only to know in what key our concert is to be.

The second story is no less true, though less apparently so. There was a talk of puerperal fever; families were frightened; mothers cursed their own fecundity. One young woman, however, whose pregnancy was considerably advanced, preserved an immovable serenity. While sympathising with the unfortunate, she was

* Gift offered as a thank-offering in the Church.

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confident as to her own preservation, and when her husband expressed his apprehensions she smiled at them. What was the secret of this individual's security? We are informed by a friend of the lady that the Hahnemannian doctor who attended her had promised to retard her delivery by means of certain globules, until the epidemic had ceased. Capital! But what is to become of physiology and medical jurisprudence with their fine tales about the duration of pregnancy? And the code! Just think what trouble such a master-stroke would give in researches on legitimacy, and the uncomfortable sensations a father's forehead would experience on finding the reckoning so much out. How families would be upset! Without wishing for a moment to detract from the progress of therapeutics, we think the imperial procurator would do well to take cognizance of these Hahnemannisms!

A. Dechambre.

We scarcely need call attention to the taste and point of this letter, or say how happy we feel in having inspired its writer with such a dainty morsel. Let Masson say after that that we scandalize his readers and drive away his subscribers! Who will believe him? *Homœopathy! Tarte à la creme!* What wit! What force of argument too in this:—"homœopathy belongs to those modern follies which can only have come from the moon"! Since the drop of tincture diluted in the lake of Geneva, and the grain of salt dissolved in the Seine, nothing so cogent as this has been brought against Hahnemann's therapeutics. This idea belongs exclusively to Mr. Dechambre, but we cannot say the same of the property of certain globules to retard delivery. Some years ago the author of an esteemed book on gastralgia—Barras—whose sleep was troubled by the advance of homœopathy, wrote: "Homœopathy indeed achieves other miracles, and notably that of obviating the pains of labour." He added in a note: "I know not if this miracle be recorded in homœopathic writings, but I know that a homœopath well known by his advertisements in the papers, engages to spare all pain to parturient women. My authority is a lady to whom he made the offer.' The anecdote is worth repeating, especially in the new and varied form given to it by Mr. Dechambre. The only passage of his letter which demands an answer at our hands, is that in which he insinuates that we endeavoured to interest a great journal in the misfortunes of Hahnemannism: to this assertion, coming from a so-

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called authentic source, we give the most positive and formal denial in so far as we are concerned.

Let us, in conclusion, express our regret at the disappointment we have experienced. On our first interview with Mr. Dechambre, we thought from his language and manner, that if he had no sympathy with the opinions we defend, he had at least risen above the vulgar prejudices which prevail over so many minds in this matter. Our illusion, alas, is soon over! and the pen of Mr. Dechambre has quickly demolished the hope which his words had raised in us. We acknowledge with grief that our illusion was great. We thought we had found a physician who seriously discussed serious topics, but we found only a feuilletoniste devoted to little feelings, and to the amusement of his readers.

F. Gabalda.

Aphoristic Notes on Sanitary Statistics of Workhouses and Charitable Institutions, with some suggestions for the diminution of chronic diseases amongst the poor,* by M. Roth, M.D.

1. A number of *adult* disabled persons are kept year after year in workhouses or charitable institutions, and very little or nothing is done to improve or cure their *chronic ailments.*

2. A number of constitutionally weak infants and children are in the workhouse who could be cured or considerably improved.

3. The expenses of the parish and charitable institutions would be in the course of years considerably diminished by a better state of health amongst the poorer class.

4. It is necessary to have detailed statistics of the sanitary condition of the workhouses and charitable institutions, and if possible of those who receive permanent or periodical out-door relief; and as such returns do not exist,

5. I have proposed the following as a specimen of a sanitary statistic table, which by the kindness of a poor law guardian was returned with the numbers showing the actual sanitary state of one of the metropolitan suburban workhouses.

I have proposed the classification of ages in a different way, but as all the inmates of workhouses are divided according to the scale shown in the table, the actual workhouse classification has been retained.

* These notes have been submitted to the Presidents of the Poor Law Board and of the Board of Health.

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Age.	Total number of					1 Scrofula.				2 Rickets.				3 Consumption.				4 Spinal deformities.				5 Limb deformities.				6 Ruptures.				7 Paralysis.				8 Diseases chronic.				9 Blind.				10 Deaf and Dumb.				11 Idiots.			
	ADULTS		CHILDREN																																												
	Men	Women	Boys	Girls	Infants	M.	W.	B.	G.	M.	W.	B.	G.	M.	W.	B	G.	M.	W.	B.	G.	M.	W.	B.	G.	M.	W.	B.	G.	M.	W.	B.	G.	M.	W.	B.	G.	M.	W.	B.	G.	M.	W.	B.	G.	M.	W.	B.	G.
Over 60	154	133	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	2	..	..	60	69	..	..	1	1	..	..	..	..	..	..	..	2	..	..
Under 60	201	243	..	..	..	5	7	..	..	..	..	..	..	21	25	..	..	3	4	..	..	1	1	..	..	25	10	..	..	20	10	..	..	68	32	..	..	1	3	..	..	1	..	..	..	6	8	..	..
Under 15	..	..	69	71	..	..	..	5	3	..	..	1	1	..	..	4	3	..	..	2	2	..	..	1	..	..	..	1	..	..	..	..	..	..	..	11	7	..	..	..	..	..	..	..	..	..	..	..	2
Under 9	..	..	70	73	..	..	..	1	2	..	..	3	2	..	..	1	1	..	..	1	3	..	..	1	1	..	..	1	..	..	..	..	..	..	..	9	8	..	..	..	..	..	..	..	..	..	..	..	..
Under 2 Years	..	..	..	..	75	..	..	..	1	..	..	1	2	..	..	..	.	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
	355	376	139	144	75	5	7	6	6	..	..	5	5	21	25	5	4	3	4	4	5	1	1	2	1	25	10	2	..	24	12	..	1	128	101	20	16	2	4	..	..	..	..	..	..	6	10	..	2
	731		358			12		12		..		10		46		9		7		9		2		3		35		2		36		1		229		36		6		..		1		..		16		2	
	1089					24				10				55				16				5				37				37				265				6				1				18			

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Thus of 1089 inmates 474 are affected by chronic diseases, or 43.5 per cent. The following table shows the per centage of chronic diseases in the five classes:—

Age.	Number of Inmates.	Patients.	Per centage.
Under 2	75	7	9.3
„ 9	143	34	23.7
„ 15	140	43	30.7
„ 60	444	251	56.5
Over 60	287	139	48.7

Table showing the per centage of the most frequent Chronic Affections as mentioned in Table I.

Age.	Scrofula.	Rickets.	Consumption.	Deformities of the Spine.	Deformities of the Limbs.	Ruptures.	Paralysis.	Other Chronic Diseases.
Under 2	1.33	4.00	..	1.33	..	..	1.33	1.33
„ 9	2.09	3.49	1.3	2.79	1.39	0.69	..	11.88
„ 15	5.7	1.42	5.0	2.87	0.71	0.71	..	12.85
„ 60	2.7	..	31.2	1.57	0.45	7.88	6.75	22.50
Over 60	..	..	..	..	..	..	2.09	44.94

Such a sanitary state as exhibited by the preceding tables cannot exist without great loss of life and without considerable expense to the community at large, and the following are a few suggestions to remedy this bad state of health amongst the poorer classes.

6. All constitutionally weak children of several parishes should be brought into an *union sanatorium*, where all the available hygienic and medical means, according to the present state of science, should be used, and the education of the children continued as far as their weakly state permits; when healthy these children might he sent to the Union or charity school.

7. The curable adult disabled paupers suffering from chronic affections should be also visited for the sake of cure or improvement.

8. The expenses for the cure of such paupers would not be much more than the expenses in the workhouse, where such paupers are frequently kept for years in consequence of their having been neglected at a time when their health could have been restored.

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9. In order to prevent the increase of the number of disabled paupers, it is most important that the health of the healthy inmates should be kept up to the highest standard, for which purpose the masters and matrons of workhouses, as well as all schoolmasters and schoolmistresses should have an elementary, popular and practical knowledge of the injurious and beneficial influences affecting health. This sanitary knowledge should be imparted to the children, whose bodily faculties should be developed simultaneously with their mental faculties.

10. This sanitary knowledge should form a part of the instruction in the training schools of schoolmasters and schoolmistresses, of whom we cannot expect that they should bestow more care on the preservation of the health of their pupils so long as they are entirely ignorant on the subject; the preservation of individual health depends upon the parents and schoolmasters, but not on the medical man who enters on his duties, in the great majority of cases, only after those of the educator have been neglected.

11. The importance of a large garden or play-ground as an indispensable part of a workhouse has been sufficiently advocated and proved by the condition of those schools and workhouses which are not sufficiently provided in this respect.

12. The kitchen fire in workhouses and charitable institutions can by the aid of hot water or steam provide the necessary warmth in the various apartments, and sufficient warm water or steam for baths, which are most important in preserving health, in cutting short many diseases at the beginning, or in curing them when developed.

Conclusion.—It is most important not only to diminish the amount of ill-health at present existing among our poor population, but we must prevent as far as it depends upon ourselves all the causes artificially producing disease and deteriorating the general health; the number of inmates of our workhouses would thus considerably decrease, and a diminution of poor rates would go hand-in-hand with the improved health of the paupers.

Report of the Homœopathic Congress of 1856.

Homœopathic Congress, held at the Thatched House, London, 30th May, 1856. Present—Dr. Atkin, Dr. Wyld, Dr. Dudgeon, Dr. Roth, Mr. Robertson, Mr. Engall, Mr. Frith, Dr. Drysdale, Dr. Black,

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Mr. Hering, Dr. Pope, Mr. Morgan, Dr. Henriques, Dr. Scott, Dr. Tonnsilmann, Dr. Thomas, Dr. Epps, Dr. Hastings, Dr. Drury, Dr. Cronin, Dr. Hamilton, Mr. Bell, Dr. Boddy, Mr. Mackern, Mr. Anderson, Dr. Craig, Dr. Massy, Dr. Kidd, and Dr. Hartmann, viz., 29 present.

Dr. Atkin was called to the Chair.

Dr. Epps proposed, "That the secretary for the next Congress should send out a circular some months previous to the time of meeting, in order that members might have time to prepare papers."

Agreed to.

Dr. Black proposed, "That the next meeting be held in Birmingham."

Agreed to.

Dr. Black proposed, "That the Congress be held every second year, instead of annually."

Dr. Drury moved, "That it be held annually."—Carried.

Therefore the next meeting will be held in Birmingham in 1857.

Dr. Wyld proposed, "That Dr. Fearon and Dr. Galloway should be requested to act as joint secretaries for the next Congress."

Agreed to.

Dr. Scott then read his address.

Mr. Hering rose to thank Dr. Scott for his interesting address, so full of right feeling and ingenious observation.

Dr. Dudgeon in rising to second Mr. Hering's motion, observed in connection with Dr. Scott's observations upon the possibility of finding a *law* which might apply to the *dilution* of the medicine most appropriate to any given character in disease—that the idea had been much discussed in Germany, and indeed generally followed by most practitioners, although nothing approaching to the certainty of a law had yet been established on this point.

Mr. Engall asked the question, whether those present were in the habit of continuing to administer remedies appropriate to uterine disease during the menstrual period.

Dr. Henriques had much pleasure in thanking Dr. Scott for his address, but did not believe that a *law* as to the dilution could ever be arrived at, seeing that individuals were continually varying in their susceptibilities to medicinal influence; for instance, at one time an individual could take a large quantity of wine with benefit to himself, while at another time the smallest quantity acted hurtfully. He had had much experience in the intermittent fevers of the tropics,

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and held it as a fact that our infinitesimal doses were often useless in checking the paroxysm in such cases, but that 5, 6, or 10 grains of Quinine were often necessary to *cut short* such cases.

Dr. Scott rose to explain that he did not mean to imply that a law regarding the dilution might be established universally applicable to different kinds or names of diseases, but only applicable to different characters in diseases.

Dr. Drysdale observed that although full doses of medicine might cut short a disease, this could not be regarded so much in the light of a homœopathic cure as of an allopathic expedient for a temporary benefit only. He feared a law relating to the dilution could not be established, experience being the only sure guide in this matter.

Dr. Wyld observed in connection with Dr. Henriques's observations on the necessity in certain cases of giving full doses of medicine, that he had long believed delirium tremens was a disease requiring full doses of Opium, and this opinion he had lately had confirmed by the testimony of Dr. Keen, of the Royal Army, who informed him that he often failed to cure this disease in the soldier with 20 drop doses of Laudanum, while he invariably succeeded by increasing the dose to the required amount to produce sleep, in which case 24 hours was the usual duration of the attack—the cures remaining complete.

Dr. Black observed in illustration of the difficulty there existed in arriving at satisfactory information in medicine, that an American physician had lately published a paper shewing that in 80 cases he *never* succeeded in curing delirium tremens with Opium alone; and with reference to the intermittent fever of the tropics, he had cured such cases most completely with infinitesimal doses, after full doses of Quinine had failed in the hands of allopaths for years. He feared that our discussion was not likely to lead us to the discovery of a law with reference to the dose.

Dr. Henriques did not mean to say that full doses of Quinine were required in all cases, but in certain cases of intermittent fever—that was *his* experience, and he would mention the case of a gentleman present who took, with his advice and that of Dr. Chapman, 6-grain doses of Quinine, without which he firmly believed that the patient would have perished.

Mr. Hering said he was the individual alluded to, and he also believed that he was a living illustration of the fact of full doses being sometimes necessary to cut short a paroxysm and thus save life.

Mr. Robertson having watched the case of Mr. Hering closely,

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believed that without the administration of the large dose spoken of the patient must have perished.

Dr. Kidd sympathised with Dr. Scott in his desire to discover a law applicable to the dose. He gave full doses of medicine whenever he thought it necessary to do so, but instead of giving, as Dr. Henriques did, 5 or 10 grains of Quinine at a time, he should prefer giving gr. j, or gr. ½, doses repeatedly. Two other homœopathists treated a case of passive hæmorrhage from the liver and duodenum for ten days, but without any good result—the patient appeared to be rapidly sinking—and when nearly in *articulo mortis*, he gave 3 grains of Gallic acid every two hours, and immediately all hæmorrhage ceased, and the patient rapidly recovered.

Dr. Boddy would not deny that Dr. Kidd had acted wisely, still he had lately cured a case of frightful hæmorrhage from the mucous membrane by Arnica 3, in three days.

Dr. Hamilton thought that although Dr. Wyld, Dr. Henriques, and others might have failed to cure certain diseases by infinitesimal doses, that this was no proof that such doses were not sufficient, but only that these gentlemen had failed to hit upon the right remedy.

Mr. Engall was glad to find that the patient alluded to had recovered in Dr. Kidd's hands, but he would suggest whether the patient was not rather cured by the medicine which Mr. Engall, and even Dr. Kidd's friends, might be regarded as medicines from necessity. He had many times a day at a dispensary opportunities of seeing such cases as these presented, cured by overturning our patients, and not knowing sufficient else but the remedy to act.

The Congress now adjourned for a quarter of an hour.

Dr. Earle, [illegible] on the necessity of [illegible] and suggested how much it was the duty of a physician to study cases, for he was certain that a great portion of suffering, [illegible] in consequence of want of knowledge.

Dr. [illegible] and Dr. Smith, [illegible] Dr. Earle, [illegible] and Dr. [illegible] Dr. [illegible] and Dr. [illegible] [illegible]

[illegible] [illegible] [illegible] [

a curious fact that the fever which attacked the Irish was not nearly so fatal among the poor as when it attacked the rich; he could only account for this by supposing that the more active treatment the rich were likely to receive might act prejudicially.

Dr. Kidd corroborated the observation of Dr. Drury.

Dr. Wyld suggested that this state of things might possibly result from the poor being as it were protected to a certain extent by fever inoculation, it being found that strong servant girls coming from the country to town were much more liable to severe typhus than the habitual residents in towns.

Eighteen gentlemen sat down to supper at 9 o'clock.

Strychnine Poisoning.

The recent trial of William Palmer for the murder of Mr. Cook has directed public attention to the subject of poisoning by Strychnine, and the conflicting testimony of the medical witnesses has shewn that the symptoms produced by that terrible drug are not of such a definite character as to enable us to pronounce decisively, in the absence of the discovery of the poison and of strong circumstantial evidence, that the death of an individual has been certainly caused by it alone.

Even in Palmer's case where the circumstantial evidence was so strong, the failure to discover the Strychnine in the body of his alleged victim, has undeniably caused in the public mind an amount of dissatisfaction with the verdict of the jury, which assuredly does not arise from a sympathy with crime, or from a sentimental objection to capital punishments, and which would not have been felt and expressed as it has been, had the chemists succeeded in demonstrating the existence of Strychnine in the body of Cook.

The uneasiness of a large portion of the public has expressed itself in letters to the newspapers and in crowded public meetings, and arises from the fact strongly brought out at the trial, that the symptoms noticed in Cook's case were not of such a precise and determinate character as to exclude the possibility of their having been due to some natural disease.

Although some of the medical witnesses were positive as to the symptoms being attributable to Strychnine, and to that alone; others, while admitting that they were not actually inconsistent with Strych-

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nine poisoning, thought that they might occur in the course of natural disease; whilst others again were of opinion that certain circumstances observed in Cook's case excluded the idea of death being due to Strychnine poisoning.

Where such great difference of opinion exists, it will be worth while investigating the subject for ourselves and endeavouring to ascertain whether the symptoms of Strychnine poisoning are so well marked as to exclude every other form of death, or on the contrary, whether they are really so difficult to recognise as many of the medical witnesses asserted.

In order to assist our readers in forming their judgment on this momentous subject, we shall compare the symptoms testified to by the witnesses as having been observed in Cook's case with those of the well authenticated cases of Strychnine poisoning adduced at the trial, and with some other cases which we have taken the trouble to collect from various medical journals.

We shall endeavour by means of the tabular form to enable our readers to see at a glance the characteristic features presented by these recorded cases of Strychnine poisoning, and to compare them with those observed in Cook's case. The numbers in the subjoined resumé correspond with the cases we shall now proceed to present in a condensed form. We shall indicate the case of Palmer's alleged victim by the letter C. The other cases of ascertained Strychnine poisoning are numbered as they offer themselves to our observation. As our business is with the medical evidence alone in Cook's case, we shall leave entirely out of view the moral and circumstantial evidence that told so much against Palmer, but which as is generally acknowledged would not have availed to secure a verdict of guilty from the jury without the medical evidence. Indeed the *Lancet* of June 14th boasts that it was the medical evidence that hanged Palmer.

C.—Cook, aged 28, a young man of not very vigorous constitution and irregular habits, who had apparently some time previously been labouring under symptoms of secondary syphilis, which had disappeared long before his last fatal seizure. He had recently been evidently excited by some horse-racing transactions, in which he was pecuniarily interested, and had been exposed to some not very uncommon vicissitudes of the weather. For several days after this he had been affected with vomiting of such a persistent and unaccountable nature as to give rise to the suspicion of the administration of

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Antimonial medicine. On the 18th of November, in the middle of the night, he felt ill, "as if he was mad," he said; but this attack did not seem to have lasted long, nor did he summon any one to his assistance. The following day the sickness still continued more or less, and he vomited almost every thing he took. Between 10 and 11 on the night of the 19th, he took two pills, ostensibly containing Morphine, and lay down to sleep. At about ten minutes to 12 he rang his bell violently, and before the chambermaid could answer the summons she heard him scream loudly. When she entered his room he was sitting up in bed, beating the bed clothes with outstretched arms. He could not lie down, the attempt made him feel as if he was being suffocated. There was much jerking in his body and head. He threw his head back on the pillow and soon raised himself up again. His eyes projected. He spoke with difficulty, in a gasping manner. While moving and knocking about he frequently screamed murder, and said he was sure he should die. His screams were apparently elicited by agonising pain. He asked the maid to rub his hand. She found it stiff and half shut. Rubbing seemed to give relief. His consciousness was all along perfect. He had a difficulty in swallowing some pills that were given him, but none in swallowing liquids, though he snapped at the spoon and held it firmly betwixt his teeth. After drinking he vomited. The fit lasted half an hour, when he became composed. Next morning his eyes looked wild. On the 20th the vomiting of ingesta continued, but towards evening his spirits became good and he was quite jocose. About 11 o'clock at night, two pills said to be the same as on the preceding night, were given; and shortly after 12, P.M., he started up in bed and said he was going to be ill. He asked to have his neck rubbed as he sat up in bed. The muscles of the back of the neck were observed to be stiff. After these symptoms had lasted a few minutes two pills were given to him, and immediately he screamed out, threw himself back in bed, and was dreadfully convulsed. He begged to be raised up in bed, or he should be suffocated. The convulsions lasted five or ten minutes. His muscles all over the body were contracted and the limbs so stiff and rigid that it was found impossible to raise him up. He begged then to be turned on his right side. The heart's action became gradually weaker, his body was bent back in the form of a bow, and in that state he died quietly in a quarter of an hour after the commencement of the attack (one of the witnesses said three-quarters of an hour). After death his body still remained

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bent backwards like a bow (the witness who laid him out said he lay flat on his back in bed). The skin of the body very dark. The arms were stiffly flexed immediately after death. The eyes open, their lids stiff.

Post mortem examination six days after death shewed the skin of a marked paleness. The hands were clenched, the muscles generally stiff. The mouth was a little contorted, the jaw stiff. One witness stated that the right foot was very much turned outwards, another said he found both feet turned inwards. The lungs were found to be slightly congested with dark fluid blood. The brain was healthy, no serum, and no trace of congestion in it. The heart was contracted, empty. Small yellowish spots, like enlarged mucous follicles, were observed in the stomach at its larger end. The kidneys were congested. The blood generally was fluid. The upper part of the spinal cord was natural. The stomach contained three or four ounces of brownish liquid. The lungs were somewhat emphysematous. At a subsequent examination two months after death some small granules were observed in the dura mater of the spinal cord.

Such was the history of Cook's symptoms as stated by the witnesses examined at the late trial. Let us now examine the histories of the cases of undoubted Strychnine poisoning described by the medical men engaged on either side at this remarkable trial.

I.—A woman, took two or three pills containing altogether a half or three-quarters of a gr. of Strychnine. In a quarter of an hour (one witness said three-quarters of an hour) she fell back on the floor and became convulsed. Her mouth was retracted, the face suffused and red, the pupils dilated, the head bent back, the spine curved, all the muscles hard and rigid, the arms stretched out, and hands clenched, the legs rigid. There was grinding of the teeth, but not trismus. The consciousness continued entire. These paroxysms lasted for a short time and recurred every few seconds. In half an hour (one witness said an hour) after the commencement of the attack she died. The clenching of the hands did not continue after death. The heart was found contracted and empty. The spinal cord healthy.

II.—A lady took about three grains of Strychnine in bed. In about ten minutes she rang the bell violently, and was found by the servant out of bed leaning against a chair. She soon fell and lay on the floor. She screamed loudly, with her jaws clenched. Her hands were much contracted. Her legs and arms were much drawn up and she begged that they might be drawn straight. She asked to have

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water thrown over her, which was done without giving relief. She was quite conscious. The body was stiff and rigid. The fit was continuous and lasted about an hour, when she died. Just before she died she asked to be turned over on her side. The feet were turned inwards, the soles much arched. Three days after death the contraction of the feet continued, but not much in the rest of the body. The heart was found contracted and empty; the blood fluid.

III.—A lady was poisoned by repeated doses of Strychnine. She was taken ill on the 25th of February. She had another attack on the 27th, again on the 28th, and on the 29th, and the last on the 1st of March, which killed her. The last attack was much the most severe. In the other attacks she complained of her back, which was found to be stiff and rigid. The eyes were drawn to one side and staring. She had twitching of the ankles. She complained during the attacks of pricking in the legs, and twitching in the muscles of the hands, like a galvanic shock. She wished her arms and legs to be rubbed. In the last and most severe attack however she could not bear to be touched. Touching immediately brought on spasms. In this attack she could not swallow, but could in the previous milder attacks. The last continued for three hours before she died. She was insensible for an hour or thereabouts during last attack. Between the mild attacks she was quite composed and did not twitch. After death the body was found to be stiff, the hands semi-bent, the feet strongly arched. The lungs were congested. There was a little bloody serum in the pericardium and pleuræ. The muscles dark and stiff. There was serous effusion on the brain and in the membranes of the spinal cord. The spinal veins were much congested, and also the membranes of the spinal cord. The heart was empty.

The foregoing are all the cases adduced by the Counsel for the prosecution at the recent trial of Palmer. We shall now proceed to give a few more cases of well ascertained poisoning by Strychnine, from the *Therapeutical Magazine* of Dr. Frank.

IV.—A man, 39 years old, paralysed in the side. After 1½ gr. of Strychnine sprinkled on a raw surface on paralysed leg; in a short time (less than an hour, how much less not stated,) he had twitchings which increased in intensity every minute. Boring pain in occiput, vertigo, and noise in ears. The twitchings spread over the whole healthy and paralysed side, with increase of headache, at length unconsciousness and rattling difficult respiration. Pulse full, hard, slow and intermitting. Face blue red, puffed; eyes projecting, pupils

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very much dilated; mouth open. The convulsions of his extremities became so violent that he was thrown by them about in his bed. The skin of the right lower extremities had a blue marbled appearance. This patient recovered under the influence of Morphia endermically applied.

V.—After the ingestion of two grains on two successive evenings, there occurred frequent vomitings and the most violent convulsions, resembling epilepsy, which lasted until the morning.

VI.—A man suffering from partial paralysis of the lower extremities, the consequence of a fall, swallowed at 5, A.M., an unknown quantity of Strychnine. *Immediately* he was seized with violent spasms, accompanied by shocks in the abdomen. These spasms increased momentarily in violence. Along with them occurred extreme congestion in the head, the face was blue black, the eyes red and prominent, and foam before the mouth. The spasms went off by rubbing with Eau de Cologne, but soon returned, and he died about noon.

VII.—In a man 40 years of age, suffering from hemiplegia, after the endermic application of two grains of Strychnine, he had a violent attack of trismus and tetanus, which yielded to Morphine.

VIII.—In a case of paralysis of the lower extremities in a man of 34, after the endermic application of 2½ grains of Strychnine, in half an hour there occurred the following symptoms. Pulse small, contracted, quick, irregular. Pupils dilated. Respiration impeded. Face puffed. Heat of skin much increased. He complained of violent burning pain in the stomach, horrible feeling of anxiety and oppression. The muscles of the legs and arms were contracted, and hard to the feel; this alternated with jerkings to such an extent that the patient was projected high up in bed and screamed out. After the application of Morphine these symptoms went off.

IX.—A woman of 40 took $^1/_{12}$th gr. of nitrate of Strychnine every hour for six hours. When walking about she suddenly fell to the ground, struck the back of her head, and became unconscious. In a quarter of an hour she was seen by the doctor, and with difficulty told him that she had been suddenly seized with giddiness, and felt as if she were forcibly bent backwards, and as if the hands were twisted behind her. This feeling was past, but she complained of pain in the back, and her hands trembled. Vertigo also remained combined with sickness and vomiting of a thin colourless fluid.

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Respiration was impeded; the pulse weak and frequent; the movements of the arms were, however, quite free.

X.—The patient was a lady, 50 years old, affected with some abdominal complaint. The dose she took by mistake was a teaspoonful of a mixture containing ʒij of the spirituous extract of Nux vomica to ℥ij of fluid. She had scarcely swallowed the medicine when she was attacked with rigor and vomiting. She got worse every minute. Her face, previously pale, became of a very red colour, her cheeks were burning hot; her eyes were fixed, or were often turned so much up into the head that the *contracted* pupil could not be seen; the features were distorted, the mouth fast closed; grinding of the teeth; rapid grunting interrupted respiration; great anxiety; violent palpitation; and involuntary loud crying out. When she screamed out her head was drawn backwards, whereupon the mouth was opened wide, and gave her countenance a horrible expression. The tongue was then protruded, and was several times severely wounded by the jaws closing suddenly upon it. She had a great dislike to fluids, which she was sometimes utterly unable to swallow. She trembled all over, and could only keep seated for a few moments at a time. She was then compelled, as by an electric shock, to rise up and to totter about the room. Her speech was continually interrupted by hiccough; it was weak, monosyllabic, and often quite unintelligible; her wishes could only be guessed at by her signs. Pulse small, hard and quick. The symptoms lasted in all about three hours. They were followed by great exhaustion, and an eruption (kind not stated) over the whole body.

XI.—A lady affected with rheumatism took, at 7 A.M., 60 drops of tinct. Nuc. vom. She remained quite well for two hours, then she suddenly became convulsed, and in a few minutes she was quite tetanic. The lower jaw moved in a jerking way from one side to the other, but could not be opened. The arms were drawn spasmodically up close to the chest, the thighs were drawn up upon the abdomen, the fingers and toes were strongly flexed. It was with great difficulty that the bent limbs could be extended. The patient whined and groaned, but could not speak a word. Her skin was perfectly insensible, and she felt neither pinching nor pricking. These symptoms lasted a quarter of an hour and then went off.

XII.—A man of 45, in a fit of jealousy, at 9 P.M., swallowed twelve sous worth of Nux vomica powder. Almost immediately

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afterwards violent convulsions. He vomited the milk and warm water given him. At 10 P.M. he was brought into hospital. His features were sunk, he appeared generally prostrated, his strength gone, he had convulsive fits in rapid succession of one to two minutes duration, and characterized by great stiffness of all the muscles. The trunk and limbs were stretched, the jaw strongly clenched. When moved he uttered interrupted loud cries; no alteration in the pulse. In the night the sensitiveness of his sight and hearing were greatly increased; touching and even the slightest noise excited convulsions. At about 9 P.M. the following night the convulsions went off, and he was pretty well that night and next day, except a feeling of weakness and pains all over. In the evening the pain seemed to be concentrated in the epigaster; the pulse became quick, the skin dry. The third morning the pulse was feeble, almost imperceptible; dry and hot skin; redness of the border of the tongue; violent pain in the epigaster, and throbbing there; extraordinary prostration and weakness; intellectual functions not disturbed; staring eyes; altered features. Death at 10 A.M.

Post mortem after forty-eight hours. About an ounce of water in the lateral ventricles of the brain, no perceptible alteration in the meninges or cerebral substance; considerable effusion into the arachnoid of the spinal chord, the back part of which was beset with numerous irregular cartilaginous tubercles of various sizes. Liver large. Stomach shewed spots of red or almost black colour. Duodenum inflamed, filled with a yellow viscid fluid; the redness of its mucous membrane extends into the small intestines; it is contracted in the middle; the mucous membrane at the contracted part ulcerated. Bladder small, contracted, empty, slightly inflamed, containing a spoonful of purulent fluid. Lungs filled with blood. Heart normal. Great stiffness of limbs; brownish coloration of the surface of the body.

XIII.—A stout healthy girl, wishing to poison herself, took, at 10 A.M., two drachms of filed Nux vomica. In half an hour she complained of violent pains in the abdomen, which increased every moment, and at length attained an indescribable intensity. About 11 she was found to be in the most horrible convulsions of the character of opisthotonos. The fits recurred almost every minute. The face was very much flushed, scarlet coloured, puffed; the eyes staring and flashing fire; the hands cold; the pulse completely gone; she was perfectly conscious. She died at 12.

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Post mortem on the following day shewed the whole of the right side bluish red; the abdomen fearfully distended; the hands convulsively closed; the jaw firmly clenched; blue lips; hair easily detached; bowels filled with air; stomach much inflamed, and at one part almost gangrenous; the inflammation extended into small intestines.

XIV.—A lad of 17 swallowed, immediately after dinner, about two scruples of pure Strychnine, and washed it down with a glass of wine and water. Immediately afterwards he began to feel uncomfortable, ran about the room, and experienced much anxiety and restlessness. Four grains of Tart. em. were given without causing much vomiting, and the reporter saw him in a quarter of an hour after the poison had been swallowed. He lay stiff and unable to move on his back in bed, the head drawn forcibly backwards; he shewed an inclination to turn on the right side; he could still freely use his arms. His countenance was pale and altered; the temperature of the skin normal; the pulse quick and wiry. His consciousness was perfect, he spoke in his natural voice about his state; he was occasionally interrupted by a transient stiffness of the lower jaw, but not to such an extent as to prevent him speaking quickly and easily. This stiffness did not prevent him opening his mouth to take liquids, which he swallowed easily. The trismus gradually increased, and the spasms soon involved the muscles of respiration. The chest was oppressed, the breathing irregular and interrupted, and occasionally there was a rapid succession of short respirations, with small contracted and rapid pulse. Every effort to excite vomiting was unsuccessful. While still retaining consciousness, there occurred a succession of attacks of trismus and oppression of the chest, with a few minutes interval between each, which continued to increase in violence, soon extending all over the body, and all of a sudden the patient experienced a series of almost electrical shocks throughout the body, and after a short pause, opisthotonos followed, whereby the body, though not much bent backwards, was, throughout its whole extent, as stiff as a statue, and was raised a few inches from the bed in the middle. This state was accompanied by the most violent suffocative symptoms. During this attack, whereby the trismus was extreme, but without any distension of the muscles of the face; he uttered bleating noises, and seemed to be trying to speak. The upper extremities were firmly drawn up to the chest, the forearm immoveably flexed at the elbow; the lower extremities

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were stiff and immoveable, the feet were bent in such a manner that the soles were opposed to one another. The skin assumed a bluish colour, the face was puffed, of a dark violet colour, the lips dark blue, the neck swollen, the jugular veins distended, the eyes projecting and turned immoveably towards the right side, the pupils dilated and unaffected by light, the conjunctiva red. He now ceased to utter any sound, he became unconscious as if suffocated, and the body lay still and stiff. All at once the spasm ceased; the arms fell by the side of the body, the mouth opened, and he drew a deep breath, whereby he seemed to revive and resume his senses, speech and power of swallowing. The dark coloration of the skin likewise went off. The contraction however continued in the muscles of the back, and neck, and legs, but he could move about his arms freely. Even after the third attack of this sort, the patient recognised the bystanders, and seemed to understand questions put to him, though he was unable to reply intelligibly. In the fourth paroxysm he died, one hour and a half after the poison had been swallowed.

Post mortem, twenty hours after death. Surface of the body blue; abdomen tense, hard, but not swelled. The whole corpse uncommonly stiff; all the muscles rigid, especially those of the lower extremities; the feet still distorted. The flesh of the muscles, notwithstanding their stiffness, was uncommonly soft and doughy, and of a brownish colour like smoked meat. On opening the spinal canal there flowed out about two pounds of viscid, not coagulated, dark black tar-like blood. The plexus venosi spinales, which are in ordinary states unnoticeable, were distended with dark blood, and betwixt the fourth cervical and fourth dorsal, and again betwixt the tenth dorsal and fourth lumbar vertebræ, they had the appearance of a thick black venous net, some of the veins being as thick as a crowquill. The vessels of the pia mater of the spinal chord shewed the same congested appearance, especially at the corresponding points. Within the membranes some exudation was observed, more particularly about the cervical portion of the chord. The chord, when cut across, was at its upper part soft, in some parts even pappy; lower down it was harder. The cranial cavity was also congested; all the vessels of the dura and pia mater, especially the choroid plexus, and even the cerebral substance, were full of blood, whereby the cortical substance appeared of a bluish colour. The cerebellum was rather softer than usual. The organs of the chest and abdomen were, on the contrary, very destitute of blood: the

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heart was flaccid, and its cavities and larger vessels so empty that scarcely any blood could be obtained from them. The stomach was distended with solid food, which had quite a fresh appearance. The mucous membrane of the stomach was much reddened, that of the small intestines slightly so. Liver full and distended, more full of blood than the other viscera, otherwise nothing abnormal. No trace of the strychnine could be discovered even by chemical analysis. It should be observed that the stomach pump was used during life, and the fluid drawn off not kept. We are not told what were the chemical means used to detect the poison; and as the case occurred twenty years ago, the tests for strychnia were not so well understood then as now.

XV.—A woman of 26 swallowed an ounce of powdered Nux vomica. No particulars are given of the symptoms during life, or of the time the poison took to produce a fatal issue. The results of the *post mortem* examination alone are recorded. The rigor mortis was general and excessive. The head inclined forwards and to the left; The jaws firmly closed; the arms and fingers stiffly flexed; dark violet coloured spots on the face and upper part of chest. Two days afterwards the mouth was open; the rigor mortis very slight. The meningo-spinal blood-vessels contained little blood; the sinus duræ matris empty; the vessels of the arachnoid not perceptibly injected; some effusion of reddish serum; a blackish-red serous infiltration over the left hemisphere. Cerebral substance soft, on being cut into presenting numerous bloody points. Half a tablespoonful of reddish serum in the lateral ventricles. The lobes of the cerebellum covered with a red gelatinous exudation; the pia mater very red and injected; the cortical substance extremely soft and very dark. The cavity of the medullary arachnoid filled with a large quantity of clear dark red water; vessels of the dura mater slightly injected. The dorsal portion of the chord very soft in comparison with the rest of it, and its central gray portion traversed by visible blood-vessels. Larynx, trachea, and bronch[illegible] with blackish-violet slimy viscid fluid; their mucous m[illegible] ckish-violet colour. The lungs almost black poster[illegible] great quantity of dark fluid t[illegible] and very large small ecchym[illegible] contained bl[illegible] and intestin[illegible] cardiac extre[illegible]

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vessels. The stomach contained a fluid like beef-tea; its mucous membrane was whitish throughout, not congested, except at the spot before described. Spleen very soft, and containing much black blood. Nothing else abnormal.

XVI.—A man of 60 took about 75 drops of a solution of 3 grains of acetate of Strychnia in ʒj of water. In half an hour he had vertigo, and in drinking a cup of coffee his hands trembled and he was forced to rise from his chair, when he was led to bed. Then he had general trembling and dyspnœa. His look was wild; pupils dilated; face red; tongue dry in the middle, red at edges; very rapid breathing; full, hard, quick pulse. The least noise, the slightest touch produced tetanic convulsions accompanied by frightful cries. The patient continued to get worse, preserving, however, perfect consciousness. The cry was forced from him involuntarily, and was not occasioned by pain. The most disagreeable symptom he experienced was the oppression of the chest. The symptoms lasted altogether two hours and a half, and then went off, leaving only thirst and exhaustion.

XVII.—A hypochondriacal physician, æt. 46, drank off a quantity of dissolved nitrate of Strychnia, and soon afterwards began to breathe heavily, became senseless, and died without convulsions.

Post mortem, twenty hours after death. The body stiff, and marked with blue-black sugillations; abdomen somewhat distended; features not disturbed; eyes half open, pupils dilated. Liver congested; pancreas large and blackish; spleen hard, and filled with blackish blood. The lungs, heart, and large vessels filled with black blood. Brain and meninges normal; cerebral vessels almost bloodless.

XVIII.—The details of this case will be found in our last number, so that there is no occasion to repeat them here.

Resumé of the symptoms observed in the case of ***Mr. Cook, and in the foregoing cases of poisoning by Strychnine.***

The time that elapsed between the ingestion of the medicine and ence of morbid symptoms was from 1 to 1½ hour in C. red immediately in 6, 10, 12, 14. In from 10 to 30 2, 4, 8, 13, 16. In 2 hours in 11 (not a fatal case). the time is not indicated.

served and particularly noted were:—

C. only.

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Stiffness of arms in C. 2, 11.
Free use of arms in C. 9, 14.
Stiffness of legs in C. 1, 8, 12, 14.
Stiffness of trunk in C. 1, 2, 3, 12, 14, 18.
Opisthotonos in C. 1, 7, 9, 13, 14, 18.
Head drawn backward in C. 1, 10, 14, 18.
Head drawn forwards and to one side in 15 only.
Trismus in C. 2, 7, 10, 11, 12, 14, 18.
No trismus is noted as having occurred in 1, 4, the mouth was open in 4, 10.
Arms stretched out in C. 1, 18.
Arms flexed in C. 2, 9, 11, 14.
Legs extended in C. 1, 18.
Legs flexed in 2, 11, 14.
Feet turned inwards in C. 2, 14.
Feet turned outwards in C. (?) 18.
Soles arched in C. 2, 3, 18.
Jerking, twitching, and shocks in the body in C. 3, 4, 14.
Jerking in the limbs in C. 3, 4.
There was a continuous fit only in 2.
There were several fits with intervals of ease between in C. 1, 12, 13, 14, 18.
There was a wish to be rubbed during the fits in C. only.*
The fits were excited by the touch in 3, 12, 16, 18.
They were excited by noise in 16.
Insensibility to touch in 3, 11.
There were general convulsions in C. 4, 5, 6, 9, 11, 12, 13.
There were no convulsions of any kind in 17.
There was snapping at a glass or spoon when offered in C. 10.
The patient sat up in bed at first in 12 only.
Pain in the stomach was complained of in 2, 10, 13.
No pain of any kind was observed in
Pain undefined in seat was complained
Headache was a prominent symptom in
Sickness and vomiting in C. 5, 9, 10.
Loud screams were uttered by C. 2, 5,
The speech was quite natural in 14.

* In 3 there was also a desire to be rubbed in the intervals between the doses, but the reverse during the fits.

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It was interrupted in C. 10, 11.

Consciousness was entire in C. 1, 2, 12, 13, 14, 16, 18.

Unconsciousness occurred in 3, 4, 9.

Dyspnœa was present in C. 4, 8, 9, 10, 14, 16, 18.

The faculty of swallowing remained in C. 14.

Inability to swallow in 3, 10, 14.

Increased heat of body in 8, 12, 18.

No increased heat of body is noted to have been observed in 14.

Coldness of the extremities in C. 13.

The skin assumed a dark colour in 4, 14.

The complexion was dark in 14, 18.

The face pale in 14, 18.

The face red in 1, 4, 6, 10, 13, 16.

The features distorted in 1, 10, 12.

The eyes projected in C. 4, 6, 14.

The eyes distorted in 3, 10, 14.

The pupils dilated in 1, 4, 8, 14, 16, 17.

The pupils contracted in 10.

The duration of the fatal fit was in C. 15 minutes; in 1, half an hour; in 2, one hour; in 3, three hours; in 12, sixty hours; in 14, one hour and a half.

Resumé of the appearances noted in the cases examined post mortem.

The following cases only were examined: C., 1, 2, 3, 12, 13, 14, 15, 17.

Stiffness in the body in C. 3, 12, 14, 15, 17.

No stiffness present two days after death in 2.

The jaws stiffly clenched in C. 13, 15.

The hands clenched in C. 13, 15.

The hands not clenched in 1.

The arms stiff in C. 15.

The feet distorted, C. 2, 14.

[illegible]nen distended, 13, 14, 17.

[illegible]ark coloured in 12, 13, 14, 15, 17.

[illegible] dark coloured in 13, 14.

[illegible] C. 2, 14, 15.

[illegible]ured in C. 14, 15, 17.

[illegible]14, 15.

[illegible]n in C. 1, 17.

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Effusion in the brain in 3, 12, 15.
No effusion in the brain in C. 1, 17.
Congestion of the spinal cord in 3, 14, 15.
No congestion of spinal cord in C. 1, 17.
Effusion on the spinal cord in 3, 12, 14, 15.
No effusion on the spinal cord in C. 1, 17.
Softening of spinal cord in 14, 15.
Granules or tubercles on membranes of cord in C. 12.
Congestion of lungs in C. 3, 12, 15, 17.
Heart contracted in C. 1, 2.
Heart flaccid in 14, 15.
Heart full in 15, 17.
Heart empty in C. 1, 2, 3, 14.
Effusion into pericardium and pleuræ in 3.
Inflammation of the stomach 12, 13, 14, 15 (?).
Inflammation of bowels in 12, 13, 14.
Congestion of the liver in 12, 14.
Congestion of the kidneys in C.

From the above cases of Strychnine poisoning, and the *resumé* we have given of the symptoms they presented, and the morbid changes observed after death, the reader will perceive that the symptoms and morbid alterations produced by Strychnine are not so fixed and uniform as some would have us believe them to be. He will perceive that though the history of Mr. Cook's case may well give rise to suspicion of the administration of Strychnine, the symptoms he presented do not exactly correspond to those of any of the cases we have detailed. Almost all the symptoms Cook presented occurred in one or other of the poisoning cases, but none of the latter offered the whole of those observed in his case. It is curious to observe that the case (14) which, in the symptoms observed during life, most closely resembles that of Cook, is precisely the one which differs most completely from him in the *post mortem* appearances. How to account for this discrepancy on the supposition that both are cases of Strychnine poisoning.

On the whole we can[illegible] satisfaction of some of our medical contem[illegible] in this rema[illegible]

Th[illegible] of Stryc[illegible]

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were, in the absence of any finding of Strychnine by chemists of experience. Several medical witnesses of respectability and experience, said they might be owing to natural disease. On this point we would be loath to put forward any opinion of our own, but when we consider the diversity of natural diseases,* the difficulty of judging from report of the exact character of symptoms, the liability of men to misrepresent and misinterpret where they have a foregone conclusion, we cannot forbear to express our regret that a verdict of guilty should have been returned in the absence of the chemical proof of Strychnine poisoning. If what was stated by the great chemical authorities, the witnesses for the defence, be true, respecting the absolute certainty of the discovery of Strychnine in the body of any animal poisoned by it, than the failure to discover Strychnine by experienced chemists, is more than mere negative evidence, it must be positive evidence that Strychnine was not the cause of death. If we believe the testimony of those distinguished chemists, we must adopt one or other of these two alternatives—either those eminent analytical chemists, Drs. Taylor and Rees, are bunglers at their own vocation, or Cook was not poisoned by Strychnine: neither of which alternatives is very satisfactory.

Not for Palmer's sake—for being hanged and probably deservedly so, if not on Cook's account, yet for other crimes—but for the sake of removing the uneasiness that the failure to discover Strychnine has occasioned in many minds, we would earnestly desire that Cook's body should be exhumed, and made over for analysis to Messrs. Herapath, Nunneley and Letheby.

As the case at present stands, we know not but what we may be poisoned by Strychnine so adroitly that no one shall even suspect the murder. For supposing our poisoner had the wit to procure his Strychnine more cunningly than Palmer, supposing also that the symptoms presented, in place of resembling Cook's case, more nearly resembled some of the fatal cases we have related above, then if he have but the skill to give his doses in the proper manner, he may kill without risk of detection by all the resources of chemistry. Surely it would be worth while settling this question by the exhumation of Cook at the risk of proving Drs. Taylor and Rees unskilful chemists, or that Palmer did not murder Cook by Strychnine, if at all.

* Want of space alone prevents us detailing a number of cases that have occurred in our own and others' practice, of sudden death from convulsions, or unaccountable tetaniform fits, where no suspicion of poison was

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Discussion on the Adulteration of Drugs at the Med. Soc. of London, April 12, 1856. DR. CHOWNE, *President.*

Dr. Lankester said there could be no question that drugs were adulterated to an enormous extent, and it was a serious question how the evil could best be remedied. With regard to liquorice, he was a little comforted to think that it was not adulterated with anything that was likely to produce serious effects upon the system.

Mr. Rogers Harrison expressed an opinion that the Medical Society was not a fit arena for the discussion of the composition and adulteration of liquorice. As to other drugs, their adulteration by such substances as starch, potatoes, and the like, was perhaps, rather a matter of rejoicing than otherwise, as it might serve to diminish the strength of the doses prescribed. (A laugh.)

Dr. Rogers adverted to the difficulty connected with the prescribing of drugs whose strength was uncertain.

Mr. Jabez Hogg said, he had seen sulphate of lime and rice starch mixed with powdered liquorice. Some drugs, he said, were so extensively adulterated, that persons who ought to be competent judges were ignorant as to the composition of the real article. In one instance a quantity of calamine ointment was returned to this country from India, as not genuine, the fact being that it was a perfectly genuine article, but differing so much from what had been previously supplied, (the drug being nearly always adulterated,) it was supposed to be impure.

The President stated, that he had known ipecacuanha to be sold with one part in three of sago dust; and said that the person who was considered the best druggist was he who could adulterate the best without detection, and could best detect the adulteration of others.

Dr. Snow wished that the author had included some other drugs in his paper. He mentioned that the censors of the College of Physicians once found in [illegible] a barrel of antimonial wine so adulterated, that they [illegible] out into the street. 'The excuse [illegible] only intended for exportation."

Mr. [illegible] was introduced medic[illegible] with uncertain results.

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Glycogenic Function of the Liver.

Nouvelle Fonction du Foie, 1853; *et Leçons de Physiologie Expérimentale*, 1855. Par M. CLAUDE BERNARD, Membre de l'Institut de France, &c. &c.

Physiology and medicine are indebted to M. Claude Bernard for one of the most important discoveries of the present century—that of *the glycogenic function of the liver.*

If, in a carnivorous animal, the blood of the vena portæ, or veins passing from the stomach and intestines into the liver, be carefully examined, not a trace of sugar is to be detected. If the blood of the hepatic vein of the same animal, or the veins proceeding from the liver, be tested in its turn, sugar is found to exist in it in considerable quantity. During the circulation of this blood through the liver, then, *sugar is formed!* A new phenomenon, a new function, a new object of physiological and medical study has been discovered. This discovery has placed the name of Bernard in the first rank of discoverers in physiological science.

We proceed to lay before our readers the special points involved in this discovery in detail. We shall, then, briefly notice several objections which have been made to it, for this discovery has undergone the usual lot of discoveries in physiology especially, and M. Bernard has had to wage war with many disputants. But we believe that the glycogenic function of the liver still remains as a part of physiology, and, in its excess, as in diabetes, which it explains for the first time, of pathology.

Extraordinary as the fact may be, this last discovery in *material* physiology coalesces with the latest discovery in the physiology of the nervous system, for the glycogenic function of the liver appears, from M. Bernard's investigations, to be an example of internal diastaltic function, in which the pneumogastric is the ascending or incident nerve, and the ganglionic the descending nerve, the medulla oblongata being the centre.

The following are the principal *facts* in regard to the glycogenic function:—

Sugar exists in the liver of man and of all animals in health.

This sugar exists in the liver of carnivorous as well as herbivorous animals, during the state of digestion, or of fasting. It is therefore independent of the food.

In the carnivorous animal, there is no sugar in the vena portæ;

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whereas there is a considerable quantity in the hepatic veins. The sugar is therefore formed *within* the liver.

The sugar disseminated in the blood disappears as it passes to a distance from the liver, without appearing in the urine.

The blood which leaves the liver, whilst it contains sugar, is found to have lost all its fibrine, and much of its albumen. The sugar seems, therefore, to have been formed in the liver at the expense of the albuminoid principles of the blood.

The glycogenic function undergoes changes from various causes. It is most active during digestion; less so during the intervals; absent in the case of long fasting.

External influences also modify this function:—

It is diminished by cold; restored by warmth.

It is modified by the condition of the nervous system—augmented, diminished, or perverted.

It is affected sympathetically by other functions, and especially by the condition of the respiration.

It may be pathologically augmented, diminished, abolished. Its morbid augmentation produces *diabetes*. It is abolished by febrile and other diseases.

We revert to the reflex or diastaltic action of the pneumogastric nerve in the glycogenic function: if, says M. Bernard, we divide the pneumogastric nerve, and galvanize its peripheric portion, no effect is produced; but if we galvanize that part which is in connexion with the spinal marrow, the glycogenic function is not only not interrupted, but may be greatly augmented.

In the physiological condition, an excitation induced by the air in the lungs, and transmitted to the nervous centre by the pneumogastric nerve, induces the formation of sugar in the liver by means of a reflex action.

Our readers will, we think, be led, by this brief enumeration, to study for themselves the subject of the glycogenic function of the liver. They will find an account of it in the second of the works cited at the head of this article, a work full of facts and of details of surpassing interest. Our object has been to give such a plain statement in regard to M. Bernard's labours as to call attention to them, and lead to their due appreciation both by the scientific and the practical physician. The pathology of diabetes is lucidly explained for the first time, a debt the profession and the public owe to M. Bernard.

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M. Bernard has early received the greatest reward of science in Europe, in his nomination as a member of the Institute of France, whilst yet young and in the commencement of his scientific career: a proof of the value attached to *discovery*.—(*Lancet*, May 3, 1856.)

Case of Poisoning by Strychnine, by Dr. Dunn.

On Thursday, the 5th of June, I was summoned a little after midday to attend Mrs. M——, æt. 34, who had swallowed a three-penny packet of Battle's Vermin Killer, *and its wrapper*. Not being at home at the moment, my assistant visited the patient, and he instantly administered a sulphate of Zinc emetic, which evacuated the contents of the stomach, in which was discovered the paper that had contained the poison. I arrived just after the vomiting ceased, and found the patient sitting in a chair, in great distress, and very low, the pulse scarcely perceptible. I gave her a little sherry wine, when she was immediately seized with the most violent spasms of the whole muscular system; she became rigid, the head drawn back, the face livid, the hands clenched, the body fixed, the legs stiff, the calves of the legs very hard and in lumps, as in violent cramp; she was then laid on the carpet; the pulse could not be felt, and to all appearance she was dead. In about a minute or a minute and a half she again breathed, and slowly recovered. I then gave her the compound tincture of Iodine, in doses of fifteen drops every fifteen minutes, and the spasms became less and less severe, until about 5 o'clock, when she had one more severe fit, but not nearly so bad as that she had at 1 o'clock. The Iodine was continued, and the spasms were very slight up to nine o'clock, when they entirely ceased, and the chemical antidote was discontinued, and the patient passed a quiet night. In the morning (June 6th) she complained much of headache, numbness of the whole body, and she was unable to use her lower limbs; I then gave her the dynamic antidote (opium), the headache was relieved, she passed another quiet night, and on Saturday morning expressed herself as much better, and asked permission to go home; she could stand, but still felt great numbness of the legs. By evening she could walk, and went home, a distance of about three hundred yards. On Sunday she still complained of numbness, the bowels acted slightly, the opium was continued, three globules of the 6th dilution every four hours. On

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Monday she took a short walk with a friend, and said she was nearly well, but complained of a bad taste in her mouth; the Opium was discontinued, and Pulsatilla administered. This case is painfully interesting, and may lead to the discovery of the true mode of proceeding in such cases now too common. The first question that naturally suggests itself is, was the poison Strychnine? Of this there is no doubt, as Mr. Battle the druggist of Lincoln, will verify. Next, how much Strychnine does one of these packets contain? And lastly, do we possess a chemical antidote in Iodine? I firmly believe that we do, and I am instituting some experiments to further test its usefulness; certain it is, that though strychnine be a most deadly poison when administered simply, it ceases to be poisonous, or at all events very slightly and remotely so, when given in combination with Iodine. The quantity of Strychnine in each packet is not exactly known, as Mr. Battle refuses to tell; but we do know that the same quantity quickly killed a young woman in Leeds last May; and it is, we imagine, pretty clear to our readers, that the unfortunate Mrs. Dove, of Leeds, perished from the effects of Strychnine by whomsoever administered, and that her medical men, or at all events one of them, suspected it long before her death. Had Iodine been given her as it was given to this patient, would Mrs. Dove have been now alive? is a question which further experiment alone can show. This case will prove to all those not blinded by prejudice, that though homœopathic practitioners never administer poisons, they know how to treat them successfully when they have been wilfully or mistakenly given by other parties, and it will surely teach the public how much care and circumspection is required before trusting themselves or their children in the hands of those who jumble in their surgeries, Strychnine and Salts, Soda and Oxalic Acid, Morphia and Rhubarb, indiscriminately, and trust their sale and compounding to boys without knowledge and without responsibility.

Question relative to the Chenopodii glauci aphis, by Dr. Thomas.

The provings registered under the above heading in our Materia Medica are said to have been made from the *aphis*—"the louse on the oak-leaved goose-foot." The remedy "Chenopodium," according to the Homœopathic Pharmacopœias, is prepared from the

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plant Chenopodium glaucum, which is common in the outskirts of London. Can any of the readers of the British Journal of Homœopathy give the requisite information respecting this "aphis," so as to ensure the correct medicine being obtained?

Rhus venenata—note by Dr. Thomas.

In the last number of the British Journal my meaning respecting the R. venenata was not rendered quite so clear as it might have been. The facts of the case are simply these. The medicament now known as R. vernix is prepared from the plant R. venenata, the provings in our Materia Medica have been obtained from the same source. The sole error (an important one) is the confounding two very different species of Rhus with each other.

The *true* R. vernix, a native of Japan and not of N. America, has *never* been used in homœopathic practice.

OBITUARY.

Dr. J. Attomyr.

Homœopathy has lost one of its most zealous and talented adherents in the decease of this well-known and deservedly esteemed Hungarian physician. Dr. Attomyr's name has been long very prominently known to the students of homœopathic literature as well by his numerous contributions to the *Archiv* of Stapf as by his separate treatises and useful works. The last work on which he was engaged was the *Primordien einer Naturgeschichte der Krankheiten*, a highly original and ingenious arrangement of our pathogenetic knowledge and clinical experience, but of which only two volumes were completed at the time of his decease. We suspect this work was not encouraged by the profession as much as it merited, probably in consequence of the very novelty of its arrangement and of the views promulgated in it. We have frequently found these two volumes of great service and have more than once referred to them in previous numbers of this Journal. Among his later works we may likewise mention a monograph on the physiological effects of the poison developed in fatty substances, which shews a great amount of research. Dr. Attomyr's was without doubt a most original mind, and some of the works he engaged in have a character of eccentricity and quaintness about them that have excited a good deal of ridicule. Such are his articles on the affections and passions, as morbific and remedial agents. Dr. Attomyr died at Pesth, where he had long practised his profession with success, on the 5th of February last.

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Dr. Roman Fernandez del Rio.

Dr. Del Rio was one of the best known and most esteemed homœopathic practitioners of Madrid. He was one of the founders and for long president of the Spanish Academy of Homœopathy, and editor successively of three Spanish Homœopathic journals. He likewise translated into the Castilian tongue many of the much esteemed German manuals of homœopathy, among others Hartmann's Diseases of Children, and Hering's Domestic Physician. Whilst much occupied with the treatment of cholera cases in Madrid, he caught the infection and died in thirty hours in the 33rd year of his age.

Dr. John Joseph Mach.

Dr. Mach was born in a small village of Bohemia in 1795. His father being only a poor shoemaker was unable to pay for his education, but this difficulty was got over by the aid of a few friends, who perceived the abilities of the boy, and sent him to the University of Prague, where he diligently pursued the study of medicine, and in due time passed his examinations with great eclat. In the year 1829 he settled down to practice in Karlsbad, and here he became acquainted with the doctrines of Hahnemann, to which he soon became a zealous convert. He married in 1831 and removed to Warnsdorf, a manufacturing town on the borders of Saxony, where he practised with much success. Born and brought up in the Roman Catholic faith, his enquiring mind led him to examine the bases of this religion, and thinking they did not agree with the scheme of christianity as he found it laid down in the Bible, he occasionally stated his doubts to his friends. On the 7th of April 1845 he was suddenly seized upon by the police, and without any trial thrown into a damp dungeon, to which no ray of light penetrated, and where he lay for 18 weeks before he was liberated. The consequence of this cruel treatment was that he lost all his teeth by scorbutus, his nails ulcerated, and he shewed all the signs of general decomposition of the blood. His lost health he never entirely recovered. A kind of lupus appeared on his nose, extending to the eyes, one of which it destroyed. Notwithstanding his sufferings he continued to practise almost to the day of his death, which took place on the 12th of November last year.

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W. Davy & Son, Printers, 8 Gilbert Street, Oxford Street.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

SOME OBSERVATIONS ON DISEASES OF THE CENTRAL NERVOUS SYSTEM,

By Dr. Rutherfurd Russell.

The object of this paper is the same as that of its forerunner, being an attempt to introduce, if possible, more precision into our use of generic and specific names of the diseases we treat, so that the rich accumulation of experience may become more fruitful by a more careful and methodic arrangement. The two extremes we have to avoid is, a loose way of inscribing under one large heading all the medicines useful in some disease which may have many fundamentally distinct causes; or contenting ourselves with the simple narrative of cases, leaving to the reader the difficult task of forming his own opinion of the exact morbid affection which is described, and of himself, for the assistance of his memory, arranging them in the category for which they seem most appropriate. The loss we sustain by an imperfect registry on the one hand, and no registry at all on the other, must be painfully obvious when we consult any general treatise on the practice of the homœopathic system of medicine: and the justice of these remarks will be readily acknowledged in reference to the first disease of

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the centre of the nervous system, on which I propose to comment—*Epilepsy.*

There are few diseases, if any, more interesting to the practitioner, and especially to the homœopathist, than epilepsy. It is one of very frequent occurrence: out of 3636 patients treated at the London Homœopathic Hospital 191 were epileptic. It is one not less mysterious in its nature than uncertain, both in its natural course and in the results of our treatment. For example, we find that out of the 191 cases which were treated at the London Homœopathic Hospital 38 were reported as cured; out of 16 cases treated at the Leipzig Dispensary in 1854, 6 were cured; while at the same institution during the following year, out of 10 cases there was only one cure.* Out of 51 cases treated at the Hahnemann Hospital there are no cures recorded, nor of the 3 cases reported as having occurred in the Manchester Hospital. This enormous diversity of result suggests a corresponding difference in the character of the cases, for the treatment was doubtless much the same in all, and indeed the results of two years in the same institution present almost as great a contrast as we meet with in the series. On what then does this difference depend? This question implies a previous one. What is epilepsy? It is briefly described by Dr. Watson as "a temporary suspension of consciousness with clonic spasm, *recurring at intervals.*"† If we accept this definition, we exclude from the title of epilepsy all cases of convulsions which consist of one single attack, and this is by no means an inconsiderable class. For example, many children have what is called a teething-fit, and in most treatises on the subject such fits are represented as being of a true epileptic character. The same may be said of the fits which not unusually attend intestinal irritation and child-bearing. In short, this definition limits the use of the term to cases where the disease presents itself as one of a periodic kind, and suggests the suspicion of its origin being in the centre of the nervous system, the brain or spinal cord, and not in any irrita-

* Hom. Vierteljahrschrift, 1854-1855.

† Lectures on the Principles and Practice of Physic, by Thomas Watson, M.D., third edition, vol i, p. 624.

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tion of the peripheral nerves. Perhaps this is the juster view to take, but it is opposed to the uniform practice of all writers from Hippocrates downwards, not excluding Dr. Watson himself, who in this matter falls into a self-contradiction. That epileptic attacks begin, in some cases, by an irritation at the circumference, is an indisputable fact. Romberg * relates the following case, which came under his own observation, in proof of this.

"A labouring man of robust constitution, who applied for relief in the Policlinique, had fallen, three years previously, upon his right knee, in consequence of which the joint had become disorganized. The patient had from this period suffered from epileptic attacks. The aura epileptica commenced as a creeping sensation in the large toe of the right foot; from here it mounted upwards along the inner surface of the leg and thigh, and ended in the epileptic seizure. In this case the aura did not proceed from the seat of the injury, the knee joint; but when we consider the sensibility of the integuments at the inner side of the knee-joint, as well as those of the large toe, is derived from the same nerve, the saphenus major, the connection between the aura and the cause of disease seems undeniable." This is a very instructive case, for it seems to prove two things: first, that epileptic convulsions may really be caused by some injury to the peripheral nerves, and this is confirmed by many similar cases on record; and secondly, that the aura which is referred by patients to the extremity of the nerves, may be caused by some morbid action at some point nearer the centre. In Romberg's patient the knee was the "fons mali," but when there is no obvious injury, it is impossible to tell whether this curious sensation be really of a central or peripheral origin. The whole subject of this aura epileptica seems to require further observation. It has been probably too hastily adopted as a pretty constant feature in epilepsy upon conjectural grounds. That an impression made at the surface should be conducted like an electric current up the nerves till it reached the brain, where it exploded the accumulated nervous irritability, and produced a convulsion, seems a sort of notion tacitly conveyed,

* Diseases of the Nervous System, vol. ii, p. 210.

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both by popular and medical writings. And yet when we investigate this mysterious aura, we find that its very existence as a precursor of epilepsy is denied by some of the best observers, while its explanation, on the other hand, is probably quite different from that commonly received. Dr. Pritchard * a very accurate writer, says of this so-called "aura:" "This symptom is usually termed by medical authors the *aura epileptica*, and it is described by them as a sensation of a cold vapour affecting the part and rising upwards. I have met with a great number of patients who have perceived the affection alluded to, but I never once heard it described in this way, though I have been very minute in my enquiries. It is generally represented as a convulsive tremor commencing in a limb." Although Dr. Pritchard rejects the term *aura* yet he fully concurs with other observers that some peripheral agitation precedes the fit. The question that next occurs is, whether these muscular tremors arise from an irritation propagated from the brain and forewarning the attack, like the rustle of the leaves before the tree is bent and shaken by the tempest, or whether this symptom is the first link in the series of actions, which, if repressed, would terminate the whole. In certain instances, the latter inference seems the just one. "Sometimes," says Dr. Pritchard, "there is even a perceptible convulsion of the large muscles of the limb, as in the case to be adduced below, in which the patient averred, that by grasping firmly the muscles of the leg in which the agitation began, she could prevent the attack of coma." There may indeed be a doubt whether the cause of the arrest, supposing the woman's statement be true, may not have been owing to a powerful effort of volition acting consciously towards the leg, and unconsciously towards the brain; for in a case related by Dr. Seymour, an epileptic boy was in the habit of arresting a paroxysm by biting his tongue. We may safely conclude that if the so-called aura ever do arise from the circumference, it is at best a very rare occurrence.

There is no doubt, that in the vast majority of instances, the perturbation of sensibility at the extremities of the nerves is

* On Diseases of the Nervous System, p. 88.

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from a morbid action at their origin, which, on its transmission along the branches, produces at the same time a muscular convulsion and a peculiar sensation. And it is certainly most unaccountable, that if this excitement be prevented from re-ascending to its original point of departure, the fit is sometimes cut short. A case of this kind is recorded by Odier,* of a soldier, who, in consequence of a sabre-cut across the *left* side of the head, became subject to convulsions, which always began in the little finger of the *right* hand, and gradually extending up the arm to the shoulder, ended in a true epileptic seizure; he found the epileptic attacks prevented by tying a cord tightly round the arm in two places. By this simple expedient he staved them off for three years, but unfortunately being attacked on one occasion when intoxicated, he was unable to employ his accustomed preventive, and a fit came on which ended fatally. The *post mortem* examination disclosed a tumour on the surface of the brain, connected with a depressed lamella of bone, where the wound had been received. Had the history of this case not been so fully known, it is one which might naturally have been cited as an example of epilepsy commencing at the circumference, from its first manifestations being there, and from its being cut short by the arrest of the peripheral agitation. This teaches us caution how we accept such explanation in cases where the state of the brain is not ascertained.

Romberg mentions a very curious fact on the authority of Dr. Schönbein, "that in several patients who were blistered, he observed that immediately before the fit the serum assumed an acrid character, as in Humboldt's galvanic experiment." The inference Romberg draws from this is, that as yet we have not paid sufficient attention to the changes induced in the sphere of nutrition by that disordered condition of the nervous system on which epilepsy depends. This seems a very important remark, and one which has a directly practical bearing, for if the derangement of the digestive organs be the consequence and not the cause of the epileptic condition, it is pretty evident that the remedies suitable to cure gastro-intestinal

* Médecine Pratique, p. 181.

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irritation of an idiopathic kind may have little effect in correcting the morbid state of the nervous system on which epileptic dyspepsia, if such a term may be used, must be supposed to depend; and that a practitioner who follows a superficial symptomatic course of treatment, instead of a deeper pathological one, will probably be disappointed in its results. For example, in Dr. Laurie's *Practice of Physic*, almost the only systematic work we have upon our therapeutic principle, we find the following headings, each succeded by an enumeration of its appropriate remedies. Epilepsy "from plethora, with determination of blood to the head;" "from debility, caused by loss of humours," "from the irritation of worms," "from teething," "from hysterical affections," "from the retropulsion of an eruption," "from the abuse of intoxicating drinks or narcotics," "from Mercury," "from checked perspiration," "from exposure to the fumes of Arsenic and copper," "from moral causes, such as fear, &c.," "from crudities of the stomach," and "from an injury of the head." Under every one of these headings we find Nux vomica, and in the following page we have the special indications of Nux v. thus recorded: "*Shrieks; throwing back of the head;* trembling or convulsive jerks of the limbs or muscles; renewal of the fits after contradiction or an angry emotion; unnoticed evacuation of fæces and urine; *sensation of torpor and numbness in the limbs;* vomiting; profuse perspiration; constipation; ill-humour and irascibility between the attacks." Now it is quite true that these symptoms are common to Nux v. and to epilepsy, but a moment's observation will satisfy anyone that there exists a cardinal distinction between the effects of Nux v. and the pathological cause of epilepsy, and this is [illegible] is confined in its sphere of action to the spinal cor[illegible] depends upon some affection of the brain, [illegible] involves all the lower [illegible] to all cases where they [illegible] such the help[illegible] upon unc[illegible] of any [illegible] uncol[illegible]

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consciousness existing, are not epileptic." * A stream from a poisoned fountain cannot be purified by any chemical works half-way down its course. It is not with the object of captious criticism that this quotation is given, it is simply in illustration of a prevailing practice, peculiar to no school, of being led away in the treatment of this and similar diseases from what seems the only true road to cure—the application of a remedy to the seat of a disease.

Although beyond all doubt epilepsy depends in almost all instances upon some morbid condition of the brain, yet what that condition is has not been ascertained. We may, however, confidently affirm that it is not a state of congestion of the brain produced by the muscular spasms compressing the veins of the neck, as Dr. Marshall Hall has recently suggested;† for spasms of the same kind, and more violent, occur in tetanus and hysteria without producing unconsciousness, and in certain forms of epilepsy there are no convulsions at all, or very slight ones.

That organic alteration of some part of the brain is a very frequent attendant upon epilepsy has been amply demonstrated; but all attempts to determine the special part of the brain have hitherto failed. J. Wenzel ascribed it to changes in the pituitary body along with a morbid state of its surrounding bony cavity; but the researches of Engel and others have entirely failed to confirm this opinion, which, however, rested upon a series of careful dissections. Indeed, there seems ground for believing, that, even where organic changes in the brain are manifest after death, they may be the consequence, and not the cause of the disease: for we know, as a certain fact, that true epilepsy is suddenly produced by what may be called essentially functional causes. For example, Maisonneuve relates two cases of confirmed epilepsy being produced by gazing at the sun. The one was that of a girl of five years old, who amused herself one summer day by looking for some minutes at the sun, and was immediately attacked with epilepsy, to which she remained subject for nine years; the other, after having gazed at the sun.

* Vademecum Medicum, p. 210. † Lancet, 1849—50.

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in the same way, was alarmed at seeing a large black head, and in the evening she too was attacked by epileptic convulsions, which returned at tolerably regular intervals. Pritchard mentions a case produced in a woman by witnessing an execution. Now, in such instances, and they might easily be multiplied, there seems great improbability that there should have taken place a sudden organic change in the brain. And it is very remarkable that even in cases where the patient had suffered from the severest forms of epilepsy for many years, no perceptible cerebral lesion has been discovered after death. As this point is very important, and the statement is rather opposed to the testimony of many high authorities, it may be worth while to quote the following striking illustration of it from Dr. Graves' "Clinical Lectures."* "Mr. A. B., the subject of the following case, was visited during his long illness by a great many medical men, among the rest by Mr. Colles, Sir P. Crampton, Mr. Singly, Dr. C. Lees, and myself. He died on the 27th of December 1839, aged 30 years. He had been a very fine, robust, and intelligent boy until he was nine years old, when he unfortunately got hold of five or six hard, unripe pears, and devoured them greedily; in a few hours he became thirsty, and drank a large quantity of buttermilk; in the course of the evening he fell into a state of insensibility, during which he was convulsed. A physician of great experience and judgment from Kilkenny was called in, who opened the temporal artery immediately on seeing the patient, and employed the usual means resorted to on such occasions. Notwithstanding this, the insensibility continued, and in about seven hours it was observed that a hard tumour could be distinctly felt in the epigastric region. This induced the suspicion of some undigested substance, and a strong purgative enema was given; its effect was satisfactory, —after a copious evacuation, the tumour disappeared, and the boy recovered his senses. From that time, however, he became subject to epileptic attacks. They annually became more frequent and severe, and after six years the intellect began to be impaired, and gradually lapsed into almost total idiotcy. He

* Page 489.

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now remained almost entirely in the house, and for many years had several epileptic fits daily; the convulsive stage did not usually last more than three or four minutes, but the coma often continued nearly an hour. The disorder generally exhibited a manifestly increased severity twice a year, when the fits would return about ten times daily, and with more than ordinary violence; after such a paroxysm had lasted about a week, it invariably terminated in outrageous madness, the appearance of which was a sure sign that the paroxysm, so far as the fits were concerned, was over; this madness was of the most violent and noisy description, and required restraint; when it had subsided, which it usually did in about three days, he relapsed into his ordinary state, with a few and comparatively slight fits daily. Such was the course of the disease for sixteen years, during which he was most tenderly and assiduously nursed. I ought to have mentioned that a sudden and copious bleeding from the nose often took place when the fits came on; the breathing was invariably violent, irregular, and heaving, for eight or ten minutes after the convulsion had ceased, but then gradually became tranquil, and so continued for the remainder of the comatose stage. During the last five years of this gentleman's life the fits became gradually less violent, but never ceased; for several years before his death he remained free from attacks of madness. The *post mortem* examination was conducted under the most favourable circumstances by very skilful and experienced anatomists. The result, so far as the head was concerned, was that the scalp, cranium, dura mater, arachnoid, pia mater, together with the cortical and medullary substance of both the cerebrum and cerebellum were all perfectly healthy; a very small quantity of transparent serum was found in the ventricles; there was no notable subarachnoid effusion; the spinal marrow and its investments were quite normal." The farther details of this case would be foreign to our present purpose, but we may adduce Dr. Graves' concluding observation, that he had known a gentleman who for nearly thirty years was subject to frequent attacks of epilepsy, and who yet was quite free from the disease for the last twenty-five years of his life.

Such facts, although they can hardly be said to warrant our

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holding out to epileptic patients a prospect of cure if the disease has lasted a long time, should at least prevent our condemning any to utter hopelessness.

In our ignorance of the proximate cause of epilepsy, it is natural that we should direct our attention in a more special degree to the exciting causes, as they sometimes afford important indications for treatment, and among these the repulsion of old eruptions undoubtedly deserves a place. Hahnemann, in his introduction to his work on *Chronic Diseases*, has collected a good many examples of this effect of the sudden cure of cutaneous diseases; and Dr. Pritchard states that attacks of epilepsy are by no means rare as consequences of the disappearance of the chronic or non-febrile disorders of the skin. Dr. Ferriar has mentioned the case of a gentleman who became subject to epileptic fits in consequence of the disappearance of scabies after the use of some external application, and who was suddenly cured of them, after a variety of remedies had been tried, by reproduction of itch.* It is refreshing to meet with such confirmation of the statements of Hahnemann in the works of his opponents, and it may induce us to give more weight to his opinions in regard to psora than at present it seems the fashion to do.

Among the predisposing causes there is none to compare in importance with hereditary influences. It appears from statistical inquiries made by Cazauvieilh and Bouchet, that out of 110 epileptic patients there were 31, or nearly one-third, who had epileptic parents or relations; and that 14 epileptic mothers gave birth to 58 children, of whom 37 had died, the eldest at the age of 14, the remainder at a very early age, and almost all in convulsions. These facts should be borne in mind if we are consulted as to the propriety of a person subject to epilepsy contracting a marriage. When we consider the danger, not only of transmitting epilepsy, but of engendering insanity by such a wedlock, it may raise the question as to whether there should not be a legal bar to marriages fraught with such certain and serious danger to the community. For it is not merely the

* *Op. cit.* p. 218.

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chance epileptics, or lunatics, so to speak, that are the mischief, but it is the infusion of bad blood, every drop of which does harm, and retards the elevation of the race.

The age at which epilepsy is most likely to occur has been carefully investigated. Out of 66 cases compared by Cazauvieilh, 50 occurred before the 20th year of the patients' age; of the remaining 16, 5 began before the 25th year, and only 1 after the 50th. It is generally believed that epilepsy never begins after fifty years of age: there are, however, cases on record where it made its first appearance in a man in his 69th year, and in a woman in her 72nd. How far the age at which it appears modifies the chance of recovery or cure is not so easily decided. Dr. Laurie says "when the disease occurs *before the age of puberty*, or when purely sympathetic, it is generally curable without much difficulty by means of homœopathic remedies."* If this statement is really the result of observation and experience, it is extremely encouraging, for nearly half of all epileptic cases commence at this favourable period. Without questioning that the amount of individual success may have warranted this opinion, one cannot help fearing that it rests upon too insufficient data to be accepted as a general proposition. Pritchard, a most accurate observer, says, "epilepsy often appears for the first time about the eighth or from that to the twelfth year; and it is under these circumstances that the greatest danger exists of its becoming an habitual disease. There is still a prospect of its subsiding in males at the age of puberty, and in females at the establishment of the catamenia; but if these periods pass over and the disease subsists through the changes which the habits of the constitution then undergoes, there is great danger of its continuing through life. But if the appearance of the catamenia sometimes assists the constitution to get rid of this disorder, it much more frequently gives rise to it; or, rather, the laws of the animal œconomy require a new set of operations to be set up in the system at this time, in the place of which, when they are not regularly performed, a variety of tumultuous efforts ensue, and among phenomena of

* *Op. cit.* p. 355.

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this class none is more frequent than epilepsy. In fact there is no time of life in females at which it so frequently makes its appearance."*

Perhaps if Dr. Pritchard had practised homœopathy, he might have changed his opinion as to the great risk of epilepsy in the young becoming permanent; or it may be that if Dr. Laurie had had the same amount of experience as Dr. Pritchard, he would have qualified his statement. As far as my own observation goes, it is opposed to that of Dr. Laurie; for certainly by far the worst cases of epilepsy that I have met with have been in boys under 12 years of age. It would, however, be wrong to make an inference from this, as the number of cases is too few; and when we consider the great power of our medication in regulating and tranquilizing the system during the period of puberty, and how rapidly hysterical and spasmodic affections frequently yield to the influence of homœopathic remedies, it may not be unreasonable to expect that those forms of epilepsy which are excited by the perturbations spoken of by Dr. Pritchard may be averted, if "the tumultuous efforts" are calmed and the stormy latitude passed over under favourable circumstances. For the more we examine the subject the more clear it appears, that epilepsy depends upon two concurrent causes: the one, a permanent morbid condition of the brain, which gives a tendency to the production of unconsciousness and convulsions, making epilepsy possible; the other, some exciting cause within or without the body, which, if sufficiently intense, makes along with the other epilepsy actual. Now medicine to be specific must both tend to cure the morbid state of the brain and to restrain the exciting causes within the system. The worst of it is that epilepsy is connected in some inscrutable way with general and cosmical influences, and seems especially subject to certain laws of periodicity, the nature and range of which are among the most mysterious problems of vital phenomena. Sir H. Holland indeed attempts to account for the periodic appearance of epileptic fits by the conjecture of a gradual accumulation of nervous power, which, when it reaches

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a certain amount, expends its force in the violent convulsions which characterize the disease.* The objections to this notion seem insuperable. That such accumulation ever takes place is not proved; and if it were, we should yet require to have explained how it produced *unconsciousness* as well as spasms. Again: epilepsy sometimes occurs instantaneously from a powerful emotion before there has been time for this conjectured supply to gather; and, to conclude a list which might be almost infinitely prolonged, there is no relation between the duration of the intervals and the severity of the fits; at least, if such relation exist, it is one of converse ratio,—not direct, as this hypothesis would require. It will be more fruitful to enquire into causes known to excite epilepsy, than to indulge the fancy in framing conjectures.

The connection of epilepsy with sleep is an important and curious fact. Henle† observes that the occurrence of a fit at night during sleep should be looked upon as a bad sign, for it shows that the brain must be the origin of the attack, as all external excitements are at that time absent. It certainly does prove this; but the inference of such cases being at all worse than those which take place in the day-time does not seem to be confirmed by the observation of their course, which, after all, is the only sure test of the comparative severity of the two classes. And we know too little about sleep to form even the remotest conjecture of the nature of its positive effect upon the cerebral function. We are obliged to recognise merely its negative aspect—the attendant unconsciousness; but we cannot penetrate this shroud, which conceals its phenomena as well from the cognizance of the sleeper as from the investigations of the spectators. We receive only obscure hints of an active sleeping mental state through dreams, and by the morbid disturbances to which it is subject. Of these, one of the most remarkable is somnambulism, and this condition is a frequent occurrence with persons subject to epilepsy. Indeed, the relations between sleep and epilepsy seem to be of a very radical character, and not merely accidental. It is powerfully affected

* Holland's *Medical Notes and Reflections*, 3rd edition, p. 283.

† Path. Untersuchungen ueber Verlauf und Periodicität der Krankeit.

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by mesmerism; and there is a minor degree of the epileptic state which bears a close resemblance to that kind of imperfect artificial somnambulism known by the absurd name of electro-biology. I have recently treated a female epileptic patient, who presented a singular example of these milder attacks, called by French writers *le petit mal*, interposed between the more severe one of *le grand mal*. She was subject to fits of falling down in unconsciousness, attended with convulsions; but besides these she would suddenly appear in a sort of vacant condition, in which she walked about, although with an unsteady gait, and answered questions coherently, but she had no recollection of what had passed in the period. She once had one of these attacks in my house: she was sitting in the waiting-room, and when there dropped a piece of money; when she came into the room where I was she looked like a person walking in sleep, but she sat down and replied to my questions; she gradually seemed to recover full consciousness, and then felt uneasily for her money; on opening her purse, she said she was sure she had dropped some, for the last thing she recollected was taking it out whilst sitting in the adjoining apartment, and that there was now less in her purse than there should have been. Of what passed between the time of her taking her purse out and the moment she became conscious of her loss (which turned out to be real) she had not the slightest remembrance, and yet she had behaved in such a way that I had not the least idea she was unconscious. It was, in fact, a brief attack of somnambulism. In some way or other epilepsy is allied to sleep; and it might almost be said, without an exaggeration, to be a disease of sleep, for a large majority of attacks take place in sleep, and it is therefore no wonder that we cannot comprehend the morbid changes of a condition which in its most normal phenomena is an impenetrable mystery.

It may be from this relation to sleep, the great periodic phenomenon of all sentient life, that the periodicity of epilepsy is derived, or perhaps both are in some way or other connected with the alternations of the cosmical influences to which all the inhabitants of our revolving abode are subject. That epilepsy is affected in some way or other by the position of the moon, is

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more than a popular belief. Romberg, who is certainly a cautious and critical writer, thus speaks of it. "The planetary influence of the moon (especially of the new and full moon) was known to the ancients, and although here and there doubts have been raised against this view, the accurate observations of others have established its correctness." I have at present under treatment two cases of epilepsy, in which the patients, both females, represented their attacks as always occurring at the time of the full moon and at no other. The following very remarkable case is related by Dr. Mead,* and quoted by Dr. Pritchard. "A girl of five years old, of plethoric habits, was seized with violent and frequent convulsions, from which she was with difficulty saved by evacuants and other measures. After a short interval she was again, *at the full moon*, seized with a violent fit, after which the disease kept its periods constant and regular with the tides. *She always lay speechless during the whole time of the flood, and recovered upon the ebb !!*† The father who lived by the Thames side, and did business upon the river, observed these returns to be so punctual, that, not only upon coming home, he knew how the child was before he saw it, but in the night has risen to his employ, being warned by her cries when coming out of the fit of the turning of the water ! !

The chance of recovery from epilepsy according to Hufeland is one to twenty, (of course this refers to the older systems of practice, not to ours) and the history of the remainder is of the saddest character. Death occasionally occurs, but much more frequently the victim of "this possession," as it used to be considered, continues to live on, but gradually loses his intellect, and generally ends by becoming insane or idiotic. To this rule there are however a sufficient number of exceptions to warrant us in encouraging our patients with the hope that the attacks may not affect the mind. Cheyne‡ says he has known individuals subject to epilepsy preserve their intellect unimpaired in

* Mead's Works, p. 180.

† The italics and marks of admiration are in the original, at least in Pritchard.

‡ Cyclop. of Pract. Med. Art. Epilepsy.

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old age. "A very dear friend," he adds, "who was liable to epilepsy, died a few months ago in the seventy-fourth year of his age, whose comprehensive, well stored and active mind remained unclouded till within a few weeks of his death."

Among the examples usually adduced to illustrate the continuance of perfect sanity along with epilepsy, are Julius Cæsar, Mahomet, and the great Napoleon. Cæsar was not affected with this disease till near the close of his life, and whether he displayed any change of temper and intelligence that might have ripened into mental weakness, is perhaps not known even to scholars. But that Mahomet was subject to epilepsy is a singular fact in reference to his psychological character, and may account for some of his ecstacies and supposed revelations; and perhaps the infatuation of the great Napoleon towards the latter part of his career may be in some slight degree accounted for by a diseased state of the brain, which would have developed itself in that organ had it not taken another form when enforced rest transferred to the lower organs the activity natural to the higher. For the localization of morbid action when there is a general dyscrasia (as there always is when cancer is present) is determined by causes which we may call accidental, and had Napoleon's brain continued to be exposed to the excitements of his consular and imperial career, his fate might have been even a more melancholy subject for the contemplation of the moralist.

The practical inferences which we may deduce from this collection of observations, and bring to bear upon individual cases of epilepsy that present themselves for treatment, so as to enable us to form a plausible conjecture as to their nature and the greater or less difficulty of affording relief are so obvious, that it is unnecessary to point them out, and we may now direct our attention to the therapeutics of the disease.

In a review of "Nervous Diseases," which appeared in the twelfth volume of [illegible], and which was written by an [illegible] practitioner, the following passage [illegible] medicines have as yet produced [illegible] simple attacks, caused [illegible] by Jahr

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(and his copyists) are from clinical use only. As this must always be at best a doubtful source of therapeutic indications, at least until repeated observations shall have firmly established the value of the various medicines for different forms of epilepsy, our treatment of the disease must necessarily be at present very empirical. Jahr gives little more than descriptions of attacks that have been cured under this or that medicine, but we should rather like to know what guided the practitioner to the selection of his successful remedy." This is a very just observation: but what is to be done? Are we to wait till we discover medicines which produce epilepsy? It is rather disheartening to observe that one of the few substances known to have this effect is comparatively seldom given for the cure of disease by homœopathists. "Among the older writers," says Romberg, "Stoll has already pointed out that epilepsy is the result of *lead poisoning;* among moderns, Laennec and Andral have drawn attention to the fact, but the subject has been most comprehensively treated by Tanquerel des Planches, who has observed thirty-seven cases himself." Doubtless we may hope that future investigations may enable us to apply to more effect our law of cure in these cases, but in the mean time as the reviewer truly observes, we are compelled to submit to a more empirical method, and to be guided more by our clinical experience than by our study of the *Materia Medica pura.* While admitting that this is an imperfect, and while hoping it is only a temporary plan, yet in the immediate urgency of practice it is one we are compelled to adopt, and it is well we should make the best of it. To do so it is essential that we should have a clear notion of what are the important points to register in reference to the attacks. Of these, the age of the patient, the period of the day or night when the attack occurs, the duration of the unconsciousness, and the subsequent effect of a fit upon the memory, are all of cardinal importance, while on the other hand the peculiar cry, the way in which the fingers or thumbs are drawn, or the eyes roll, are really of no consequence whatever: and yet it will be found that the indications in Jahr and Laurie have reference to the useless and accidental individual diversities than to the fundamental distinctions. In fact, the way

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in which these indications have been arrived at is radically false. A case of epilepsy is reported in full, that is to say the exact character of the fits, whether there was grinding of the teeth, clenching of the hands, wildness of the eyes, &c., and it is also recorded that Cuprum had been given and the fits subsided. Straightway the book-compilers extract the symptoms as described, and publish to their credulous readers that in the event of their meeting with a case in which there is grinding of the teeth, clenching of the hands, &c., they are to give Cuprum! It does not seem to occur to our teachers that the indications they record as discriminative are really common to almost all convulsions, and while they dwell upon the common they omit the peculiar. It is not enough in drawing up a "hue and cry" to describe the thief as a biped, without feathers, or even supposing the document were published in England that he presented the most undoubted features of being of the Caucasian type, in fact he might be summarily described as looking like an Englishman. It is not a bit more to the purpose when we ask in what cases of epilepsy we are to give Belladonna, and in what Cuprum, to tell us that the former is of use when there is a "sensation of crawling and torpor in the upper extremities," the latter when the paroxysm begins "in the fingers or toes, or in the arms."* It must be admitted, however, that it is much easier to say "how not to do it" than how to do it, and the utmost we can hope for at present is that each practitioner will record simply the result of his experience in epilepsy, and state fully the history of his cases, and in this way we may gradually methodize our treatment, and if we do not rise to the height of being guided by a sure law, at least have the satisfaction of following a rational empirical rule.

I am well aware that the following cases are very defective in the requisite details, but they were never meant for publication, and they are now given with the hope of calling forth from others their experience in this common and dreadful malady.

Case I.—G. A., a well grown and intelligent lad, 17 years old, had his first epileptic attack at 14 years of age, that is

* Lauric, page 356.

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three years ago. About three months after had two fits: he was free from them for four months, after which period they returned, and ever since that has had one or two at intervals of three or four months. I saw him first on the 24th of August, 1855, and he had had six attacks the previous day, and one that morning. The fits begin with convulsions of the muscles of the face, which extend to the arms and legs. He is generally unconscious for twenty minutes. He got the 2nd dilution of Belladonna, and was to be taken three times a day. He continued this medicine, repeated from week to week, and had no attack till the 11th of January, when he had one fit at night. This was a longer interval than had yet elapsed since the first fit, and there was only one fit this time, so Belladonna was continued up to the 14th of July, when he got Mercurius for a cold, and up to the present time he has been quite well. I consider that he is cured, and by Belladonna. This medicine it will be observed he took daily for nearly eleven months, and as the fits first made their appearance about the age of puberty, and increased gradually in severity up to the commencement of the treatment, the chances of so sudden a spontaneous recovery are very inconsiderable.

Case II.—H. J., also a fine intelligent boy 14 years of age, came under my care upon the 17th of December, 1855. His parents stated that he had been subject to convulsions as an infant, and that from that time he had suffered from strabismus. His present malady began a year ago, and consists in an unpleasant sensation coming over the head and hands several times a days, and a regular epileptic fit once or twice daily. His memory is not affected, and his health is otherwise good. He got the 3rd dilution of Naja, a drop three times a day. On the 24th of December he returned and said he had only had two fits the previous week. The Naja was repeated. On the 31st of December he reported having had two fits the previous week, and complained of pain at the forehead at night. He then got Belladonna, 2nd dilution, a dose three times a day, from that time to the end of April, when he discontinued his attendance, he remained free from fits. This is certainly a

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very striking cure, also due I conceive to Belladonna. He took the medicine for four months. I have heard of him since, and he is reported to be quite well.

Case III.—S. E., a female of 33 years of age, unmarried, of a depressed and stolid, I may say epileptic countenance, was first seen by me upon the 10th of September, 1855. At the age of thirteen years she got a fright, and soon afterwards had one epileptic fit. The fits have continued ever since; they always precede and follow the catamenial period, and generally last for a quarter of an hour; she is stupefied for a time after the convulsions are over, and for some time back her memory has been weakening. She has a sensation of "something in her left side," but no regular aura as a precursor of the fit. The catamenia are regular and too copious; she is subject to relaxation of bowels after an attack. She got the 2nd dilution of Belladonna, to be taken three times a day for a week. She returned on the 17th of September, and said she had had one attack during the interval. Although her epileptic attacks have come on invariably for the last twenty years at the catamenial period, yet she has them frequently at other times, and without any observable periodicity. The Belladonna was continued till the 19th of November; she then reported that the last period had passed without a fit, but there was an abortive attempt at one, consisting in what she called "a shuddering," a sort of general tremor with a peculiar sensation. The Belladonna was continued. On the 19th of December she returned and reported having had one very slight fit the previous week. She again got Belladonna. On the 31st of December she complained of excessive depression of spirits, and got Naja; on the 7th of January she got Carb. veg.; on the 14th Ignatia; on the 11th of February she reported that the catamenia had not appeared at their usual time, and she got Sepia. On the 25th she complained of weakness, trembling and depression and got Ignatia till the 31st of March. She [illegible] she had only had one very [illegible] May she had continued free [illegible] attendance. I do not

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know the final result. This case is not so satisfactory as the previous ones, still, that attacks which for thirty years had occurred with the most accurate punctuality every month, should be so rapidly modified in their character after the administration of homœopathic medicines, is a striking fact in itself.

Case IV.—M. P., a big lad, 19 years of age, of a very dull expression of face, and an almost idiotic gait and demeanour, was brought to me on the 6th of March, 1856. He had been suffering from epilepsy for six years. The fits occurred two or three times a day, but not every day. He got Belladonna 2nd dilution, a dose to be taken three times a day. He returned on the 2nd of April, and his mother reported that he had had two bad fits the last week. The medicine was continued. From that time to the 14th of May he remained free of all attacks; on that day he had one fit. He had nothing but Belladonna up to the 23rd of July, and his mother affirms very confidently that his mind is improved, he is more intelligent, and that the fits are far less frequent and severe. He is still under treatment. The improvement in this case is remarkable, for the patient presented the worst appearance, having the heavy vacant look peculiar to old epileptics.

Case V.—E. M., a young woman of 21 years of age, came to see me upon the 4th of December, 1853. She had been subject to epileptic fits for ten years. The convulsions affected only one side of the body, which was represented to become black; they were said to be very violent, and attended with complete unconsciousness; they returned every two or three weeks. She had never passed more than five weeks without a fit since her first attack, which took place when she was eleven years old. She was subject to violent pain at the top of her head, otherwise her health was good. She got the 3rd dilution of Cuprum, a dose of it three times a day, and returned on the 25th of January to state that she had had convulsive jerkings and tremors of the hand and arm, but no fit. She got the [illegible] dilution of Belladonna to be taken in the same way. Feb[illegible] the report is, "not so well;" complains of pain in

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side and head, especially at the vertex. Cocculus, 2nd dil., as before. February 11th, jerking of arm and leg, but no fit for nine weeks. Repeat the Cocculus. March 1st, no fits. Repeat. March 8th, had jerking in hands and arm, but no fit. Repeat Cocculus. March 21st, no fits, and jerking better. April 12th, no fits; more jerking of arm. Cuprum, 3rd dilution. September 11th; she returned this day, and stated that for nine months she had been quite free from fits and tremors, but they had returned the previous week. She again got Cuprum, and on the 18th reported that she had had another fit, and again another occurred on the 25th, when she got Belladonna, 2nd dilution. She remained free till the end of a month, when she had a fit and got Cocculus. She returned on the 20th of November, and stated that she had had three fits the previous week; she complained of sore throat, and got Belladonna. From this time to the middle of January 1854 she remained free from fits, and then discontinued her attendance. This case illustrates the insecurity of apparent cures, and the capricious character of the malady. For ten years she never passed five weeks without at least one fit; after a little less than four months' treatment she passed nine months in perfect health, and one might have supposed the disease cured, and yet it was only alleviated, the exciting cause was probably removed, but not the morbid condition of the brain; so it returned again with considerable severity.

These are all the cases of sufficient general interest, as illustrating either the action of particular medicines, or the character of the disease, that I find worth reporting, and I may conclude with this observation, that on the whole I have more confidence in Belladonna than in any other medicine, in ordinary cases of true epilepsy, and I think it is of consequence to continue its administration for a long time after the fits have ceased. I have often given it in the 2nd dilution, for months, and I never saw the slightest harm from it.

The following case, although not one of epilepsy, is so far allied that it may not be out of place here:

The subject of it, W. F., was a fine hearty looking man,

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49 years of age, a gardener, who had been in the enjoyment of good health till three years before, when he fell from a height of thirty feet upon the top of his head, and was after that unconscious for five weeks. Ever since that time he suffered constant pain at the vertex, attended with such extreme mental dejection, that he has been unfit for work, and would sit and weep the whole day long. He complains of constant thirst, and no appetite; the tongue was coated, and the bowels torpid. I saw him first on the 19th of December, and he then got Nux v., 2nd dilution. He returned on the 31st, and said his appetite and bowels were better. He then got Sulphuric acid, 3rd dilution, a drop three times a day. From that time he began to improve rapidly; the pain in the head went off, his spirits returned, and in the course of a month he was able to go to work, and on the 10th of April he sent me a message that he was perfectly well, and at his work as before his accident.

I had intended following up the subject by some remarks upon affections of the spinal cord, but I find the allotted space already fully occupied; and the recent experiments upon the functions of the various portions of the spinal cord, especially those of Dr. Brown Séquard, will require to be pretty fully described in order to obtain a clear view of the morbid affeetions of that organ, so this part of the subject must be postponed for the mean time.

PRACTICAL OBSERVATIONS,

By Dr. Hale.

In communicating the following Cases, some apology is needed for the want of methodical arrangement there will appear in the details, and for that absence of individualization of symptoms which ought to form one of the chief characteristics of a good homœopathist. The cases are offered, however, just as they are, and for what they are worth, and although it is not expected that they will instruct, it is hoped that they may at least interest

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the profession, inasmuch as two of them are rather of rare occurrence in practice. The reader must be prepared for the fact, that the three cases to be presently described are not all "brilliant cures," such as we are wont to see in much of the so-called homœopathic literature of the day. One of the three ended fatally, but why should such cases not appear? May we not often learn much from our very failures? Should we fear to acknowledge our failures? There is nothing incompatible between a scientific study and practice of homœopathy and the cultivation of pathological science; why should we not cultivate pathology more without studying symptomatology less? Why do we hear and read so much of the vexed question of high and low dilutions, and the unphilosophical dogmatism of differing parties, and so little of what the microscope, the test tube, and above all, what our provings on the healthy subject reveal?

What a rich mine lies almost untouched, namely the hidden truths that lie in the wonderful phenomena of what we call disease. How much we need that the co-relation between symptoms and pathological conditions, and the relation these hold to the *remedy* should be scientifically established. Can we doubt that there is a *pathological*, as well as a *pathogenetic* relation between the disease and the remedy?

Here is a wide field for patient investigation, and how much more worthy of our efforts than wasting our strength in hair splittings about the wonderful virtues of such and such medicines administered at zero, or their still more wonderful efficacy at the vanishing point of transcendental spiritualism. It is not meant to be affirmed th[illegible]ussion on the point of the potencies of medicine is [illegible]raged, but only that such enquiries are to be kep[illegible]lace, and that appears certainly su[illegible] above referred to. It must [illegible] hinted at are surroun[illegible] elimination of the laten[illegible] an ordinary patience [illegible] aimed at? N[illegible] remarks [illegible] he contend[illegible]

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supposed that the fragmentary notes of cases which he ventures for want of something better, to bring before his professional brethren, go on a step in the direction of the *desideratum* he would fain see arrived at; abler and wiser than he must work out the problem, and reap the honorable fruits of such an enterprise; he will be content if the few suggestive considerations he has endeavoured to throw out should lead some of his fellow workers to, at least, begin the task so necessary to the progress of a scientific homœopathy.

Case of Purpura Hæmorrhagica.

The subject of the following case is a gentleman of 49 years of age, for many years a dyspeptic and suffering occasionally from attacks of bronchial catarrh; he is tall and slenderly made.

About the middle of March, 1855, he consulted me on account of severe pains in the legs, accompanied with rigidity of the muscles and sensation of contraction of the ham-strings; these symptoms were followed by swelling of the anterior part of the left leg, especially over the external surface of the tibia, along which bone there was great tenderness on pressure and œdema. I looked upon the case at this time as one of periostitis of the tibia, probably mercurial, as he had some years ago been salivated under allopathic treatment. The following symptoms were also present. Urine high coloured, loaded with lateritious sediment, tongue furred, bowels constipated, the conjunctivæ injected, and on the conjunctiva of the left eye a large phlyctenous ulcer with enlarged torpid blood vessels passing into it. Under the use of Nux v., Bellad., followed as the symptoms indicated by *Lachesis* 5, ***Phosph. acid*** 3, *Silicea* 6, *and Kali Hydriodicum* 5, these symptoms gradually disappeared, and the weather being fine he was allowed to go [illegible] and with a more generous diet, matters seemed to go on [illegible]tisfactorily; after a few days, however, a papular erup- [illegible] its appearance on the chest, abdomen, and upper and [illegible]ities, accompanied by intense itching on becoming [illegible] *Mercurius solubilis* was given, and after a few [illegible] gradually disappeared, and the general health

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seemed to improve up to the 1st of May, when bleeding of the gums ensued, soon followed by what his attendants supposed to be a violent attack of epistaxis, which nothing they did could control. I was accordingly summoned hastily to visit him. Upon examining the mouth and fauces, I discovered that the buccal mucous membrane, and the mucous membrane of the pharynx, were covered with large petechiæ, from which dark grumous blood was seen oozing; on examining the skin it was found covered with petechiæ of various sizes, but most numerous on the chest, thighs and forearms, and on the latter the most remarkable appearance presented itself, namely, sensible and palpable elevations on the skin of coagulated drops of blood, which had oozed out through the pores of the cuticle, and with all reverence be it said, I was enabled in a measure to realize what the appearance of the bloody sweat in the garden of Gethsemane might have been. The concomitant symptoms were of a very grave character, an anxious, haggard expression of countenance, respiration was impeded through the plugged up nares, frequent deglutition of the blood trickling down from behind the velum, a hoarse voice, a shabby pulse, cold perspiration on the forehead and extremities, and general prostration of the vital powers, formed a group of symptoms, second only to the stage of collapse in cholera in their fearful aspect. My patient had however the heart of a brave christian man, and a firm reliance on the means used for his relief. The first step in the treatment was to administer wine *freely*; secondly, to give *Sulphuric acid* 2; and thirdly, to allow the patient to drink freely of orange-juice and water, and to support his strength with strong cool beef-tea and jelly.

The happiest results followed, warmth was restored to the surface, the pulse rallied, the countenance was less anxious, the bleeding diminished, and here I would beg to impress upon my brother practitioners the great value of alcoholic stimulants, especially wine, when judiciously employed as *auxiliaries* in the treatment of adynamic conditions of the system, (cholera excepted) especially typhus, and I shall ever owe a debt of gratitude to my former teacher, Dr. Stokes, of Dublin, for the valuable practical di[illegible]ained from him on this point,

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particularly as regards the indication afforded for stimulants by feebleness of the first sound of the heart. This indication has rarely failed me as a guide, both in my allopathic days as well as since I have known a better way as a homœopathist. In several cases of fever of a low type, which was prevalent in Hastings last year, the exhibition of wine was eminently useful in supporting the strength, while for the complications present such medicines as the following produced unmistakeable benefit when given in accordance with the symptoms present: *Carbo veg., Rhus, Phosph. acid, Arsenic, Bryonia,* and *Merc. sol.*; the last named medicine was of signal service in a case of typhus with typhoid pneumonia, where the sputa had the appearance of *prune juice,* indicating, as is well known, a formidable condition of softening and breaking down of the pulmonary tissue.

To return to the case. On the second day of the attack, blood appeared in the urine, and continued to pass in great quantities from the bladder and kidneys up to the fifth or sixth day of the attack, when the hæmorrhage gradually lessened, and on the 8th of May quite ceased. From the intestinal mucous membrane, blood only appeared once or twice, and not in any considerable quantity. It was difficult to make out whether there was any bleeding from the bronchial mucous surface, but I am inclined to think it was slight if any. From the 8th day my patient's condition steadily improved, the only drawback being pains in the limbs resembling rheumatism; his convalescence was short, and from that time to the present he has been in his usual health. Early in May this year the papular eruption again made its appearance, on precisely the same parts of the body; there was intense itching, increased by rubbing, the slightest perspiration, or the warmth of the bed. I determined to let it alone this time, but other symptoms indicating Pulsatilla were present; the 30th dilution of that medicine was given, producing for a time increased irritation of the skin, which, however, quickly subsided, and this gentleman's general health is, on the whole, in a very satisfactory state.

The following medicines were prescribed during the hæmorrhagic period of the illness. *Sulphuric acid* 2, *Ledum palustre* 3, *and Arnica* 3.

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REMARKS.—From all the authorities I have consulted, I have not been able to arrive at any satisfactory conclusion as to the nature or proximate cause of purpura; its pathology, I believe, still remains involved in considerable mystery, and in this respect, as in some others, it bears some analogy to fever—with regard to which, we seem to be obliged to adopt the Hippocratic theory of the disease, which in general terms may be stated thus: that fever is an essential disease, *sui generis*, of the entire system, involving all the organs, tissues, and secretions of the body—vitiating these latter most remarkably—and profoundly altering the constitution and vitality of the blood. Willan, Bateman, and Rayer, agree in stating that "Purpura chiefly occurs in individuals of delicate habit, or enfeebled by their occupations or mode of life; by confined, low, or damp habitations, scanty food, anxiety, fatigue, or watching, or who have suffered from acute or chronic disease. In a case mentioned by Willan, it ensued on excessive drinking of undiluted spirits. In a fatal case which occurred to Bateman, it came on during a severe salivation accidentally induced by a few grains of Mercury."

On the other hand, purpura frequently occurs where no causes of a debilitating or depressing nature can be supposed to have existed; in persons in the prime of life in the easy and opulent classes of society, breathing a pure air, and enjoying the necessaries and comforts of life." "This circumstance," observes Bateman, "tends greatly to obscure the pathology of the disease, for it not only renders the operation of the alleged causes extremely questionable, but it seems to establish an essential difference in the origin and nature of this disorder from that of scurvy, to which the majority of writers have contented themselves with referring it. In some cases, where a residence in the country, and the circumstances of the patient placed them above all privations, the disease appeared in its severest form." This was remarkably the case with my patient, who lives in one of the healthiest spots in England, within a couple of hundred feet of the highest ground in Sussex; his circumstances in life are comfortable, his habits most regular and temperate, yet in him the disease manifested itself in a most severe form.

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Case of Hypertrophied and "Nutmeg Liver," with Hepatic Abscess—Death—Autopsy.

D. H., a grocer, æt. 32, first visited March 11, 1855. Had been under allopathic treatment for some months, and had taken large quantities of Morison's pills for years. Habits intemperate, having indulged in alcoholic stimulants and tobacco to excess. His symptoms, when first visited by me, were as follows:—pain, heat, and tenderness over the greater portion of the right side of the abdomen, corresponding to the space occupied by the enlarged liver, which formed a hard unyielding tumour, extending as low down as the crest of the ilium. About three inches below the xiphoid cartilage, there was a prominent red fluctuating swelling, the seat of the greatest amount of pain, the skin covering which was tense and shining. The whole abdomen was preternaturally hot. Pulse accelerated, averaging from 110 to 120. Countenance pale and anxious; skin ruddy with a greasy appearance; the tongue was clean, and the appetite remarkably good. This was a very peculiar feature in the history of this case; at no period of the illness, even when the vital powers were sinking, did the appetite ever fail—the functions of the chylo-poietic viscera were performed very fairly, and the secretions from the intestines were not deficient in bile, and constipation was only occasional. The urine was occasionally loaded, and, in fact, were it not for the local and mental distress on account of this, there was not much constitutional disturbance. Considering the extensive disease discovered after death, the subjective symptoms were neither numerous or prominently marked. Perspirations, more or less profuse, continued from first to last. Nutrition, muscular power, and general strength, seemed, during the first three or four months of my attendance, but slightly impaired. The treatment was commenced by the exhibition of a few doses of *Aconite* 3, followed by *Mercurius solubilis* 5. After a few days, the abscess having more decidedly pointed, and time allowed for adhesions to form, an incision was made, and a considerable quantity of purulent fluid was evacuated, with great relief to the pain, heat, and redness diminished, the pulse

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became less frequent, and there seemed some ground for hope that there might be but a single abscess, which had pointed in the most favorable direction.

For some time after the abscess was opened, improvement continued under the use, as the symptoms demanded, of the following medicines: *Mercurius solubilis*, *Lachesis*, and *China*, and he so far recovered as to be able to walk out of doors; the abdominal swelling diminished; the pain and tenderness were much less; the perspirations moderated; the general strength and spirits returned, and I was led to hope that there was vitality enough in the system to carry him through; but this hope was soon to be disappointed—exposure to a current of air from an open window, at which this poor man was foolish enough to sit for some hours, set up fresh inflammation in the liver, and in a week or two the chest became involved in the mischief. Acute pleuro-pneumonia set in, a distressing cough harassed him, respiration became hurried, and severe pleuritic stitches added to his suffering. The chest symptoms rapidly advanced, the inflammation extending from the right to the left lung, and nothing that was prescribed for him availed to arrest the destructive process; dyspnœa and orthopnœa, accompanied with lividity of the lips and finger nails, occurred in frightful paroxysms. At this time I had the benefit of the suggestions of my friend Dr. Chapman, of London, who kindly aided me in the endeavour to relieve my poor patient's sufferings. *Digitalis*, *Tartar emetic*, and *Arsenicum* relieved the paroxysms of dyspnœa, which at last closed the scene.

Post mortem.—Thirty hours after death. Considerable emaciation; the enlarged liver forming a large flattened prominence on the right side. On opening the body, the peritoneum, fascia and integuments, were all found adherent in one undistinguishable mass; in some places a firm and dense tissue of almost cartilaginous hardness was found lying between the integuments and the hypertrophied liver; in the integuments were several small openings, through which matter had been evacuated during life. The liver was at least three times its normal size, extending considerably to the left of the umbilicus; and an elongation of the gland reached as low down as the right in-

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guina. Nearly the whole of the left lobe was one large cavity containing pus, the parietes of which were lined by a yellow flocculent tissue, apparently the *debris* of the parenchyma of the organ tinged with bile. The larger abscess was only separated from the pericardium by the thickness of the diaphragm, which formed its superior boundary. The prolongation of the gland downwards was filled with pus; anfractuosities lined with the yellow flocculent substance occupied this portion. The part of the left lobe which had not taken on suppurative action, and the thin edge, presented the peculiar appearance called "nutmeg liver;" adjoining these portions were numerous small isolated cavities containing matter. The thick edge was not in the least disorganized, and were it not for the appearance of considerable congestion, might be pronounced healthy, and occupied fully half the volume of the organ. The right lung presented the morbid appearances of pneumonia in its various stages, the inferior lobe being in the stage of grey hepatization, a muco-purulent fluid in patches filling the pulmonary tissue. There was no communication between this lung and the liver. The pleural cavity on the right side was almost completely obliterated by recent adhesions.

The left lung was considerably inflamed, though not hepatized, and the pleural sac contained more than a pint of effused serum.

The pericardium presented the most striking appearances; it contained about a pint of serum; its entire surface, the reflection over the heart included, was covered with a thick layer of a buff-colored semi-organized lymph. The heart was of normal size; its cavities, valves and lining membrane were healthy.

Case of Phthisis Pulmonalis, complicated with Pleuro-Pneumonia.

T. L., æt. 27. Rather tall, well made, fair complexion, mily phthisical; one, if not both parents died of phthisis. d an attack of acute rheumatism two years ago; with this has always been well.

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Present Symptoms, Nov. 4.—Anxious, pallid countenance, glassy expression of the eyes, tongue foul with white coating, red tip and edges, skin hot, pulse 110-115, perspirations at night. Pain in the infra-clavicular region on the left side, extending to the shoulder joint, increased by cough and deep inspiration, cough but slight, hoarse voice. Pain in the antero-inferior portion of chest, of a stitching character, respiration hurried, pain in lumbar region, worse when lying down. All the pains increased by movement. Constipation, high coloured urine.

Physical signs. Dulness on percussion on the left side, from clavicle to false ribs anteriorly, and dulness over the inferior and posterior region of the left side. Muco-crepitus in the infra-clavicular region, firm crepitus in the inferior portion of the lung, especially posteriorly. Frottement during deep inspiration, along nearly the entire of the anterior region of the chest.

Pres. Acon. 3, Bry. 3, in alternation, every 3 hours.

Diet. Fish and weak beef tea.

Nov. 5th. Countenance less anxious, tongue very foul, sensation of faintness at night, copious perspirations in the night, having a sour smell. Urine very high coloured. Constipation continues, pains in chest and shoulder much diminished, pains in loins and hips the same, still worse in the recumbent position. Slight cough. Pulse 98. Fine crepitus, increasing in the inferior lobe of the left lung. Moist crepitus more marked above and in front. Bronchophony.

Pres. Phosph. 3, Bry. 3, in alternation every four hours. Diet the same.

Nov. 6th.—Symptoms much the same: little or no cough; rheumatic pains and tenderness of the intercostal muscles; increase of lumbar pains, and pains in the hips; in the evening the pain in the loins and sacrum distressing; bowels still unrelieved; pulse 100.

Pres. Two doses of Nux v., enema of tepid water, and recommence the Phosphorus and Bryonia after six hours.

Nov. 7th.—Back relieved; pain in the intercostal muscles better; bowels well relieved last night; perspirations continue; rheumatic pains so much worse in bed, that, at his urgent soli-

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citations, he was allowed to sit up,—this gave relief; physical signs the same; pulse 100.

To continue Phosph. and Bryonia.

8th.—Much less pain; tongue cleaning; voice less hoarse and stronger; did not sleep well; perspirations less; pains continue to be worse in bed; urine highly lateritious; slight cough; inability to breathe deeply without pain in the chest.

Rhus tox. administered during the day, but without relief; in the evening Bry. 1 and Phosph.

15th.—From the last date the symptoms were moderated, but without any material change in the physical signs. To-day there is less fever; the perspirations are diminished; there is scarcely any cough; the countenance is improved; tongue cleaner and less red at tip and edges; urine more copious and paler in colour; percussion sound posteriorly remains dull; in the infraclavicular region there is improved resonance; bronchophony diminished; crepitus less; pulse 110. Yesterday Merc. solubilis was given without any benefit. The rheumatic pains continue very troublesome and extend down the right leg.

Continue Merc. sol. and Bryonia. Diet, chicken.

From this period of the illness daily notes were discontinued. The symptoms and physical signs showing but little variation; but there was a general diminution from week to week in the intensity of the symptoms, so that by the middle of December he was allowed to go out. He bore exposure to the open air well, and his progress towards recovery became more rapid; the pulse was less frequent; the night perspirations were less pro- ; the appetite, which at no time was impaired to any ex- mproved.

brile action having subsided, Cod Liver Oil was given xcellent effect; and whether this agent be medicinal both, in my experience it is of inestimable value ed or threatening tuberculosis. I have arrived e value from no inconsiderable experience I trust from no hasty adoption of it, strictly remedial agents which we rious law of healing. In January , 1856.

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this patient was strong enough to take horse exercise, and to accomplish a very fair amount of walking.

The subjective symptoms remaining were as follow: slight cough; hurried respiration on ascending; tendency to night sweats; scanty transparent sputa without any characteristic appearance or taste. The physical signs were, however, of a strongly marked character: dulness on percussion anteriorly as low down as the fourth or fifth rib; dulness posteriorly as low as the angle of the scapula, about two inches below the spinous process of the scapula; distinct pectoriloquy existed over a circumscribed spot not larger than a crown-piece; a large mucous râle accompanied forced inspiration at this spot; the inferior portion of the left lung had recovered its sonoriety, and its normal respiratory murmur was nearly re-established. This state of things continued in *statu quo* for about a month, when, suddenly, and for the first time, pus was expectorated tinged with streaks of blood; the sputa continued of a purulent character, occasionally tinged, for about four weeks, and then gradually ceased, and when last examined the signs of a cavity had totally disappeared.

The patient's general condition was more satisfactory: respiration tranquil, except on ascending a hill or walking quickly; cough almost extinct; pulse only 78—80; has regained his ordinary weight, muscular power, and appearance of health, and by a casual observer he might be pronounced healthy. The medicines prescribed in the latter part of the treatment were Hepar sulph., Calc. carb. 30, Sulphur 30, Phosphorus from the 3rd to the 30th, Lycopodium 30. The diet after the first six weeks was highly nutritious, with a moderate daily use of wine. Tepid sponging regularly practised, and daily exercise on horseback.

I have ventured to bring this case before the notice of the profession, because there are some points about it which appear to me to possess some claim to our notice.

1. Considering the extent of the disease, the slight character of the cough. This appears to me to be accounted for by the absence of irritation of the bronchial mucous membrane, the disease appearing to be confined to the parenchyma of the lung.

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2. The apparently sudden formation of a cavity, and its as sudden disappearance. The phenomena accompanying the formation of this abscess might lead some to think that the case was one of simple pneumonia, with the formation of a pneumonic abscess; but the totality of the symptoms and signs, if well considered, will, I think, lead to a different diagnosis.

The following considerations lead us to the conclusion that the cavity was tubercular:

1. The hereditary tendency of phthisis;
2. The situation of the disease;
3. The asthenic character of the symptomatic fever;
4. The rarity of simple pneumonic abscess;
5. The result of treatment, which, in all human probability, were the case one of simple pleuro-pneumonia, would have brought about complete resolution in, at farthest, six weeks or two months.

With respect to pneumonic abscess, I would beg to quote from Stokes, one of the best living authorities of the day. "It is not difficult to understand why this instance of visceral abscess should be so rarely met with; inflammation is rarely circumscribed in the lung, and hence one important condition for the formation of an abscess is wanting. From the spreading of the disease, it happens, that by the time the lower portion is about to form an abscess, the upper is often solidified, and the disease extending to the opposite lung, death occurs before an abscess can be formed.

"But it is in the anatomical structure of the lung that we find the true explanation of the point in question. If we compare the viscera with respect to the liability to form abscess, we find that in those in which the earlier products of inflammation can be got rid of there is the least liability to abscess. In the brain, which has no excretory duct, abscess is a common result of inflammation; abscess of the liver is less common than that of the brain, and more so than that of the lung; abscess of the kidney may be placed next in the scale; and that of the lung decidedly the last in the order of frequency. Considering the bronchial tubes as excretory ducts, we must admit, that of all the viscera the lungs have the most extensive apparatus for ex-

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cretion, whether we consider it in a vital or mechanical point of view. From the first the products of irritation are got rid of by expectoration; and even in the suppurative stage the accumulation of the matter is prevented by the universal permeability of the lung."

In conclusion, I would say, in reference to the foregoing case, that it ought to lead us to the hope that such results may follow more frequently than they are wont, as our knowledge of the means to combat the first inroad of the disease becomes more extended, and that we use every auxiliary means to support the vitality of the system; and the chief of these, to which I fear sufficient attention has not been paid until within the last two or three years, is the keeping of the patients as much as possible in the open air, instead of confining them, as was for years the custom, to a Madeira temperature in close, ill-ventilated rooms. The use of stimulants is a matter requiring the greatest circumspection, and for which no rule, I believe, can be laid down; but nutritious diet, light and digestible, is, as most experienced practitioners know, of paramount importance.

MANUAL MAGNETISM,

By Dr. Chapman.

The expression Manual Magnetism is deliberately chosen to signify the fact that the hand is employed as a curative agent. Such terms as zoo-magnetism, vital magnetism, animal magnetism, mesmerism, psycheism, &c., express the aggregate of psychical phenomena, known or unknown, which may be developed during *somnambulism* (magnetic sleep), whether natural or produced by the hand, or the will of one human being acting on another.

The writer must state, at the outset, that he doubts not an immense deal of wickedness has been wrought in connexion with Mesmerism, and through the means of the magnetic sleep. Revelation has been, in many instances, scoffed at; the hopes of the Christian have been treated as idle dreams; necromancy has been attempted; the most idle and

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prurient curiosity with respect to things forbidden, has been indulged in and encouraged; and villainous advantage has been, sometimes, taken of those put into the magnetic sleep. But to reject the use of the hand as a curative instrument, because, when so used, it is capable of producing the magnetic sleep, and that sleep can be abused and turned to ill purposes, is needless and unwise. We might as well refuse to use the tongue as an organ of speech, because it is capable of expressing a world of iniquity. Villains have produced sleep by administering narcotics, for the purpose of making their victims helpless; but it has not been thought necessary to discard the use of narcotics for medicinal purposes.

The writer believes there is a great deal of falsehood mixed up with the transcendentalism of the mesmerists; that their pretensions to something miraculous are as false as they are vain-glorious. A multitude of significant facts, of the deepest interest in a psychological point of view, remain to be deeply considered, and it may be, at some future time, reduced into a system of mental philosophy.

With respect to Manual Magnetism, used as a curative agent, it is unnecessary, in the great majority of cases, to produce the magnetic sleep; and precautions may be taken if it should be induced, to prevent any abuse of it. The remedy should always be had recourse to under the direction of a medical man. There is a sacredness in the full trust that is reposed in him; and it is to the credit of the profession, that this trust is hardly ever violated. There is no crime viewed with greater abhorrence than the moral misconduct of a medical man in relation to his patients. It is the bounden duty of medical men to test the reality of the cures claimed for manual magnetism, and if satisfied of their truth, to employ the remedy for their patients; and it is moral cowardice on their part to shrink from the enquiry.

A rapid sketch of the history of what has been well termed *psychodynamy*, or animal magnetism, may be interesting to the reader, who is requested to bear in mind that the writer

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chiefly insists in this essay, as will appear towards the close on the efficacy of the human hand as a curative agent. The psychical phenomena are intensely interesting, but require to be classified and reduced into a system. The philosopher, who is to do this, has not yet appeared. The curative influence of the hand in cases, in which the use of it is suitable, is undoubted, however much doubt or uncertainty may attach to the psychical phenomena manifested in the magnetic sleep produced by the hand, or exhibited in the rare cases of natural somnambulism.

Whatever be the name employed to express the psycho-dynamic phenomena included under the term "mesmerism," the fact is undoubted, that these phenomena were known, in a greater or less degree, in the most ancient times of which we have any historical account. It is found from history, call it *legendary* if you please, that frictions, passes of the hand, glances of the eye, the breathing of one person on another, have been curative in certain cases, produced somnambulism in others, insensibility to pain, sight at a distance, introvision, and prevision.

However confused the historical data may appear to be, and however much falsehood was in those old times mixt up with truth, as is the case in our own days,—there is no reason to doubt that the psycho-dynamic practice and its phenomena were known among the ancient Indians and Persians, Egyptians and Israelites, Romans and Gauls.

The Indian magians, and the Persian physicians, who preceded, in point of time, the medical schools of Egypt and Greece, chiefly employed gestures and passes with the hand and manipulations, for the cure of disease. Whether the cures were real or not, this passage of Philostratus, in his life of Apollonius, shews the mode of attempting cures in the recited cases.

"A young man, who was lame from a wound inflicted on his knee by a lion, went to the wise men of India in the hope of obtaining relief. They rubbed him gently with their hands, and so successfully, that he was able, in a few days, to return home, without any pain or lameness. They

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recovered, by using the like means, the sight of an eye which was lost in another of their patients: and in a third instance they quite cured a man, who had lost the use of his arms."

The priests, who were the physicians of Egypt, used frictions and breathed on their patients. They made a mystery of their art. That clairvoyance was a faculty known to them and cultivated by them, seems certain.

Diodorus Siculus, in the first book of his history, mentions that "the priests of Egypt pretend that Isis is well-pleased with the worship paid to her, and appears in dreams to her votaries, and manifests her good-will by revealing remedies for diseases; and that to the wonder of every one, a great number of persons, pronounced incurable by physicians, were cured by the remedies she dictated, if her advice was faithfully adopted."

Macrobius relates that the Emperor Trajan tested the oracle of Heliopolis, by sending a blank letter; and that the priest, without opening it, returned it to the Emperor with a piece of blank paper.

Reverence forbids the quotation of passages from the Hebrew Scriptures to show that the psychodynamic phenomena were well known among the Israelites. The denunciations against wizards and witches, prophets of Baal, dreamers of dreams, and others possessed of "familiar spirits," who enticed the people to idolatry, are well known to all.

As we get lower down the stream of time the historical evidence becomes stronger that what is now called "Mesmerism," with the psychological phenomena connected with it, was familiarly known.

Diodorus, already quoted, tells us how the oracle of Delphi came to be established. Some goats approaching the verge of a chasm, began to dance about in a strange way. The goatherd, amazed at their frolicsome antics, approached to look into the aperture, and was suddenly inspired with the faculty of foretelling future events. A body of priests some time after took possession, built a temple over the place, and set up a prophetess. Virgil's description of the Sibyl is a

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lively portrait of the Cumæan priestess. Take it in Dryden's translation:

> "Deep in a cave, the Sibyl makes abode;
> Thence full of fate returns, and of the god.
> The spacious cave, within its farmost part,
> Was hewed and fashioned by laborious art,
> Through the hills' hollow sides: before the place,
> A hundred doors a hundred entries grace:
> As many voices issue; and the sound
> Of Sibyl's words as many times rebound.
> Now to the mouth they come: aloud she cries,
> This is the time, enquire your destinies.
> He comes, behold the god! Thus while she said,
> (And shivering at the sacred entry staid,)
> Her colour changed, her face was not the same,
> And hollow groans from her deep spirit came:
> Her hair stood up; convulsive rage possest
> Her trembling limbs, and heaved her labouring breast.
> Greater than human kind she seemed to look;
> And with an accent more than mortal spoke.
> Her staring eyes with sparkling fury roll,
> When all the god came rushing on her soul."

When the priests consulted the oracle, they caused the priestess to sit on the tripod of Loxias (Apollo). As soon as the vapour from the aperture reached her, she exhibited the appearance described by the poet. She is represented as being quite unconscious (when her rapt condition was changed for one of exhaustion, and she was removed and recovered), of all that had passed, and of whatever utterances she had made.

It is related that cures were effected in the temple of Esculapius, very much in the same manner as those which are reported to have been performed in modern times by means of mesmeric agency. These are the somnambulic sleep; the direction of the patient, what he should [illegible] or avoid; the [illegible] the seat and nature of the disease, and the [illegible] sight of crises, and [illegible]. No doubt the event often differed [illegible] prophecy [illegible] ful hits were recorded, [illegible]

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Socrates, by the teaching of his *demon*, is said to have foretold some future events, or described things done at a distance, with remarkable precision: and Appollonius Tyaneus exhibited, at times, the same faculty. When he was at Ephesus, and surrounded by a crowd of people, he saw, and accurately described, the circumstances of the murder, then being done, of the Emperor Domitian at Rome.

Cicero relates many curious circumstances in his work on divination; one will suffice.

Ptolemy, one of the lieutenants of Alexander the Great, was suffering excruciating pains from a wound inflicted by a poisoned arrow. Alexander, while watching at his friend's bedside, fell asleep: he dreamt he saw a dragon with a root in his mouth, and it was indicated to him in his dream where the root could be found, and that it would cure Ptolemy. The root was searched for, found, and cured Ptolemy, and many other soldiers who were wounded by the same kind of poisoned arrows.

It is related of Pythagoras, that he learned the secret arts of the Egyptians; that he cured patients by laying his hands on their heads, and then passing them slowly over their bodies, reciting the while magic verses.

Pliny observes, in the sixth book of his Natural History, that "there are some men whose bodies are eminently curative. There may be some doubt about the virtue of enchantments and magic verses, but it is my positive belief that the *will* of the operator and his *good-will* towards the patient, imparts a beneficial and remarkable power to the emanation that comes from him."

Hippocrates, Galen and Celsus, seem to have been acquainted with the magnetic power of the hand, and with [illegible] psychodynamic phenomena.

[illegible]pocrates, the writer of two essays attributed to

[illegible]yes are closed, the animal soul (ψυχὴ) [illegible] the affections of the body." (*De Regim.* [illegible]ligence of dreams is a great step towards [illegible]. ii.)

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The Druids, beyond a doubt, had their seers and sibyls. It would be tedious to quote many passages from ancient writers, such as Josephus, Plato, Plutarch, Pliny, Lucian, Cicero, and many others, in proof that, to a greater or less extent, the mesmeric phenomena, and the magnetic influence of the hand, were known among the nations of whom we have any historical account.

Whatever was the prophetic character of the old heathen oracles, they were mute at and after the coming of Him Whose star the wise men saw in the East. Milton, with his usual learning and felicity, makes use of this acknowledged fact in his Christmas hymn.

The oracles are dumb;
No voice or hideous hum
  Runs through the arched roof in words deceiving.
Apollo from his shrine
Can no more divine,
  With hollow shriek the steep of Delphos heaving.
No nightly trance, or breathed spell,
Inspires the pale-eyed priests from the prophetic cell.

He continues the theme through the six succeeding stanzas. But after a while we find [illegible] of the mesmeric phenomena as produced or witnessed by monks and others. Then again, as among the Egyptians [illegible] were physicians. You have again the night-watches [illegible] feelings prayers to [illegible], instead of [illegible] We read ecstatics, many of whom were somnambulic.

During the [illegible] belief in magic [illegible] lar creed, and the power of witchcraft was [illegible] the wisest and dreaded by the bravest. [illegible] knowledge of mesmeric phenomena, we can [illegible] that when there was an [illegible] power of somnambulic; but doubtless the credit [illegible] and witches pretended to [illegible] love of notoriety or the love of [illegible] and water, and the power of [illegible] extirpation. Sir Matthew Hale [illegible] by whose sentence a witch was put [illegible]

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Who now doubts that the noble Maid of Orleans was a somnambule? Yet for her patriotism, and her loyalty, and the delivery of France from a foreign foe, she was tried by her captors and condemned to death, and burned as a sorceress, the Archbishop of Canterbury presiding as a judge. Taking the word relligio in the sense of superstition, how often in reading the history of past ages are we reminded of the verse of Lucretius,

"Tantum Relligio potuit suadere malorum."

Agrippa, born in 1486, says in the fourth book of his "Occult Philosophy," "when the soul is gifted with a powerful imagination, it acquires effectual strength for the causing of health or of disease, not only in its own body, but also in the bodies of others."

Paracelsus, born some years after Agrippa, says "Imagination and faith can cause or remove diseases. Confidence in the virtue of amulets is the secret of their efficacy."

Cardanus, born in 1501, performed extraordinary cures by secret means, and was in consequence suspected of sorcery, and imprisoned. He could by his own will induce in himself the somnambulic state, and exhibited many of its most remarkable phenomena. In his clairvoyance he pointed out means of cure, had the faculties of introvision and prevision, and he could describe objects at a distance. In his somnambulic state he could act on himself, and remove the pain of gout from which he suffered.

Lord Bacon, born in 1561, was a believer in the mesmeric phenomena. He related some instances of prevision and [illegible] a distance, and laid it down that a person could act [illegible] at a distance. "Magic," he observes, "is nothing [illegible] of the imagination of one person acting on the [illegible]"

[illegible] born in 1597, was imprisoned on account of [illegible]ght, by mesmeric means. He was the [illegible]agnetism to those phenomena which [illegible] the word mesmerism. He wrote [illegible]one entitled "De Medicinâ

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Magneticâ," and the other "De magneticâ vulnerum curatione."

"*Magnetism*," he observes, "acts everywhere, and has nothing new but its name. It is a paradox to those only who laugh at or doubt what they cannot explain.....We designate by the word *Magnetism* that occult influence which bodies exert at a distance over other bodies, either by attraction or repulsion. The medium of conveyance of this influence is a subtle and vital essence, (*magnale magnum*) which penetrates all bodies and pervades the universe."

He also observes, "We can attach to another body a virtue we ourselves enjoy, communicate to it certain properties, and then use it as a means of producing salutary effects."

Maxwell, an English physician, published, in 1679, a book "de re Magnetica," in which are to be found the principal propositions adopted nearly a century afterwards by Mesmer.

"There emanate," he writes, "from all bodies rays of subtle matter, which are so many means that the vital spirit sets in motion, and to which it imparts its own energy and power of action.

"In all kinds of diseases, the chief point to achieve, is to fortify, multiply, and regenerate the vital spirit: in so doing you will be able to cure all kinds of disorders."

He sums up his medical phil[illegible] propositions: "There exists a universal remedy [illegible] particular vital spirit (vitalism) [illegible] will restore [illegible] natural functions, [illegible] There is no disorder which has not [illegible] by the natural action of this spirit alone, [illegible] help. Universal [illegible] is nothing else [illegible] diminished or increased in a just proportion [illegible] spirit." Robert Boyle, [illegible] who introduced Calomel, [illegible] that name out of compliment [illegible] *cendo,)* his favorite servant, [illegible] In his treatise, "De mira corpu[illegible] as undeniable principles—1st, [illegible] reciprocal action, at a distance, [illegible]

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Valentine Greatrakes went about England, from 1662 to 1666, for the purpose of exercising a healing faculty he claimed to have, and was said to have performed the most wonderful cures.

"By the application of his hands," wrote the Bishop of Derry, "he caused pain to disappear. The result was, at times, very rapid, and I have seen persons cured as if it were by magic. If the pain did not cease after a few trials, he would protract his operations during several days. I have seen him cure dizziness, ophthalmia, ear-ache, epileptic fits, scrophula, and cancerous tumours of the breast. I am not induced by these cures to believe that there was something superhuman in them. He himself did not think there was, and his way of operating proves that there was neither miracle nor divine interference. It would seem that some beneficial and salutary emanation issued from him. Some diseases required long and protracted operations, while others altogether refused to yield to his exertions."

The Royal Society, during the presidency of Boyle, investigated the matter, and paid to Greatrakes their tribute of praise. Some physicians attested the reality of his cures.

Emanuel Swedenborg, a man of wonderful genius, was born at Stockholm in 1688. He was a somnambule, it may be suspected, and confounded his sensations and impressions while in the somnambulic state in such a way as to persuade [illegible]lf that he received distinct and direct revelations from [illegible]isible world. Some very extraordinary instances are [illegible]f his seeing objects at a distance, and of what stu[illegible]sychology would call clairvoyance, but what he [illegible] special revelation to him.

[illegible]nthony Mesmer was born at Mersburg, in [illegible] He studied medicine under Van Swieten [illegible]is inaugural thesis, for his diploma of [illegible]was "On the influence of the planets [illegible]He was intimate with Hehl, the pro[illegible]nna, who believed that the load[illegible]an diseases, and had invented [illegible]which he impregnated with

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the virtues of the magnet, and applied in the treatment of disease with extraordinary success, as was asserted. Mesmer availed himself of his friend's invention and practice to employ the magnet according to his own peculiar views. A quarrel ensued between them, and Mesmer, having the worst of the controversy they entered into, was obliged to leave Vienna. He had taken his medical degree in 1776, when he was forty-two years old.

After travelling from place to place in Germany and Switzerland, working everywhere his wonderful cures, he arrived in Paris in the year 1778. His fame, as a healer of disease by some undivulged means, had preceded him; his apartments were crowded by persons of all ranks, and hundreds were soon ready to attest the reality of his wonderful cures. A physician of the name of D'Eslon learned, probably for a sum of money, his secret from him, and practised on his own account with such success, that he is said to have realised £100,000 in fees received from his patients. Mesmer complained that his disciple was robbing him of the fruits of his labour. He applied to the government, and succeeded in obtaining the patronage of the Queen. Large offers were made to him by the government, if he would submit his mode of practice and the means he used fully and unreservedly to a committee to be appointed by them. He refused to consent to this condition, and suddenly quitted France with a very large sum of money, partly resulting from his own practice, and partly from the contributions of persons to each of whom he communicated his doctrine and practice *for a consideration*. His disciples so instructed by him, formed themselves into *Sociétés de l'Harmonie*, for the purpose of propagating gratuitously the doctrines of animal magnetism. Mesmer then returned for a short time to Paris; but finding he could no longer make any exclusive profits by his discovery, he retired to Mersburg, where he died in 1815. He does not seem to have taken any further trouble about the success or failure of his method of practice.

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The mode he adopted for magnetizing his patients was as follows:

"In the centre of the room, where the patients assembled, was placed a sort of oaken tub, called by him the Magnetic *Baquet.* The interior was filled with pounded glass, iron filings, and bottles containing magnetized water. The cover of the vessel was pierced with numerous holes, into which were introduced polished iron rods, bent nearly at right angles and which were capable of being moved. The patients were arranged in successive rows around this *baquet,* and each one held one of the iron rods, which he applied to the part of the body supposed to be the seat of the disease: a cord passed round their bodies, uniting them to each other, and sometimes a second chain was formed by placing the thumb of one patient between the thumb and forefinger of the next patient, and so on round the circle; each patient pressing the thumb of his neighbour. A pianoforte was placed in a corner of the room, and according to the movements, different airs were played upon it; singing being sometimes added. The magnetizer himself, armed with a metallic rod, walked among the patients, looking steadfastly at one; pointing with his rod to the presumed seat of disease of another; and occasionally applying pressure with the finger over the hypochondriacal and abdominal regions; and these various manipulations were assiduously continued for a considerable time. The results on highly nervous, and especially imaginative subjects, may be readily conceived. Some were but little affected; others uttered sighs, and gave way to tears or laughter; some were depressed; others excited and convulsed, and some passed into a state of languor and reverie. Some patients devoted their attention to each other, rushing towards one another, speaking with affection, and mutually soothing each other, in these *crises,* as they were called, which were supposed to be necessary to effect a cure. All were under the control and power of the magnetizer."

That Mesmer's theory was not a new one, but was compounded from the views of Paracelsus, Van Helmont,

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Maxwell, and others, will be seen by comparing what has been said of their notions with his propositions:

1. "There exists a natural influence between celestial bodies, the earth, and living beings.

2. "A fluid universally diffused and filling every void, rare beyond all comparison, and in its nature fitted to receive, propagate, and communicate, all the impulses of motion, is the medium of that influence.

3. "This reciprocal action is obedient to certain mechanical laws, at present unknown.

4. "There results from this action certain alternate effects, which may be considered as a flux and reflux.

5. "This flux and reflux are more or less general, more or less particular, more or less compound, according to the nature of the causes which determine them.

6. "It is by this operation (the most universal that we see in nature) that the celestial bodies, the earth, and their constituent parts, mutually affect each other.

7. "The properties of matter and of organized bodies depend upon this operation.

8. "The animal body experiences the alternate effects of this agent, and it is by insinuating itself into the substance of the nerves that it immediately affects them.

9. "There are manifested, particularly in the human body, certain properties analogous to those of the magnet; there may be distinguished certain poles, equally different and opposite, which may be connected together, destroyed, and reinforced. The phenomenon of inclination is to be observed.

10. "That property of the animal body which renders it susceptible of the influence of celestial bodies, and of a reciprocal action with those which surround it, manifesting its analogy to the magnet, was the reason for naming it *Animal Magnetism.*

11. "The action and the virtue of Animal Magnetism thus characterized, may be communicated to other animate and inanimate bodies; the [illegible] other, however, being mor[illegible]

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12. "This action and this virtue can be reinforced and propagated by the same body.

13. "We observe, by experience, the efflux of a matter, of which the subtilty penetrates all bodies, apparently without loss of its activity.

14. "Its action extends to a great distance, without assistance from any intermediate object.

15. "It is augmented and reflected by mirrors, like light.

16. "It is communicated, propagated, and augmented by sound.

17. "This magnetic virtue can be accumulated, concentrated, and transported.

18. "Animated bodies are not equally susceptible; and there are some, though rare, which have a property so opposite, that their presence destroys all the effects of Magnetism in other bodies.

19. "This opposite virtue likewise penetrates all bodies; it can equally be communicated, propagated, accumulated, concentrated, transported, reflected by mirrors, and propagated by sound. This constitutes not merely a negative, but a positive and opposite power.

20. "The magnet, whether natural or artificial is likewise, with other bodies, susceptible of Animal Magnetism, and also of the opposite power: without, in either case, undergoing any alteration in its action upon iron or the needle; which proves that the principle of Animal, is essentially different from that of Mineral Magnetism.

21. "This system will furnish new elucidations of the nature of fire and of light, of the theory of attraction, of the flux and reflux of the magnet, and of electricity.

22. "It will explain that the magnet and electricity only have, with respect to disease, properties common to many other agents in nature, and if some useful effects have resulted from their employment, these are due to Animal Magnetism.

23. "We see from facts that this principle, employed according to certain established practical rules, can cure diseases of the nerves immediately, and others mediately.

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24. "With its aid the physician is enlightened as to the use of remedies; he assists their action, and excites and directs salutary crises, so as to render them subject to his command.

25. "In communicating my method, I will show, by a new theory of diseases, the universal utility of the principle which I oppose to them.

26. "With this knowledge, the physician will judge with certainty as to the origin, the nature, and the progress of diseases, even the most complicated; he will prevent their increase, and arrive at a cure without ever exposing the patient to dangerous or disagreeable consequences; such as occur from age, temperament, and sex. Females, even when pregnant, and at the time of delivery, will enjoy the same advantages.

27. "Finally, this doctrine places the physician in a state to judge correctly of the degree of health of each individual, and to preserve him from the diseases to which he may be exposed; the art of healing will thus arrive at its utmost perfection.

"Although my constant observation during twelve years gives me the assurance that all these twenty-seven propositions are correct in every particular, I easily conceive that my system will at first appear more like illusion than reality; for it opposes admitted principles, and rejects, as useless, notions considered as highly important. But I beg enlightened persons to set aside for a while all prejudices, and to defer their judgment till circumstances shall permit me to give to my principles the evidence of which they are susceptible. The consideration of the number of men who languish in distress, from the sole insufficiency of the common remedies, is calculated to inspire the desire and hope that some better means may be found.

"Physicians, as natural trustees of public confidence for those things which are most conducive to the preservation and happiness of mankind, are alone capable of fully appreciating the importance of my discovery and foreseeing all its consequences, as they alone can practise it.

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"If this short summary still presents some difficulties or obscurities, it will be easily understood that they are of a nature not to be removed by mere arguments, but by experience alone. Experience will cause all clouds to disappear, and surround with clear light this important truth—That Nature offers a sure and universal remedy for the physical sufferings of mankind."

The Marquis de Puységur, the most celebrated of the disciples of Mesmer, was the first to develop the psychical phenomena of mesmerism, as reduced to a sort of system, in modern times. He magnetised, on one occasion, a young peasant on his estate near Soissons, who had been suffering from pleurisy for four days; and was exceedingly surprised to see the boy, after fifteen minutes, in a quiet sleep, during which he could speak, and reply sensibly to the questions put to him. It does not appear that Mesmer had ever produced the magnetic sleep in any of his patients. The discovery of the magnetic power of the hand, and of the will of the mesmeriser, by De Puységur, put an end to the *baquet*, and the astrology of Mesmer.

M. De Puységur's "*Memoirs to serve for the History and Establishment of Animal Magnetism*" are well worth the attentive perusal of the student of psychology. He made his discovery and began his practice in 1784.

Deleuze was the next distinguished mesmerist, in point of time. He commenced his enquiry and practice in 1785. He was an excellent botanist, and a man of considerable literary and scientific attainments. He published, in 1813, his "*Critical History of Animal Magnetism*," containing the results of an experience of twenty-five years. He published, in 1825, his "*Practical Instruction on Animal Magnetism*," and, in 1836, his "*Treatise on the Faculty of Prevision.*" His works are numerous and valuable.

Cuvier admits, in his "*Comparative Anatomy*," the reality of the psychical phenomena. "The effects produced on persons unaware of the will of the operator, and during the natural sleep of some patients; those that have taken place upon other persons, so as to reduce them to a state of insen-

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sibility; and also the effects obtained on brutes, no longer permit it to be doubted, that the proximity of two animated bodies, in a certain position, and with the help of certain motions, do produce a real effect; wholly independent of the imagination of either. It is also evident that these effects are owing to a communication, which takes place between the nervous systems of the two parties."

The illustrious astronomer, Laplace, in his "Traité analytique du Calcul des probabilités," observes: "The extraordinary phenomena which result from the extreme sensibility of the nervous system of some persons, have given birth to a variety of opinions on the subject of a newly discovered agent denominated *Animal Magnetism*. It is natural to suppose that the influence of the cause is very subtle, and that it can be easily disturbed by accidental circumstances; but it would be unfair to conclude that it never exists, merely because, in some cases, it does not manifest itself. We are so far from being acquainted with all the agencies of nature, and with their different modes of action, that it would be unphilosophical to deny their existence, because, in the present state of our knowledge, they are inexplicable."

Hahnemann introduces the subject of mesmerism in the first edition of his '*Organon*,' and did not withdraw it in any of the succeeding editions he published. During the last several years of his life he cultivated the faculties of a *clairvoyante*, who during the last eleven years has been making a large income in London from her faculty of introvision, and for her treatment of patients with homœopathic remedies directed by her when she is in the magnetic sleep. Hahnemann allowed her to prescribe for him during his last illness, and was daily magnetised by his wife.

He thus expresses himself: "This curative power (animal magnetism) differs in its nature from all other remedies. Of its efficacy none but madmen can doubt; through the powerful will of a well-meaning person, it influences the body of the patient by the touch, and acts homœopathically by exciting symptoms analogous to those of the patient.

"It acts likewise by imparting an uniform degree of vital

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power to the organism, when there is an excess of it at one point and a deficiency at another.

"Again; it acts by the immediate communication of a degree of vital power either to a weak part or to the entire organism—an effect that cannot be produced by any other means with such certainty, and without interfering with the other medical treatment."

It does not appear that Hahnemann had much practical knowledge of the subject; but his authority should induce his followers to inquire into the efficacy of a curative agent, of which he had a very high opinion.

The Rev. Dr. Whately, the Archbishop of Dublin, President of the London Mesmeric Infirmary, is, and the late Sir William Hamilton was, a believer in animal magnetism. The latter has observed:

"The causes of all phenomena are at last occult. There has, however, obtained a not unnatural presumption against such causes; and the presumption, though often salutary, has sometimes operated most disadvantageously to science, from a blind and indiscriminate application.....It has induced men obstinately to disbelieve phenomena in themselves certain and manifest, if these could not at once be referred to already known causes, and did not fall in with the systems prevalent at the time.....An example of this kind is seen in the difficult credence accorded in this country to the phenomena of animal magnetism,—phenomena in themselves the most unambiguous, which for nearly half a century have been recognized generally, and by the highest scientific authorities in Germany, while for nearly a quarter of a century they have been verified and formally confirmed by the Academy of Medicine in France."

The names of other distinguished English authorities might be added, who have believed, and believe in, the phenomena of animal magnetism.

The Rev. Messrs. Townshend and Sandby have published interesting books on the subject.

Dr. Elliotson is the most distinguished physician who has been occupied in establishing in this country the doctrine

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and practice of vital magnetism. For some years he suffered a vehement medical persecution on account of his advocacy of what he believed to be truth. For many years he was the editor of the *Zoist*, a quarterly journal, the publication of which was discontinued last year.

Drs. Esdaile and Ashburner, Professor Gregory of Edinburgh, and many other medical men, have taken an active part in propagating a knowledge of vital magnetism.

The value of the magnetic sleep, as producing insensibility to pain during surgical operations, should be asserted; for it is productive of no injurious effects, whereas the insensibility produced by the inhalation of chloroform has often ended in death. The only objection that can be rationally made to inducing the magnetic sleep for the purpose of surgical operations is, that many persons cannot be so put to sleep. Wherever it can be induced, it is unquestionably preferable to chloroform.

The subject of clairvoyance should be glanced at, in so far as the faculty of *introvision* is concerned. By this faculty the *seer*, or *seeress* more generally, pretends to see the interior of the human organism, to describe the disorder or disease, and to prescribe the remedies. The writer has seen a good number of *introvisionists*, but only four of them seemed to be entitled to any credit. That the faculty exists is beyond doubt; but that it is mixed up with much uncertainty or falsehood is no less certain. He could fill a volume with his observations on this faculty, and concerning those he has known to cultivate it; but, from the want of space, his observations must be very brief. He thinks that in very ambiguous cases a good *clairvoyant*, or *clairvoyante*, might throw some light, by a sort of happy *intuition* or guess, or a precise description of some part. But in order to render the faculty of *introvision* useful, those who possess it should have some knowledge of anatomy,—of the structure of the interior organism of the human frame. As it is, they make wild work of it. He has noticed that the best of them describe accurately the *sensations* of the patient, that they can often refer back with decided precision to some accident or

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injury, which has often been forgotten by the patient, as the origin of the suffering. Of their prevision as to crises or important changes in the health, at stated times, he has nothing satisfactory to say. In the present state of development of the psychical phenomena of somnambulism, he does not think that the physician can obtain much, if any, help in the way of diagnosis or cure, except by suggestive guesses.

The *clairvoyant* receives impressions from the person *en rapport* with him. The seer, or seeress, has a desire to succeed, and if the abnormal sight fails, will guess and speak at random. He has had three opportunities of testing the truth of the description of the best *introvisionist* he has known. In two she was only partially correct, essentially wrong; in the third she was right.

He was sent for, from a distance, to see a young lady of 19. She had been seen by Sir Benjamin Brodie and Aston Key. They had both said she had "white swelling" of the knee. When he saw her, the whole leg from the knee downwards was of an icy coldness; and patches of sphacelus were seen. He recommended the surgeon, who was in attendance on her, to amputate the limb, above the knee, without loss of time. He got her to cut off and put in silk a bit of her hair. That night he shewed it to the *introvisionist*. He had declined to give an opinion of the condition of the knee-joint, for he was in doubt about it. The clairvoyante described the *swoln appearance* of the knee, and the *coldness* of the limb, and stated peremptorily that there was disorganization of the joint, ulceration of the cartilages, disease of the bones, &c. The limb was amputated. There was nothing at all the matter with the joint: but the necessity for the amputation was made clear. The popliteal artery was dwindled to the size of a thread; no *anastomosis* had been established; and the *nerve* was hugely hypertrophied. The case is very interesting as showing how much nerve-influence has to do with the circulation. The young lady is now well.

The second case was one of hydrocephalus. A fine boy, of 13, was sitting at his tea, and had a fit. The writer was sent for, and pronounced from his symptoms that there was

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an effusion of water (hydrocephalus). Dr. Elliotson also saw him, and gave the same opinion. The boy lived five days. The writer saw him a few hours before his death, cut off, with the prescribed caution of not touching it, a bit of his hair, and shewed it to the same *introvisionist* about the time the boy was passing away into the world of spirits. She described his appearance, and stated that there was great congestion of the vessels of the brain, but positively affirmed that there was no effusion of water, and that the case was curable. The body was examined, and there was a great deal of water in the ventricles and at the base of the brain.

In the third case, the same *introvisionist* diagnosed that there was condensation of the lungs, hypertrophy of the heart, and disease of the kidneys. The patient was a physician, and had been seen during his long illness by many eminent physicians. The writer only diagnosed the kidney disease. The water was subjected to the usual tests: there was albumen in it. The body was examined by a surgeon of one of the London hospitals. The kidneys were in a state of disorganization, and the capsules were quite loose, and were detached like a piece of wetted blotting-paper.

The same *introvisionist* made last year a fatal mistake, by which a most valuable life, that was entrusted to her care, was lost. But there was no *post-mortem* examination, and therefore no particular notice can be taken of it.

Provided a person had the faculty of *introvision*, and was honest, and had the necessary anatomical knowledge, the faculty might sometimes, in obscure cases, be turned to good account.

It has been well observed, in the Report of the Seventh Annual Meeting of the London Mesmeric Infirmary:—"The injury done to mesmerism by clairvoyance being thrust incessantly upon the notice of the world, instead of the common truths and medical powers of mesmerism, is immense: this has turned away the attention of the public from what is true science and useful art to prodigies and absurdities, caused impostors to flourish in the place of grave and honest mesmerists, and prevented mesmerism from being properly appreciated. The

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credulity and ignorance of many mesmerists have injured the cause more than the opposition of the unprincipled and obstinately prejudiced."

Want of space precludes the consideration of the *odylic force*, and a notice of the speculations and observations of Reichenbach, who, though no believer in mesmerism, has thrown by his experiments a great deal of light on the subject of the *psychical* phenomena of somnambulism.

The writings of Abercrombie, and other eminent authorities, contain very important illustrations of the workings of the human mind in certain states of disease, or in somnambulism that is the result of disease, or in what has been called natural somnambulism; but this interesting subject cannot now be entered on.

The hand may be effectually used, in a great variety of cases, as a curative agent, without inducing the magnetic sleep. In fact if the head is not magnetised, this sleep very seldom ensues.

The writer directs the magnetiser to hold with his or her left hand the right hand of the patient, and to make the passes with the right hand. After the long passes have been made for some time, he directs the palm of the hand to be applied over the suffering part, or to be passed *down* the spine, not up and down. It is not his object to describe the processes minutely, but to recommend the use of the hand as a curative agent.

The cases which have come under the writer's knowledge, in which manual magnetism has been of signal benefit, are very numerous: but he gives only a few of those for which he has directed this treatment. He has taken them without selection, as he thinks it unnecessary to choose only those which are remarkable instances of cure. In no one of these cases was the magnetic sleep induced by the manual magnetism.

Case 1.—Mrs. —— æt. 26. She had been asthmatic from the sixth year of her age; from that time to the period of her consulting me she had been subject to repeated attacks

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of this distressing complaint. She had been submitted to the treatment of divers eminent men, who seem to have had no hope of curing her, but had chiefly relied on narcotics to give her temporary relief. She had been married five years, when I saw her in 1847, and had several children. There had been no difference in the frequency and severity of the attacks of asthma from her marriage and maternity; if there was any difference, she was worse rather than better. The attacks came on every three or four weeks. For three or four days she could not lie down. Her face was livid; she panted and gasped, and seemed threatened with instant suffocation. After three or four days she had vomiting, which relieved her, and she then gradually got better, and remained tolerably well till the next attack. When I first saw her, I found she had been, for several weeks, undergoing the magnetism of the hand. I gave her ipecacuanha, and afterwards tartar emetic, and recommended the continuance of the magnetism, which I judged had been useful to her. Her husband and herself were intimate with a clergyman of justly deserved eminence as an orator, as well as for his piety, and who had signalised his hostility to "mesmerism" by preaching a sermon against it, in which he pronounced it to be "Satanical." The lady made good progress towards health, and on one occasion, told the clergyman that she was mesmerised. He was shocked, and asked her how she could make use of any means for which she could not ask a blessing in prayer. "Oh," said she, "I always pray for the blessing before I am mesmerised, and return thanks, for the sensible relief from it, after I am mesmerised." So he was silenced. The lady became almost entirely cured, having the paroxysms in a very mitigated form, at much longer intervals. She died several years after in childbed. She always found relief from manual magnetism. No doubt the homœopathic treatment had much to do with her improved health. Her's was a case of the so-called "nervous asthma."

Case 2.—Mr. —— æt. 30, a lieutenant in the navy. He

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had *lived fast*, and been *burning the candle at both ends*. He was at that early age the wreck of a man: his hands were tremulous; his face, under any emotion, was disfigured with convulsive twitchings; he could scarcely walk a hundred yards without the greatest distress. His circulation was languid in the extreme; he suffered from palpitation. He was *anæmic*, and would weep like "a sick girl" on any and every occasion—in fact, he was more like a peevish chlorotic girl than like a lieutenant in Her Majesty's navy. He was suffering from extreme *nervous exhaustion;* and that is precisely the case for which manual magnetism, a healthy and suitable magnetiser being chosen, is the best remedy. There seemed to be no organic disease of any kind. Phosphoric acid, Ignatia, and China were some of the medicines given to him. The manual magnetism was prescribed for him. He was under this treatment, homœopathic medicines being given to him the while, for twelve months. He became perfectly well, and has for some years resumed his profession, is married, and the father of a family.

While he was under the writer's care, his sister, a countess, a patroness of Almack's, of the *crême de la crême* of English society, expressed a wish to see him, to ask him about the case. He, consequently, paid her a visit, and found that she was in the habit of being surrounded by doctors, who had persuaded her that homœopathists were necessarily quacks, and that manual magnetism was quackery. He told her, as intelligibly as he could, what he knew of the practice of homœopathy, and of the use of the hand as a curative agent. The interview was a long one, and when he was leaving her he said to her,—"Permit me, after this long conversation, to put a question to you." "Certainly." "Do you now look upon me as a quack?" He had discovered her previous notions about homœopathists. She coloured to the very roots of her hair, and for an instant lost her self-possession—after the instant she recovered it, shook him heartily by the hand, and emphatically denied the imputation. Her brother got quite well—is quite well: but she *believed her circle of doctors* notwithstanding.

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Case 3.—Mr. —— on the shady side of 50. He had been greatly depressed by a variety of untoward circumstances; his *lares* had been broken; the light of his eyes, a loving wife, had been withdrawn from him by death. His too was a case of extreme *nervous exhaustion*. He could scarcely crawl; he had not for years known the sense of health. His pulse was hurried on the slightest emotion; his heart was easily affected; his spine was weak; his intellect was clear. There was no discoverable organic disease in his case; but his prostration was pitiable. He had great moral courage, and as his life was important to his children, he struggled on as best he could. He was advised to try "manual magnetism," and after persisting in it for several years, he was and is quite well. It is in such cases of deficient vitality, where there is a want of nervous force, that manual magnetism is signally useful. It is very beneficial in a great variety of cases; but it is superior to all remedies in all such cases of defective vitality, where there seems to be no organic disease, but the fountain of life is clogged, and the motory powers are disabled for the want of nervous force.

Case 4.—Miss —— æt. 20. This young lady is the daughter of a professional man, who is bitterly opposed to homœopathy. In the year 1851, she came from Lancashire with an aunt and cousin, who had been for some time under homœopathic treatment, to see the "Great Exhibition." Her aunt fell down a flight of stairs and suffered from concussion of the brain; she was treated homœopathically, and was cured. During her convalescence, the writer was asked to visit the niece, whom he found in a cataleptic condition. She had felt very unwell in the evening about six o'clock, and had undressed herself in the drawing-room in order to go to bed, her bed-room being on the same floor. He found her at seven in the same position as she was in at the moment of attack. Her face and body were rigid; there was no "speculation" in her eye; she was standing with one arm extended; her hair was flowing loose down; the face presented

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the appearance of a mummy—as if it had lost all its fullness, and the skin was closely glued to the bones. She cried out once or twice "I am very ill," otherwise she exhibited no sign of consciousness. She had previously had five such attacks, one each successive year: the first occurred when she was fifteen, and followed a sudden suppression of the catamenia, consequent on a violent mental emotion. Each attack was due to the same cause.

On the morning of the day the writer saw her the catamenia came on; she got into a violent passion in the course of the day, and a suppression of the catamenia was the consequence. She soon after complained of headache, and distress, and yawned a great deal. When the writer saw her, these particulars were given to him. He gave her about a fourth of a drop of Aconite 3, and sat down and watched her: in a quarter of an hour he gave her another dose of Aconite, and tried the influence of the hand on her. He laid her on a sofa, sat down at one end of it, held one of her hands with one of his, and passed the other round her waist, and applied the palm of his hand over the pit of her stomach. In a few minutes the rigid limbs became relaxed; and in ten minutes she was fast asleep, and the countenance had a more natural appearance. He soon after left her, instructing her aunt and cousin, who had been present all the time, not to disturb her but to let her sleep on the sofa. She continued to sleep from about half-past 7 till between 1 and 2 A. M.; she then rose, took up a candle, went to bed, and slept till 9. The catamenia came on plentifully, and in four or five days after she went to Hamburgh.

In each of the previous attacks she was several days ill, and the paroxysm had not remitted in less than a day on any occasion. The attack preceding that just described had been the most severe of all. She was attended by several eminent men, who narcotised her to such an extent, that on the third day of her illness they applied the stomach pump to get rid of its contents; and they had to give her strong coffee, and walk her about for many hours. She had not, during the

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year that followed, entirely recovered from the effects of the narcotism.

As Aconite seems to have been the right medicine, it probably would have sufficed for her relief: but it can scarcely be doubted that the manual magnetism was of signal benefit, and probably gave an immediate direction to the medicinal action.

The writer does not know if the young lady has had any recurrence of these attacks of hysterical catalepsy.

Case 5.—This also is a most interesting case of catalepsy. Mrs.——, 32 years old. She had married at 20, and had four children. She had gone to India with her husband, and while there had become subject to these attacks. She had in consequence returned to England. A great variety of means had been employed, but without beneficial result. She at last had recourse to the water-treatment, but that availed not. She came to town, to consult the writer, in 1849. She was so feeble she could not sit, but had to keep the recumbent posture, while he got from her the particulars of her case. He ascertained that in childhood, and for some years, she was a sleep-walker. She used to walk in her sleep after the catamenia were established. When he saw her she had been suffering four years from these cataleptic seizures, and she was worse than ever. She had for a long time been unable to go to church, and as she was a pious woman, this was a great grief to her. The sudden appearance of a visitor in her room, the slightest mental emotion, even the presence of her children, would often bring on an attack. She scarcely passed the week without one. Each left her prostrate, and she never recovered any amount of strength before the recurrence of the next. Tonics, narcotics, and divers other remedies had been tried for her. The catamenia were regular. The action of her heart was very feeble; she had not much flesh; she constantly felt faint; and suffered from headache; she had no appetite; she had sufficient sleep, but it was not refreshing.

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The writer decided to try manual magnetism in this case, in conjunction with homœopathic treatment. Belladonna, Hyoscyamus, Stramonium, Cuprum, and Zinc, were among the remedies he used. She had only one recurrence of the attack after the magnetism was commenced, and that was brought on by her own imprudence. In a few weeks after she was so treated, she took a walk of two miles—she who had long ceased to walk out at all. The attack, however, was a very slight one, only lasting about half an hour; those to which she had been painfully accustomed, had lasted some hours.

She fell, when these attacks came on, if she was standing or sitting, became rigid sometimes and sometimes not. She lost all power of voluntary motion, but her consciousness was never interrupted, though she could neither move nor speak. It was therefore an instance of what nosologists have called *catochus*. She sometimes could see though her eyes were closed, being then in the somnambulic state. She heard every thing that was said. She was magnetised with long passes. For the first six months she was magnetised by a young lady: her husband then returned from India, and he magnetised her for a year. They then returned to India, where she had another child. They have lately come back to England, but she has never had the slightest recurrence of these attacks.

The writer has seen another lady who was subject to hysterical catalepsy, which continued till after the cessation of the period; but she was treated allopathically.

The first of the cases now recorded was clearly a case of hysterical catalepsy; the second seems to have been of a mixt character, partly hysterical, and partly somnambulic. He knew a lady a few years ago, since dead, who was subject to cataleptic ecstacy. She could, by her own will, make her arms or legs rigid. She was a natural somnambule, and dreamt dreams and saw visions of the invisible world, which were to her realities, and which she described with extraordinary precision and beauty of language. In her waking condition, she told me, she could always see a stream of light flowing from the organ of benevolence of all benevolent per-

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sons; and though it was very dim in those deficient in benevolence, she had never seen a human being altogether without it. She would have been a capital subject for Reichenbach to have tried his experiments on. She died of typhus, and was delirious almost from the beginning of her illness, which was a very short one.

He has also seen a young woman who was in a trance for some weeks. Excepting that the warmth of the body continued, there was not a sign of life. Various means were tried to rouse her, but all to no purpose; a watery solution of opium was injected into the veins of her arms. One day she woke up suddenly, and then broke out into a rapturous description of Paradise, and the Shining Ones, its inhabitants, and was for some days occupied with an extatic recital of the marvels she had seen.

These cases are mentioned because many persons have denied that they ever occur.

Case 6.—Miss ——. Six years ago the writer was consulted about this young lady, then in her sixteenth year. She had for several years been subject to epilepsy. It seemed to have first occurred at the commencement of the catamenia. He then recommended her mother to put her under homœopathic treatment, and to have her magnetised. She, however, went into the country, and only adopted his advice in the spring of last year, 1855. The patient used to have an attack every three or four weeks, generally just before, or just after, or during the period. The attacks were very severe. She has only had one fit since the manual magnetism was commenced.

The writer has been the instrument of cure in seven or eight cases of epilepsy—most of them by homœopathic treatment alone.

Case 7.—Miss ——. In the year 1847, when she was about 40 years old, the writer attended her during a slight gastric [illegible] discovered that she had a large ut[illegible]d by one of the most emi- n[illegible], who pronounced it to

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be a fibrous tumour, which would in all probability assume a malignant character. Two of her sisters and a niece died of cancer. She was advised to pursue the homœopathic treatment steadily, and to try for a time the water-treatment. In 1849 she was recommended to try manual magnetism. This was pursued steadily; and the eminent man who has been alluded to, saw her each successive year. In 1853 he pronounced there was not the slightest vestige of the disease left. She had homœopathic treatment all the time. The homœopathic medicines chiefly employed were Sepia, Lachesis, Conium, and Belladonna. She had occasional doses of Ignatia and Nux vomica.

Case 8.—Miss ——, at that time 25, was seen by the writer in 1848. She suffered from great exhaustion and inability to walk; the spine was very sensitive to the touch, almost through its whole tract. The period was regular. She was subject to excruciating head-aches, when she became incapable of motion, and suffered acutely from light or the smallest noise. Her appetite was feeble; and she was frequently exhausted by diarrhœa. She had tried the water-treatment with some but no decisive benefit. She attributed her illness to a fall she had two or three years before down a flight of stairs. She was incapable of reading and sometimes of conversation. She was often faint: her nervous distress was very great. Her hands and feet were always cold. She was often hysterical. She was advised to try manual magnetism, which was followed out for some months yearly till 1851. She had homœopathic treatment the while. She became much better, went abroad for a year, and has gradually improved ever since. At the close of 1851, she had more walking power than she ever expected to have again. She was less subject to diarrhœa, faintness, and headaches. The writer then wished her to try the movement cure; but she and her friends decided otherwise. The manual magnetism soothed her head-aches, and her occasional hysterical sufferings; and certainly added to her nervous force, and increased her vitality.

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Case 9.—Mrs. —— was 30 years old, when the writer saw her, some years ago. Her vitality was depressed to the lowest ebb; she could scarcely turn herself. She often suffered from colliquative diarrhœa; she was often bathed in a cold clammy perspiration. Her heart scarcely pulsated; her pulse was thread-like. She was in a state of wretched mental depression from the apprehension of impending death. She could only speak in a whisper. She was brought in an invalid carriage to London, and manual magnetism was at once employed for her, on account of the depression of her vital powers. After some months she was so well as to be able to go to France. She had been married some years, but never had a child. She had a great deal of hysterical suffering. She has not recovered full strength, and is not likely to do so; but she has had a tolerable share of enjoyment of life, with comparatively little suffering, up to this time. The writer heard of her a few days ago, and was glad to learn that she continued to improve in health and spirits. A very eminent physician pronounced her dying, just before manual magnetism was employed for her.

Case 10.—Miss ——, 50 years old, consulted the writer in 1849. She had been broken down by a long attendance on a very exacting and ailing relative, during many years, with little or no relaxation, and with hardly any intermission of her devoted attention to her suffering kinswoman. While that lady lived, Miss —— was sustained from year to year, from month to month, from day to day, by her steadfast spirit, by her benevolence, and her determined will to do her duty. When the strain on her faculties ceased, from the death of her relative, she broke down. The bow so long kept on the stretch was almost broken in the recoil, when the tension was abruptly taken away. She suffered from headache; noises in her ears; and a hardness of hearing, which still in a degree continues. Her heart was feeble; her digestive system was quite impaired; her tongue had deep cracks and furrows; her sleep was scant,; and she had nearly lost her walking power. After walking a few hundred yards, she

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felt as if she was suddenly brought up, and could not take another step forward without the most painful effort. In fact she was nearly paralysed. She was advised to try manual magnetism, which was steadily pursued for two years. She became a new creature. She is one of the most noble and benevolent of women, and can now work to her heart's content for the poor and the afflicted. She can take long journeys. She has strong magnetic power, and often magnetises the feeble and the suffering with the happiest effect—though she is unwise so to waste her strength. In short, she is vigorous in mind and body; and is one of those happy ones who enjoy health of "body, soul and spirit." Her walking power is excellent. From time to time, she had occasional homœopathic treatment while she was under the two years' course of manual magnetism. She is one of the few persons whom the writer has known to suffer from "medicinal aggravation," of which he has heard a good deal but really seen, in practice, very little. But this lady actually suffers from a globule of the 30th dilution of such medicines as Sulphur and Sepia. The lower dilutions affect her much less.

Case 11.—Miss ——, a niece of the lady whose case has just been given. In 1851, when she was about 22, she came under the writer's care. She was anæmic, with very low vitality, and hardly able to walk; her spine was very sensitive almost through all its tract; none of the functions were duly performed; she was incapable of mental application, and in her youth was outworn. Manual magnetism was employed for her for nearly a year, with the happiest effect. There was every probability that she would have quite recovered her strength; but her father declared that "mesmerism was humbug," and forbade her proceeding with the magnetism. She went to a country town, when, because he has *a vocation for the speculum*, a surgeon who saw her declared that her spinal suffering was due to uterine congestion and to ulceration of the cervix of the uterus. She was overruled, and the "local treatment" was used for her;

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caustic applications were applied. She speedily lost the advantage she had gained; her nervous distress became very great; her former feebleness returned. She was a prisoner to the house for the most part. She lost heart, as she felt herself losing ground. Ulceration of the rectum supervened; great irritation of the bladder. She became worse than she had ever been.

She was last year again put under the writer's care; and as her father was still determined that manual magnetism should not be employed for her, galvanism was substituted; and this has greatly revived her, though its effects are not so satisfactory, nor has her strength been restored as it was by the magnetism of the hand. She can, however, now walk a little; and her spirits have improved, and hope is again on her side. Like her aunt, she is very sensitive to the action of the homœopathic preparations.

It is in such cases, where there is a want of reaction from defective vital power, that manual magnetism is valuable as an adjuvant to our medical treatment.

Case 12.—Mr. ——, 26 years old, had been severely mercurialised, and was advised by the writer to take the water-treatment, as his system was loaded with mercury. After several weeks of that treatment, though better in some respects, his lower extremities were almost paralysed; he could only scramble, not walk, across the room, and in his scrambling was obliged to use a stick. In the same year the writer knew of several other cases besides this, in which paralysis to a greater or less degree followed the use of the spirit lamp and the flail douche.

The benefit derived from the water-treatment, in the case under consideration, was the getting rid of much of the mercury that was in his system. For the paralytic weakness of the lower extremities, manual magnetism was recommended; and after three months of [illegible] treatment the gentleman was quite resto[illegible] and sinc[illegible] he has been living a country l[illegible] spectator during the war, and [illegible]

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CASE 13.—A lady, about 40 years old at the time, had a stiff neck, the head was drawn to one side, and she could not move it from that position. From the history of the case, it seemed to have been due to acute rheumatism. She was magnetised with the hand for a year, and was quite cured. The writer saw her lately, she carried her head well, and has done so for some years.

CASE 14.—A young lady, in her 16th year, became maniacal. She belongs to a family, of which many, during several generations, have had a *bee in the bonnet.* The catamenia commenced in her 14th year; and she generally became more or less excited at the time of the period. At the time the writer was consulted for her, the period had been interrupted. She had no sleep; her face was deeply flushed; her head was hot; and she was mischievously disposed. It was necessary that some attendant should be with her night and day, to prevent her injuring herself or others. She talked incoherently, and sometimes raved with vehement utterance and flashing eyes. She was occasionally very violent. Manual magnetism was used to soothe her, and had the happiest effect. She had homœopathic treatment at the same time, and in seven or eight weeks was cured. She had this attack of maniacal excitement three years ago; there has been no recurrence of it.

CASE 15.—Miss ——, aged 26, had suffered from nervous depression and hysterical distress for some years. She was for some time under allopathic treatment, and had taken chiefly tonics and stimulants, till she had a craving for wine, and other stimulants. She would take very little food. She was subject to severe nervous headaches; her sleep was broken and unrefreshing; she could take no walking exercise. The period was irregular—sometimes suspended for several months; her spirits were dejected, excepting when she was under the influence of the stimulants she was encouraged to take. She was, after several years of this suffer-, placed under the water-treatment. Her stimulants were

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withdrawn; after a few weeks her appetite returned; her sleep became sound and refreshing; her spirits level; her temper cheerful; she could take walking exercise; the period became regular. She then came to town for the season, and went the round of the toils of so-called pleasure, which constitute the fashionable life of a London season. She had been advised to continue the water-treatment under all circumstances. This is a great mistake committed by those who use water for the cure of their patients. They do not take into consideration the difference between a quiet country life, with regular habits and quiet, and a town life of business, care and anxiety, or of the unwholsome habits of fashion.

After a few months of a town life, this young lady broke down; and her headaches were worse than they had ever been. She was sometimes nearly frantic; her face was deeply flushed, her head very hot; she could not sleep; light and the slightest noise distressed her exceedingly. In seven or eight weeks she was quite cured, manual magnetism being of the greatest benefit in soothing her more severe paroxysms. She had homœopathic treatment concurrently. She has not been ill again during the last two years.

Case 16.—Miss ——, æt. 50, consulted me eight years ago. She had been ill for some years; her spirits were variable, and often much dejected. She had little walking power, was easily fatigued, and felt as if the attempt at progression was suddenly arrested. The catamenia had ceased several years. Her sleep was little, and what she had was disturbed. She took a gloomy view of everything. She complained of a sensation of weight and tightness at the back of the head. Several parts of the spinal column were very tender to the touch. She had little appetite: her circulation was very languid; she suffered from obstinate constipation. She was easily disturbed by trifles; became jealous of her own relatives, and somewhat captious: she was suspicious that it was attempted to withdraw from her the affections of some of her fr[illegible] had been submitted to much [illegible] a water-establish-

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ment. The homœopathic treatment has been during the last eight years of occasional benefit to her. But the magnetism of the hand has done her more good than anything else. It has soothed her, when other means failed to do so. She has continued it for several years, with some occasional intermission. She is, naturally, a woman of great nobility of character, with a fine mind that was well cultivated. Her present condition is rather better than worse, when compared with what it was several years ugo. She can walk as well, if not better. When the gravity of her symptoms are considered, it will be conceded that the means employed have been of use in arresting the progress of disease, and prolonging the mortal life,—though she is not cured, and indeed no cure was expected for her.

Case 17.—Mr. ——, æt. 47. Five years ago the writer was consulted by this gentleman. He had just seen two of the most eminent surgeons of London, who told him that nothing could be done for him. He had unmistakeable cancer of the tongue, the whole of which was involved in the disease. The greater part of the tongue was hard, but the sides were ulcerated. He could only swallow a spoonful or two of liquid, and that with difficulty. He had consequently wasted a good deal. The disease had been discerned about eighteen months before, and had been treated by one of our best practical homœopathists.

Manual magnetism was recommended to him, in conjunction with homœopathic treatment. He pursued it steadily for a year, with the greatest benefit. He recovered the power of deglutition, and consequently his flesh, as he could take a liberal allowance of a bland and nutritious diet. The tongue was healed, and only the *cicatrices* of the parts that had been ulcerated marked the character of the disease he had suffered from. His articulation, which had been very thick and indistinct, became clearer. After a year he left London, and discontined the magnetism. He went on with homœopathic treatment. He was seen by the writer last year. He had then [illegible]ema of the feet, and though the tongue had not become

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worse, his countenance had the peculiar appearance which is characteristic of a malignant disease. His appetite was tolerably good. He could not be induced, at that time, to try the manual magnetism again. Early in April this year (1856) he again paid a visit to town to see the writer, who at once saw that he was dropsical. There was considerable effusion into the cavity of the abdomen. The urine was analysed, and was found to contain *pus*. He left London in a few days, but returned on the 14th of June. He had been in the interval tapped; he bore the operation well, and made a rally. He died on the 29th of June. The abdomen had re-filled, and there was general anasarca. A post-mortem examination was asked for but refused, as he had, in life, expressed a repugnance to it. There is no doubt he was a mass of cancerous disease.

The case is interesting as it shows, at least to the writer's conviction, the real efficacy of manual magnetism in soothing irritation. The eminent surgeons who saw him five years ago expected he would die in a month or two. If no cure could have been ultimately effected, the writer has no doubt that if he had been continuously magnetised, his life would have been much longer prolonged.

The writer has several patients at this time under treatment for scirrhus of the breast. In one case a considerable reduction has taken place in the size of the tumour, and the stony hardness is being resolved; in another there is a considerable diminution of the tumour.

A lady died a few months ago, who was under his care, with cancer of the breast. There was infiltration into the lung; and œdema of the arm. She suffered very little, considering the nature of the disease, and passed away into the other life calmly and without suffering. She did not take any narcotic, and was much the better for the prohibition.

In these cases he used manual magnetism as well as the homœopathic remedies.

Case [illegible] the writer six years ago. [illegible] His vitality

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was depressed: his pulse thread-like. He suffered from spermatorrhœa. He was a person of no strength of purpose —"to one thing constant never." He had been in the hands of many physicians and surgeons. He was persuaded by the writer to try manual magnetism concurrently with his homœopathic treatment. The effect was excellent. He gained flesh and spirits: but after a few months, he went into the country, then went abroad, and gave up all regular treatment. He still lives, a spectral apparition suddenly appearing here or there among his friends. It is believed that he could have been cured, had he persisted in the homœopathic treatment combined with the employment of the manual magnetism.—It is noticeable that infirmity of purpose, instability, restlessness alternating with profound gloom, characterise those who suffer from the injurious consequences of masturbation. Such persons lose their self respect, and in losing that, generally lose their confidence in others, and except the vitality be restored, they pass from bad to worse. It is supposed that the lethal habit has been abandoned, for of course as long as it is persisted in, no kind of treatment can be of any use.

Case 19.—Mrs. P——, aged 34, a widow; she never had a child. She consulted the writer five years ago. She was hysterical; of variable temper and spirits; she wept often, and had a settled notion that she would not recover. She felt frequently faint, but never fainted. She had scarcely any walking power: was not only easily fatigued, but was obliged to stand still, if walking only a short distance, with a feeling that she could not take another step. She had at such times palpitations of the heart, with great nervous distress. Her appetite and sleep were good; the bowels constipated; catamenia regular, but scanty, and of short duration. She had a sense of great weakness of the back, which was at several points very sensitive to the touch. Manual magnetism was employed for her as well as the homœopathic treatment. In four months she returned to the country, has been quite well ever since, and is about to be married again.

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She was always soothed by the hand, and felt stronger day by day while she was under the manual magnetism.

Case 20.—Miss ——, aged 28, came under the writer's treatment in 1849. Her lungs were greatly congested, and she was often threatened with instant pulmonary apoplexy; her face, always dark, was sometimes livid; the heart oppressed; she was sometimes gasping for breath; at times there was great constriction of the chest; she could not take a deep inspiration; there was occasionally slight hæmoptysis. She derived the greatest benefit from manual magnetism, pursued daily for a year. When she had acute attacks she was treated homœopathically. She discontinued the magnetism at the end of a year, and still lives with much occasional suffering. Had she persisted steadily with the magnetism and the homœopathic treatment, it is believed she might have been cured.

Case 21.—Master ——, in his 5th year. The writer saw this boy last January. He had at the time diarrhœa; but had been ill for two years. He had fits in infancy while teething; he began to speak at the usual time, and was a promising child: but when he was about two years and a half old, his parents noticed that his mind seemed to be more feeble. He became passionate, would scream without any apparent cause. For eighteen months he had been in one or other of two conditions: he was either frantically excited, striking at or attempting to bite any one that went near him, or in a state of lethargy. He had ceased to speak. He did not seem to [illegible] or his nurse; when he was [illegible] notice nothing; he had a [illegible] speculation in his eye. His head was somewhat [illegible] had a [illegible] He was [illegible] evacuations [illegible] of his [illegible]

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would take no food, at other times he had excessive appetite. He had never passed ascarides.

His mother's family have all musical genius, and she particularly; his father also is very musical.

The diarrhœa was soon relieved. His parents were then advised to have him magnetised by the nurse, a very suitable person, young and benevolent, and fond of children, with a soft hand. She was instructed how to do it. The mother was also told to play soft airs only, for an hour at a time, for the child, avoiding all music with crashing sounds—to play the soft Scotch, Welch, and Irish airs—and not any difficult music. The medicines chosen for him were Hyoscyamus, Calcarea, and Cuprum aceticum. The child in a week shewed signs of intelligence; in three or four weeks he began to speak again; he has never *looked back*. At this time he is as intelligent as any boy of his age. He has had no outbreak of temper; there has been no recurrence of lethargy; his countenance, instead of being vacant, is animated. He has not, for long, passed his evacuations unconsciously. The boy has been awakened up to full consciousness, full life. The music and the manual magnetism are still continued. This is one of the most gratifying cases that has fallen under the writer's observation.

OBSERVATIONS ON MELÆNA.

By Dr. Hitchman.

Melæna (*μέλαινα νόσος, morbus niger*), the black disease, hence the name of the black jaundice—a term adopted by Sauvages, from the writings of Hippocrates, to denote the occurrence of dark-coloured, grumous, and pitchy evacuations, generally accompanied by sanguineous vomiting. The adjective is here used ly, the substantive being understood. By Hoffmann, the is called *secessus niger*. According to most authors, this seldom idiopathic, or primary; but is generally the consome pre-existing changes, sometimes chiefly seated h, at other times in the adjoining viscera, as the

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spleen, liver, or pancreas. The blood may proceed from the mucous surface of the stomach, which is most commonly the case, or from the surface of the duodenum, or the œsophagus. It is generally poured out from the congested, dilated, and weakened capillaries, and exhaling pores of this surface; but it may be poured from a limited part, or from a few small vessels chiefly, as when it depends on a congested or other morbid state of the spleen, or on ulceration, or from one or more diseased or ulcerated vessels, which latter is thought by some to be but rarely the case; it may also proceed from an aneurismal tumour which has poured its blood, either directly or mediately, into the stomach. With regard to its etiology, whatever irritates the mucous surface of the stomach or interrupts the return of blood from that organ, will occasionally produce this hæmorrhage. Blows and injuries on the abdomen, particularly on the hypochondria and epigastrium; violent concussions of the trunk; external or internal pressure on the stomach; the ingestion of irritating or hurtful matters into this viscus; intemperate indulgence in *alcoholic* compounds; the presence of parasitic animals in the stomach or upper portion of the small intestines; powerful and irritating emetics and drastic purgatives, especially when given in the advanced stages of fevers, or in cachetic or visceral obstructions; the suppression of accustomed discharges, natural or acquired, particularly the menstrual or hæmorrhoidal; the application of cold, or of cold combined with moisture, to the lower extremities, or surface of the body during perspiration, or the catamenial period; neglect of the bowels, and consequent accumulation of fæcal matters; diseases of the vessels of the stomach and adjacent viscera; the gravid uterus; indeed other tumours developed in any part of the abdomen. The *pathognomonic* symptoms of the disease may be said to be an indefinable sense of epigastric uneasiness, with periodical paroxysms of gastralgia, with more or less gastric derangement, such as pyrosis, with flatulent, acrid eructations and nausea, followed by vomiting of blood, either fluid or coagulated, pure or mixed with the contents of the stomach, alvine dejections quite black, and of the consistence and appearance of *tar*, more or less fetid.

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The *μέμαινα νόσος* was far from being unknown to Hippocrates. He describes two kinds. In the one the patient vomits a black bile, like the lees of wine, sometimes bloody, sometimes a thin, pituitous saliva, acid like vinegar, or a pale-green bile. When the matter vomited is black and bloody, it smells putrid —*φονον οζειν*. When the matter is acid, the fauces are inflamed, the teeth set on edge, and so concentrated is this acid that it effervesces with the earth on which it falls—*την γην αίρει*. When the patient vomits he feels much relieved, and is equally unable to bear emptiness or fulness; for when empty the stomach is flatulent and sour, and after eating, a disagreeable weight is perceived in the bowels, the breast and back feel as if pricked with pins, a slow fever with headache, dim sight, weariness of the limbs, and blackness of the skin come on. He counsels bleeding, if the patient be strong, with frequent purging, thin drinks, whey and milk; that he should use a cooling, light regimen, and avoid much exercise, exposure to the sun, and venery. Under this management the disease will yield to time, and getting better as the patient becomes old, tends not to shorten life. The other kind attacks those who are weak and thin, who have a yellow skin and light eyes. The longer the disease exists the worse it becomes; at times a few drops only are vomited, and again a small cupful or two, the food is also occasionally rejected, and with it bile and phlegm; a fever, with chilliness, precedes the vomiting, and general pains are experienced after it; grumous bile is vomited as the disease advances, and the same rejected by stool, together with the food little changed, and the patient frequently becomes paralytic without any relief of the other symptoms. In this you must purge freely, "*και κατω και ανω*," give asses' milk, use a light, soft, cool, and nourishing diet; a little generous white wine, diluted, must be allowed; strong exercise, by walking, should be daily used, but the heat of the sun avoided. With every possible care, however, this species ends unfavourably, but does not prove very tedious. It will be seen from the above translation that Hippocrates observed and has described two distinct species of the morbus niger. In the first the discharges by vomiting are mixed, partly blood, partly bilious, with a thin

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and very acid phlegm. It is relieved by venesection, or phlebotomy (Φλεβὸς τομὴ), purging, and the antiphlogistic regimen, and is not fatal. In the second, the vomiting is entirely bilious, no mention whatever of blood being made; it occurs in debilitated and bilious people; is incurable, and is only mitigated by such means as prevent an accumulation of bile in the primæ viæ, or carry it off if already accumulated. Hoffmann (in his *Med. Rat. Syst.*) describes melæna pretty much after the style of Hippocrates; he adds that the disease is seated in the stomach and spleen, and proves, by dissection, the blood to be derived from these viscera.

In many cases, after death, the spleen was found tumid, and the *vasa brevia* greatly enlarged; the vessels also of the stomach were distended with black blood, similar to that which had been vomited and purged before death. He quotes numerous authors who had observed similar morbid appearances on opening the bodies of those who had died of this disease. He endeavours to show that it is a symptomatic disease, arising in general from suppressed menses and hæmorrhoids, and not unfrequently attacks after the cessation of their catamenia those delicate women who had been subject to much mental anxiety. He appears to have been more fully aware of the frequency of the black discharge by stool than Hippocrates had been, and justly asserts, that in such cases the matter does not come from the stomach, but from the small intestines, and says that in some dissections he found all the *mesaraic* vessels distended with black blood, and a quantity of a similar fluid extravasated in the cavity of the intestines. When the melæna proceeds from a diseased spleen or liver, when the discharge, particularly that from the bowels, is bloody, pitchy, and highly offensive, and is accompanied with much debility and faintishness, the disease is not to be cured. Sauvages defines the complaint with singular perspicacity: Fluidi atri per superiora, vel inferiora frequens rejectio. A blackness of the stools, occurring without griping pains, constitutes, as he says, the character of this disease; and these evacuations, diluted with water, either verge towards a yellow or a black colour, as the liver or spleen may be primarily implicated. He particularly notices the ab-

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sence of smell (*vix fœtidas*) in the alvine discharge; a circumstance which I have often observed, and which I think only occurs when the discharge is purely bile changed so as to appear like tar, and quite unmixed with either blood or ordinary excretion. Cullen says: "I am aware blood is known to assume that appearance where it has stagnated for any length of time in the alimentary canal." But he also allows that it is possible that the bile may put on a black viscid appearance, and give a real foundation for the appellation of an *Atra Bilis*. The term *black disease* we know has been applied to a variety of serious maladies, in consequence of their peculiar *sombre* aspect: thus we have the *black death*, a name given in Germany and the North of Europe to an Oriental "*plague*" which occurred in the fourteenth century, characterized by inflammatory boils and black spots, or *maculæ*, upon the skin of the patient, indicating putrid decomposition. In Italy it was called *la mortalega grande* (the great mortality). In many of its characters this pestilence resembled the particular bubo plague, complicated also with pneumonia and *hæmorrhages*. In the instance we are considering (black disease), this, and *black jaundice*, are English terms for the *morbus niger* of the Latin writers, and the μέλαινα νοσος, of the Greeks. Black water is an English term for pyrosis; the black vomit, or melæna cruenta, as it is sometimes called, has reference to substances of a black appearance rejected in certain forms of disease, as in typhus icterodes, or yellow fever, &c. Melæna Cullen supposes to be a venous hæmorrhage from some part of the internal surface of the alimentary canal, and that it is a symptomatic disease. If from any interruption of its proper course the blood be accumulated in the veins of the vena portæ, from tumefied spleen, or obstructed liver, that accumulation must resist the free passage of the blood from the arteries into the veins; this again must produce some congestion in the extremities of the red arteries, and therefore some increased action in them, which must be determined with more than usual force, both upon the extremities of the arteries and upon the exhalents proceeding from them, and this force may occasion an effusion of blood. This doctrine, though brought forward to explain the hæmorrhoidal flux, applies equally well, he says, to the morbus niger.

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In Portal's *Mémoires sur la nature et le traitement de plusieurs maladies*, we find an elaborate and interesting account of malæna: the enlargement of the spleen in the case of *Fusee Aublet* had been very considerable for some time prior to his subsequent illness, after the first attack of melæna, in which the discharges were copious, the fulness of the spleen almost wholly disappeared, and the patient, by the occasional application of *leeches to the anus*, enjoying uninterrupted good health for two years. Another attack induced by a fit of passion proved fatal. On dissection, the spleen was found much enlarged, soft, and full of black blood; the veins also of the spleen, with the vasa brevia, and the veins of the adjacent viscera, were enlarged and turgid with black blood, while the membranes of the stomach and intestines were of a most singular *whiteness;* the stomach and duodenum contained in their cavities a quantity of the same black fluid, which also could be easily pressed out from the vessels or their coats; the liver was natural in size, but indurated, and much harder than usual. Portal argues, with much ingenuity, that the blood discharged is formed of arterial blood; he then adds that this black matter, vomited and purged in malæna, differs solely from the blood vomited in hæmatemesis, or voided from the blood in hæmaturia, in being more deeply blackened: he does not pretend to deny that under some circumstances venous blood may be vomited, but does not think it satisfactorily proved. In the second case given by Portal the liver was soft and greatly enlarged, and the spleen smaller than usual and hard: in both cases the natural circulation was disturbed, and the blood, being carried into the gastric arteries in greater abundance than the corresponding veins were able to receive, necessarily produced an extravasation of blood into the stomach. The third case is one in which [illegible] obstruction that could be discovered after [illegible] butes the disease to long-continued anxiety [illegible] pressing passions, he conceives, induces a [illegible] phragm of the abdominal muscles, and of [illegible] of the intestines, by which the entire system [illegible] is compressed, and the circulation carried [illegible] imperfect, and toilsome manner, while

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gastric arteries is natural; the blood, therefore, is carried to them in great abundance, but the veins, not being able to receive it, in like manner, it is poured into the cavity of the stomach and *vomited.* In this way he endeavours to prove that the depressing passions are capable of producing melæna as well as visceral obstruction, and that even sometimes they induce this disease more quickly. Portal admits, likewise, that there are *three* distinct kinds of vomiting in melæna: blood not changed; blood totally changed, so as not to be recognized; or black matter, and *bile*, which may be also of a deep black. He seems to have had great confidence in a special method of depletion by the agency of *leeches to the anus*, and to have considered it a most appropriate remedy. In former "allopathic" experience I have myself often observed marked good effects to follow their application to the verge of the rectum (diastaltic action) in all these cases, particularly in those intances of hæmorrhage from the stomach and bowels which were supposed to have been *vicarious* of suppressed hæmorrhoids or menstruation; and, singular enough, they appeared to afford more permanent relief than any other measure in the distressing nausea and retching commonly attendant on these intractable derangements. In many cases, however, Portal gave signal relief with *chamomile*-tea, *lime*-water, and a light chalybeate, or *ferruginous* water; and in aged, or scrofulous and scorbutic (psoric) habits, he ventured upon *cinchona* and Spanish wine. It is a significant fact, and not unworthy of note, that all these remedies are strictly *homœopathic*, and that the physician in question must have done good "by stealth," as it were, on the principle of *similia similibus curantur*, if he did not afterwards "blush to find it

disposed to look upon *persistent* pain as almost augury, beginning, as it not uncommonly does, and insidious manner, and attended in stru- fear, by a deposit of granules, or tubercles, in membrane. Ulceration is, I think, a dis- less rare occurrence than practitioners believe: it may be induced, and subse- frequent and injudicious employment

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of violent emetics and drastic purgatives, together with the secret and rash abuse of the different preparations of mercury. I have no doubt that serious injury is often done by those who, with entire confidence, prescribe large doses of heterogeneous substances, in the compound form of "drugs, cordials, and astringents," with a view to *bolster up* a supposed loss of tone in the gouty or dyspeptic stomach, where the digestive powers are manifestly weak, and especially where *pain* is present. Such harsh measures appear to me to involve the induction of inflammatory and hæmorrhagic symptoms on the mucous surface, particularly if full animal diet and *alcohol* be prescribed in conjunction with such treatment,—proceedings but too often effectually imitated by the base and mercenary, by the patent *nostrum*, and the exclusive "medicine" of the tricking *quack*.

The many dissections recorded in the *Histoire de Phlegmasies Chroniques* by Broussais, who invariably found increased vascularity, ulceration, and other unmistakable evidences of disorganization in the stomach and bowels of those who suffered *pain* in the alimentary canal antecedent to death, are vitally important on this subject, and should lead to better and more enlightened pathological views than the absurd theories of our contemporaries, as well as to a more scientific, judicious, and successful (homœopathic) treatment.

Dr. Hilaro Barlow, a late Gulst[illegible] and censor of the "metropolitan" College of Phys[illegible] eases of the stomach (or, according [illegible] stomach and [illegible]"), says: "[illegible] from ulceration [illegible] either by chron[illegible] disease. In ca[illegible] dissection, the h[illegible] from either a num[illegible] tion; or from a la[illegible] other viscus, to which [illegible] siderable extent of the in[illegible] become to such a degree [illegible] given way. This congestion [illegible] cal obstruction to the return of [illegible] vein, arising from disease in the h[illegible] arise from similar congestion, thou[illegible]

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character, arising from the suppression of other sanguineous discharges, as hæmorrhoids, or the catamenia; of the latter it is often vicarious. Hæmorrhage may also occur from changes in the blood itself, by the disintegration of the corpuscles, by which the hæmatosine is dissolved in the serum, and in this condition is susceptible of transudation without any rupture of the walls of the vessels."

In almost all varieties of *fever*, too, whether described as typhus or typhoid, hæmorrhage may occur. Morbid deposits take place in different parts of the body; most frequently, however, in the intestinal canal, peculiarly affecting that part of the mucous membrane about the lower third of the ileum, occupied by the small mucous glands of Peyer and Brunner,—here are often to be found spots of intense irritation and augmented vascularity. The ulceration is generally preceded by some effusion of lymph on the surface of the mucous gland, and, according to Vogel, the gland itself becomes the nidus of an interstitial deposit, resembling scrofulous matter, which he terms "*typhous*" deposit. These deposits consist: 1, of an amorphous stroma or floor to the ulcer; 2, of minute molecular granules, sometimes interspersed with fat globules; 3, of imperfect cells or cytoblasts. The period which elapses between the deposition and the softening of these deposits, or epigeneses, is very different in individual cases; it may vary from a few days or weeks to several months. In general, the softening extends to the enclosed normal tissues, and the united product forms for itself a passage, and is discharged externally. *An ulcer has formed.* This either spreads by the continuance of the morbid process (new deposition with softening) in the neighbouring parts until it terminates in death, or the ulcer heals by granulation, whilst the loss of substance is repaired by newly organized epigeneses. It appears, then, that the deposit breaks down, and, involving the glands in the suppuration, an ulcer is formed by ulcerative absorption. Serious consequence of this ulceration is the opening of one or more vessels of considerable size, and hæmorrhage may ensue. I have witnessed this result, both in hospital and

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private practice, after *apparent* convalescence from different varieties of fever; those manifesting rose-coloured *maculæ* disappearing under pressure, and supposed to specifically characterise the *typhoid*, and others possessing the mulberry-coloured spots *not* entirely disappearing when pressed upon, and alike supposed to indicate the true typhus. This ulceration, as we have seen, does not however of necessity continue its onward process of destruction, inasmuch as the parts where it has been situated have been afterwards found in the conservative stages of repair and cicatrization.

What are the *homœopathic* therapeutical measures to be employed in the management of melæna? Kreussler says it is always difficult to treat this affection. The blood is frequently not only discharged from the stomach and bowels, but also from the liver and spleen, which may have been organically diseased for a long time previous. Either the patients had done without a physician, or had employed allœopathic treatment, which not only does *not* help, but aggravates the trouble, especially the horrible salts and drastics. Such affections are seldom ever cured by one remedy; hence the necessity of detecting the right remedy with great care, lest an *improperly selected* agent should aggravate the symptoms. [illegible] frequently be the best medicine to commence [illegible] with; the medicine is indicated by a slow [illegible] hunting fits. Pulsatilla. Rhus tox., [illegible] ever help under similar circumstances. [illegible] quently [illegible] veg., indicated [illegible] features, ic[illegible] of the extremi[illegible] scarcely perc[illegible] pulse. These [illegible] ficient to cure [illegible] this disease.

Hering states [illegible] this affection may be [illegible] part only, of the fa[illegible] wi[illegible] or tensive pain, or spa[illegible] [illegible] of [illegible] or colic; burning heat in [illegible] especially after eating or dr[illegible] mach; appetite impaired; [illegible] ness; cold perspiration; fa[illegible] sometimes dark (venous), at [illegible]

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may be either profuse or in small quantity; it is occasionally mixed with food, mucus, bile, &c. The following are the medicines which it is said will be found useful in the treatment: Aconite, China, Pulsatilla, Nux vomica, Ipecacuanha, Arsenicum, Sulphur, and Arnica, together with *dry* cupping, applied to the abdomen, under the ribs, and on the pit of the stomach. The *direct* cause, he says, is the rupture of one or more of the blood-vessels of the stomach, or the exudation of blood from the mucous membrane without rupture. The *exciting* causes are numerous; but, he adds, the suppression of an accustomed sanguine discharge is probably the most frequent.

May not future research hereafter show that an important part has been played in the causation of this malady by the *nouvelle fonction du foie?*—the new phenomenon, the new function, the new object of physiological and medical study,—recently discovered by *Claude Bernard*, one of the most brilliant discoveries of the present century; that of the *glycogenic function of the liver*—sugar formed *within* the liver. The glycogenic function undergoes changes from various causes: it is most active during digestion; less so during the intervals; absent in the case of long fasting. External influences also modify this function: it is diminished by cold; restored by warmth It is modified by the condition of the nervous system, augmented, diminished, or perverted. It is affected sympathetically by many functions, and especially by the condition of the respiration. It may be pathologically augmented, diminished, abolished: its morbid augmentation produces *diabetes;* it is abolished by febrile and other diseases. The pathology of diabetes is thus lucidly exd, for the first time, in the *Leçons de Physiologie Exale*, par M. Claude Bernard, membre de l'Institut de

point in clinical practice which I humbly submit sufficiently insisted upon, viz. the rigid and pre- tion of each case of disease—a distinguishing degrees of applicability, of dynamic or re- nd philosophic consideration, involving ation of ambiguous symptoms, but

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the true pathological condition in which they are homœopathically *efficient.*

The subjoined is one of several cases of melæna in which the most decided good effects appear to have been produced by the exhibition of the Ætherial Oil of Turpentine. I am aware that in the art of *heteropathy* founded on differences, the distilled oil of the wild pine, or "Scotch fir," is habitually employed in numerous diseases, nay even recommended in some forms of the hæmorrhagiæ; but it is given in large quantities, not merely unnecessarily, but injuriously large quantities, which are stimulant, painful, diuretic, cathartic, pathogenetic,—in a word, *disease-producing.* The ancients were well acquainted with the medicinal properties of Turpentines, and, besides the diseases for which they are prescribed by the moderns, gave them most liberally, according to *Dioscorides* and *Aretæus,* in coughs and all pulmonary affections; but the stomachs of the people of Anazarba—aye, perhaps that of Nero himself—were much offended and given to nausea at the reception of huge doses, causing, moreover, vertigo, and soon a copious discharge of sanguineous evacuations, not only from the bowels, but often also from the kidneys and bladder. *Apropos* of this remedy. I may observe, that it has been lately advocated by Dr. Huss, of Stockholm, in terms of glowing eulogy, in doses of five drops every second hour, in the bronchial catarrh and pneumonia of typhus; he says it is one of the greatest improvements,—emphatically, one of the most glorious achievements of modern therapeutics. I beg respectfully to refer him to *Hartlaub and Trinks' Annals,* Article— of Terebinthina, where he will find an ample of the problem.

The great duty of a ph prevent or heal disease. To this all la subservient; and however interesting may be its real interest to *him* should be its bearin of this ennobling and important object. is a microcosm—a little world in which chanism of the great that the least things

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greatest; that value is not to be measured by great and small, —a standard which finds no application in all that we know most essential and valuable, knowledge frequently leading us to declare that most significant which has least dimensions; that the external and obvious phenomena of nature are but the aggregates, or last results of vast series of molecular actions and infinitesimal motions. Swedenborg, like Hahnemann, placed before us the great strings of principles on which we may string facts like so many beads. Hahnemann taught us the power of littles in vital dynamics—*the greatness of smallness*, the harmonies between colours and tones, and the harmonies between drugs and diseases; symbolical of the ὅμοιον πάθος —the like affection, the art of curing founded on resemblances, the intimate principle of relationship subsisting between each individual morbid condition and a true medicinal substance: thus establishing, for the first time, the practice of medicine on a firm and scientific basis, the phenomena of disease, the phenomena of drugs, and the correlation of all forces, vital and physical.

R. C——, Esq. applied to me on the 8th of January last under the following circumstances. He is 42 years of age, tall and thin, of a somewhat melancholic temperament, sallow complexion, black hair, dark eyes, slow circulation, nervous system not easily moved, disposition evidently morose, and not disinclined to acerbity of temper. On my arrival at the patient's residence, I gleaned the undermentioned historical particulars of his antecedents. Since his fourteenth year he had suffered much from nervous and atonic indigestion, had in fact been "a martyr to dyspepsia;" his habits (he says) have always been extremely regular and temperate, but had suffered a good deal from "the root of all evil"—*mental* anxiety. During the past [illegible] he had frequent attacks of prolonged nausea, as if vomiting [illegible] proceed; burning pains in the stomach and about the [illegible] the cœcum, or commencement of the large intestine, [illegible] of internal soreness and "excoriation;" frequent at[illegible]ing, accompanied with confined bowels, and occa[illegible]dent distension and diarrhœic stools, loss of [illegible] debility; the pains almost always began

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about the umbilicus and left hypochondrium, with subsequent fits of spasmodic coughing, and a fulness of blood or "determination to the head," as if it would be split,—a shooting, stinging, beating, and throbbing sort of pain, throughout the forehead, suddenly migrating in the direction of a line, which he could accurately "map out" or delineate, in the direction of the superior longitudinal sinus, along the roof of the cranium, from the crista galli of the ethmoid bone to the middle of the occipital, where it terminates in the torculor Herophili; here it would settle down and "nail him," when he began to shiver fearfully, with rigors and chills: these attacks lasting about an hour and a half, coming on, *as a rule*, either very early in the morning, before breakfast, or very late at night, immediately upon getting into his first sleep; then, after the lapse of another hour or so, a sudden urging to stool, with frequent and copious urination, depositing a turbid, anomalous kind of sediment,—sometimes, one would imagine, from his description, pulverulent, or amorphous, at others crystalline sediments, or "gravel," and from the *smell* and dark appearance, not only alkaline, but accompanied with *hæmatosine*. The matter evacuated from the bowels consisted during these paroxysms almost wholly of dark, grumous, "bloody looking stuff like pitch." Eating was usually followed by gastric pains and disagreeable distension; the former being often of the character of cardialgia, and penetrating through between the scapulæ; habitual depression of spirits, fear of impending dissolution, languor, depraved appetite, tongue loaded with whitish creamy fur, and deeply indented by the teeth. What he [illegible]erally "threw up" amounted to about three or four [illegible]fery, mawkish, sour, intensely bitter, dark-[illegible]ust like "coffee grounds." The las[illegible]ndon a few weeks prior to the [illegible]en days from profuse dischs[illegible] first it was supposed to pr[illegible] first sickness and vomit[illegible] ruliating all over t[illegible]ormina, and me[illegible] the general s[illegible]

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to relieve the costive bowels, but little fæculent matter was discharged, and with it "a pint of pure fluid blood, as bright as scarlet." The pulse (he believes) became almost imperceptible, and he was getting well-nigh exhausted from protracted vomiting, and the stomach remained so irritable that he was unable from sickness to retain the lightest food. Calomel, opium, prussic acid, with bicarbonate of soda, leeches, and a blister to the scrobiculus cordis, with effervescing draughts, and brandy and water; indeed all the ordinary expedients and devices appear to have been had recourse to, but did no good. In this dilemma, and when apparently in an almost moribund condition, an intimate friend called on him, and asked him if he would consent "to try" the homœopathic treatment: to which he indignantly replied, that he would "throw physic to the dogs, and die a natural death" (doubtless assuming some such tone as that of the King of Siam, when told by the European traveller that *water* sometimes became *solid*). Finding all remonstrance vain and entreaties useless, as regarded the "*professors*" of the healing art, he was ultimately induced to take at the hands of his kind Samaritan acquaintance a reasonable supply of genuine cordial drops from the true Balm of Gilead, extracted from the Hahnemannian laboratory, for the general benefit of mankind, and for the consolation of every sufferer in particular (as Borthwick Gilchrist would have said). He was now deplorably weak, had long been deprived of all refreshing sleep from constant pain, nausea, and sense of sinking, at the pit of the stomach. Two drops of Arnica 6 "soothed him into peace;" he fell asleep for nearly four hours, and awoke comparatively cheerful, comfortable, and free from pain and constitutional irritation. I found, moreover, that on the present occasion he had been experiencing the usual premonitory symptoms of former sufferings, such as *tension* and *pain* about the epigastrium, with faintness and a sense of utter prostration or [illegible] at this region, flatulent acrid eructations, with irregular [illegible] flushes of heat. The intestinal egesta were found to [illegible] a dark-purple tint, approximating even the black-[illegible] The quantity of large, coagulated masses, resem-[illegible] of fœtid water, blood, and soot, effused during

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the present paroxysm, could not have been accurately estimated at less than several pints. He informed me that the nature of his disease was said by the "*elite*" of the profession to depend on "congestion of the liver and spleen, together with some further mischief in the mucous membrane;" that he had been at different times cupped over the hypochondria; taken calomel purgatives, followed in a short time by a full dose of oil of turpentine "*as a styptic*," terebinthinate lavamen, and divers sorts of external derivatives, not omitting considerable doses of acetate of lead, gallic acid, creosote in chalk-mixture, morphine at night, sulphate of magnesia with sulphuric acid in infusion of roses, alum in milk-whey, *et hoc genus omne:* in a word, he was extremely "well up" in his allopathic therapeutics, and might readily have passed with "blushing honours thick upon him" at Apothecaries' Hall touching the more prevalent method of dealing with that peculiar form of intestinal hæmorrhage termed melæna. Aware from previous experience of the singular efficacy of minute doses of the *ætherial oil of turpentine* in those ailments which are supposed to depend upon an increased action of the capillary vessels of the mucous membrane of the large intestine, and on mature deliberation of its homœopathicity in the instance before us, I determined to select it, and accordingly prescribed *five drops*, which was formed into an emulsion of five doses with yolk of egg, one part to be taken every half-hour. It may also be administered with gum-water, or sugar-and-water, which some patients prefer. I watched the case until three doses had been taken, after which (there being no recurrence of the hæmorrhage) the medicine was continued at intervals of four and six hours. On the next day after commencing the Terebinthina the evacuations became perfectly natural and healthy in appearance, and not a vestige of blood or pitchy matter has ever [illegible] pilules of Sang. 6 for [illegible] (although the melæna was manifest [illegible] of the terebinthinate appli[illegible] rheumatic pains in the limbs [illegible] vertigo, pains in the c[illegible], palpitation, and [illegible]

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To guard against any return of this formidable and dangerous malady (becoming, as it were, deeply rooted in the habit and in the periodicity of its recurrence), and with a view to an entire eradication of the *predisposition*, I have deemed it prudent to prescribe for this gentleman a six months' course of *antipsoric* treatment, which he is, I believe, duly carrying out, with increasing satisfaction and benefit, by taking, at long intervals and in high dilutions, occasional (weekly) doses of those long-acting and deeply-penetrating remedies, Calcarea, Arsenicum, and Sulphur.

Speaking of the common tubercle of the liver, Dr. Baillie says: "This disease, which is so often an accompaniment of congestion and hæmorrhage, is most frequently found in hard-drinkers, although we cannot see any necessary connection between that mode of life and this particular disease in the liver. It happens, however, very commonly, that we can see little connection between cause and effect in changes which are going on in every other part of the body." We may apply here the words of the philosopher of Geneva: "I know that truth resides in the facts, not in my mind which observes them; and that I shall be the nearest the truth the less I shall indulge in theories of my own." It is observation alone that can teach us the effects of drugs in the human organism.

Dr. Barlow, in alluding to the treatment of intractable diseases of the stomach, says: "Much may be done by obviating *all* causes of irritation towards relieving the sufferings of the patient; when even milk, or any other bland nourishment, causes much pain or sickness, we must endeavour still further to spare the stomach, by helping the nutrition of the body, by enemata of animal broths. Bismuth *in small doses* often relieves the pain and sickness: there is also another remedy still more serviceable, viz. very minute doses of (*mirabile dictu*) Nux vomica; and when the bowels do not act, which is often the case, we must not run the risk of offending the stomach by aperients, but relieve them by enemata."

Assuredly this *is* well; and, disguise it as they may, the recent discussions at the medical societies of London and Edinburgh show indubitably that the ordinary practitioners are

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themselves beginning to appreciate the fact, that true medical reform lies in the direction of homœopathy. Witness only the revelations and confessions of Professor Bennett: after going over nearly the whole ground of cell-pathology, he ends by showing that not bloodletting alone, but every species of treatment which allopathic medical men are in the habit of applying, is utterly at variance with the teachings of sound pathology; nay, further, the strong recommendations to administer the remedy indicated singly, alone, and by itself, and that in a highly diluted form. Their admission of the great utility of very minute doses of Arsenic in ague (after the failure of large doses of Quina) and in skin diseases, Aconite in pneumonia, Phosphorus in certain affections of the chest, Carbo vegetabilis in disordered states of the stomach and bowels, atomic doses of Iodide of Mercury in constitutional syphilis,—in short, a host of others, without *of course* the slightest acknowledgment of the *homœopathic* relationship subsisting between a given pathological condition and the medicinal substance which controls or relieves it. We know that Nature answers only when interrogated, and only answers those who know *how* to interrogate her. No reflecting physician, whose object is to cure the sick, can rest satisfied with always practising within the limits of antiquated rules, derived from sheer speculative theories instead of from pure principle—a principle not made by man, but transcribed by the touchstone of experimental investigation from that fixed and unalterable code of laws whose maker is God.

Cicero wrote a *sparkling* and appropriate motto for homœopathy, which I wish had always been respected by those who have assiduously endeavoured to detract from its practical merits, when he said, "Sufficit, si quid fit intelligamus, etsi *quomodo* quidque fiat ignoremus."

It follows, therefore, as a natural corollary, that in the study of medicine and the laws of health we ought at once to make up our minds to dismiss, as idle prejudice (or at least to suspend, as premature), all our preconceived notions of what *ought* to be the order of things in the boundless range of scientific therapeutics, and content ourselves, as humble and decorous inquirers, on the shores of the unexplored ocean of truth, with

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observing as a plain matter of fact what *is*, always remembering the philosophic maxim, "Sedula et accurata phænomenorum exploratio, fundamentum est cognitionis scientiæ."

Of homœopathy it may be truly said, "Merses profundo, pulchrior evenit." The great master-spirit of the healing art, the "Homer of medicine," perceived, in the greatness of his mighty mind, the sad defects in the system of his ancestors, grappled with its chaotic difficulties, sought out and applied a remedy equal to the vastness and importance of the object to be achieved, and taught, as the most sublime part of human knowledge, as the grand sum of all medical skill, "*Διὰ τὰ ὅμοια νοῦσος γίνεται, καὶ διὰ τὰ ὅμοια προσφερόμενα ἐπι νοσεὺντων ὑγίαζουται;*" adding, also, that "to enlighten *experience* by *reason*, and rectify *theory* by *practice*, belonged to men in the pursuit of true knowledge, endowed with sense and dignity of soul." The allopathic treatment is conducted by experience *without* a therapeutic law, and homœopathy is experience *with* a law. The former is an incongruous art; the latter emphatically a science. May its career henceforward be yet more glorious—the career of the positive sciences. *Esto perpetua.*

ON ACUTE CEREBRAL DISEASE FROM INTERNAL CAUSES.

By Dr. Schneider, *of Magdeburg.**

In practice we meet with three varieties of this kind of cerebral disease: the idiopathic, the sympathetic, and the symptomatic. We may designate the idiopathic *typhous* or *narcotic;* because it chiefly occurs in the action of certain substances—hence called narcotics—and in typhus. The sympathetic cerebral disease, on the other hand, may be termed *inflammatory*, and the symptomatic *febrile;* because the former is peculiar to inflammation of the brain or its membranes, and the latter to violent fevers.

The idiopathic cerebral affection is always the result of the

* From Hirschel's *Zeitschrift*, Vol. V, No. 5.

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immediate action of a noxious agent on the substance of the brain; the sympathetic is the consequence of the action of a noxious agent on the nerves of the vessels of the brain, or meninges; and the symptomatic the effect of the action of a febrile irritation on the cerebral nerves. An idiopathic cerebral affection may be complicated with a sympathetic, when a noxious agent affects at the same time the nerves of the vessels and the substance of the brain; and, in like manner, an idiopathic irritation of the brain may be allied with a symptomatic, when a noxious agent acts so as at once to excite fever and to irritate the substance of the brain.

(I can only incidentally allude here to idiopathic affections of the brain which proceed from over-fatigue of certain parts of the brain, and are analogous to derangements of the stomach, injuries from over-exertion, &c. In such diseases the defective will or bias of the mind has become a noxious agent, and hence the treatment should be rather moral than medicinal.)

It is sometimes not easy to distinguish a typhous (idiopathic) irritation of the brain from an inflammatory (sympathetic) one; I allude particularly to that kind that sometimes precedes typhus. Some time ago I met with a case of this sort in a boy of 10 years of age, who was taken ill with marked symptoms of cerebral irritation and very violent fever. The fever was too strong to be the effect of cerebral irritation, and the cerebral irritation was too considerable for a mere febrile symptom; hence I diagnosed typhus, and the event proved that I was right. As a rule, I find the distinctive sign of the typhous irritation to be the combination with a corresponding *independent* general affection. The typhous blood acts similarly to blood charged with alcohol, not only on the cerebro-spinal, but also on the ganglionic nervous system.

In inflammation the brain may suffer in two different ways; either by an extension of the inflammatory irritation to its substance, or by pressure of blood. Sleeplessness and delirium indicate the first, sopor and insensibility the second case, which is similar to the effect of water in the cerebral cavities and apoplectic extravasation. A patient in the soporous state induced by inflammation of the brain, scolds in his sleep and occasion-

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ally wakes up of himself, or when roused, in a delirious state. On the contrary, the hydrocephalic lies quiet, as in natural sleep, and the difficulty of rousing him goes on increasing, or he lies (at a later period of the disease) completely devoid of consciousness with open (often squinting) eyes, and in a convulsed state. The apopleptic, again, from the commencement can either not be roused at all, or only momentarily, to a half-sort of consciousness.

Analogous to these paralytic states of the brain from mechanical causes, are those dependent on an excessive toxication of the brain and a deficiency of blood. The former resemble those caused by hyperæmia, when the poison causes at the same time rush of blood to the head, and are like those caused by anæmia when that is not the case.*

The febrile irritation of the brain proceeds either from a greater irritability of the brain, or from an uncommon violence of the febrile attack. Hence children with very irritable brains

* The following case of poisoning will show the correctness of the views stated above:—

Two women and a man ate of the root of Hyoscyamus niger, which they mistook for turnip, to the extent of about a kilogramme. Before they had swallowed the last morsel, they all three felt their tongues paralysed, and the throat so constricted that they had to take the mouthful out of their mouths with their fingers. One of the women, who had eaten the least, soon began to vomit, to dance, to run about the room, to attempt to take hold of different objects but without being able to grasp them; she stared vacantly at those about her, and did not hear or reply to any questions; it required several men to hold her down in bed. The other woman fell asleep on her chair at the end of the meal, and sank into a lethargic state. Her husband, who had eaten the largest quantity, got up from table, staggered to his bed, whereon he fell, and remained completely immovable; his breathing was rattling and difficult; his countenance pale; the pupils dilated to such a degree that the iris was completely hid behind the cornea; the body became cold and stiff like wood; the pulse small, threadlike, very rapid; the tetanic contraction of the anterior muscles of the neck was so excessive that it was impossible to lay the head upon a pillow. After an emetic they vomited copiously. Afterwards the patients got a strong acidulated decoction of coffee, and mustard-plasters to the legs. *In a few hours the lethargy of the two last patients went off, and they fell into the state observed at the commencement in the patient who had taken least of the root.* The excitement and delirium lasted all night; but the following morning they became quiet, and recovery began. —(Schilizzi, *Gaz. Med. de Montpellier.*)

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become delirious even in catarrhal fever, and adults otherwise not disposed to delirium in the hot stage of intermittent fever.

No other poison produces those various acute diseased states of the brain in a more marked manner than the scarlatina poison; hence I shall take my illustrative examples from scarlatina cases.

1. *Symptomatic (febrile) cerebral affection in scarlatina.*

This kind occurs in mild epidemics and single cases, too frequently to render it necessary to adduce instances of it. The cerebral irritation preserves an exact relation to the fever, has its periods of aggravation and remission synchronously with the latter, and ceases altogether as soon as the fever has declined to a certain degree. As of all exanthematous fevers scarlatina is more especially accompanied with delirium, it is a question whether this delirium is not in some degree idiopathic in its nature.

2. *Sympathetic (inflammatory) cerebral affection in scarlatina.—Meningitis scarlatinosa metastatica.*

A young miner of 17 in Hamersleben, where the scarlet fever at that time prevailed, was attacked with very severe sorethroat on the 19th of February, 1839. On the 20th a surgeon was sent for, who made incisions into the inflamed tonsils, and prescribed a mixture. When I was fetched to see him on the following day, I found severe gangrenous inflammation of the tonsils, violent fever with nocturnal delirium, a bright red tongue, and a trace of scarlet rash.

I prescribed *Aconite* and *Belladonna* 2, 18 drops of each in four ounces of water, a teaspoonful of each to be taken alternately every two hours.

Early on the 23rd I was sent for to come immediately to the patient: I was told that the rash had come more out, but that since the 22nd he had been completely delirious and unconscious.

I went immediately to him, and found him in the following state: scarcely a trace of eruption remained; the gangrenous state of the tonsils also was quite gone, but the patient lay com-

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pletely unconscious, and consequently was unable to give any account of his feelings. Whilst lying in bed he pushed his feet up the wall; sometimes he knelt in bed; in short, he made all sorts of senseless movements. His expression was stupid but friendly; he raved in short unconnected sentences; there was no approach to sleep; the pulse was quick and small; no stool since the first day of the illness. I prescribed *Stramonium* 2, eight drops in two ounces of water, a teaspoonful every two hours, cold compresses to the head, mustard plasters to the extremities, a blister on the nape, and unmedicinal enemata until the bowels should be moved.

In the night between the 23rd and 24th February the patient had, for the first time for 48 hours, a little sleep; from this, however, he awoke, still delirious. He slept again in the forenoon of the 24th after his bowels were moved. His sleep on this occasion was quite healthy, as he awoke from it quite rational and free from complaints. The only thing he now complained of was general *malaise*, but nothing now occurred to prevent the normal cutaneous eruption.

3. *Idiopathic cerebral affection in scarlet-fever.*

a. Hypersthenic scarlatina narcosis.

In the years 1839-40 I had frequent opportunities of observing this kind of scarlatinal cerebral disease in the villages of Wefensleben, Belsdorf, Badeleben, Völpke, Sommersdorf, and Sommerschenburg, where I then resided. An epidemy of typhus had scarcely ceased to rage in the villages of Marienborn and Sommerschenburg, when in the latter village four cases of a peculiar cerebral disease came under my care.

Case 1.—Adolphus K—, aged 9, had hardly recovered completely from the typhus (the first time he went out was on the 17th of April), when in consequence (his parents said) of anger and fear, or of a chill, he was affected with fever in the night of May 1, 1840. I saw him first early in the morning of the 2nd of May. He had violent febrile heat, very rapid pulse and respiration, redness and swelling of the face, great tendency to sopor, white furred tongue, moderate thirst, complete loss of

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appetite; he complained of violent headache, especially in the temples. *Aconite* and *Belladonna* 2, of each 4 drops in four ounces of water, a dessertspoonful every hour alternately. At noon the fever and headache appeared to be somewhat more moderate. When I saw the patient he was sitting right up in bed; he had then been awake longer than usual (about five minutes), but he soon fell asleep again. In the evening I learned that it had been impossible to awake him all the afternoon, only once, after they had called for a long time and shaken him, he at last opened his eyes, looked at his father with an angry expression, and said, in a cross and irate tone, "Where is my father?" He instantly thereafter fell asleep again, and this state of sopor, with snoring respiration and puffed face, continued still; at the same time there were occasionally violent grinding of the teeth and jerkings in the limbs; dry heat of the body, but the breathing and pulse not so quick as in the morning; water clear. It was impossible to rouse the patient to consciousness; the only thing his father could extract from him, on shaking and raising him up in bed, was that the patient opened his eyes for an instant, and cried out in an angry voice, "Where is my father?" I prescribed *Opium* and *Belladonna* 2, 4 drops of each in four ounces of water, a teaspoonful of each alternately every half-hour, with cold compresses to the head to be renewed every ten minutes. I remained beside the patient.

At 1 A.M. the fever was more moderate, the breathing quieter, no longer snoring. Although previously he had made great resistance to the application of the cold compresses, he now allowed them to be applied quietly, and he took his medicine also much better.

At 3 A.M. the patient raised himself up, looked about him, and said, "How am I in the parlour?" and "Why have I got a wet cloth on my head?" &c., showing that he was now quite rational, and he had no complaints to make about his headache. He remained awake till about six o'clock, when he again fell asleep, and awoke at seven in perspiration and free from all uneasiness. In the morning the urine had a sediment. In the afternoon the convalescent was able to get up for a little.

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CASE 2.—A boy of 8 years was taken ill shortly after the above patient, and in precisely the same manner. During the first twenty-four hours he had the same sopor, and exactly similar accompanying symptoms. The same treatment succeeded in restoring him with equal rapidity.

CASE 3.—About the same time a boy of 12 years old was taken ill. He had shortly before had a severe attack of typhus. His symptoms were precisely the same as those of the two preceding cases, and under the same treatment he recovered quite as rapidly, with the exception of some gastric and vermicular symptoms, which soon disappeared under the use of *Cina*.

CASE 4.—A girl 5 years old was attacked on the 16th May, 1840, with acute fever, with headache and sleepiness. When I saw her in the forenoon of the 17th it was difficult to get her to reply to a question; the fever was very strong, and she was in constant agitation, like a person affected with St. Vitus's dance. I prescribed *Aconite* and *Belladonna* as above, a teaspoonful alternately every hour, with cold compresses to the head.

May 18.—The night was passed very restlessly; great tossing about and noise, with complete loss of consciousness; but towards morning a tranquil, natural sleep set in, out of which the patient awoke perfectly conscious and free from all complaints.

Besides the above, I was on the 10th May, 1840, called to see a boy, aged 5, who had for two days been suffering from violent fever with somnolence. The patient lay quite unconscious, in a convulsed state, and had constantly foam before the mouth. I ordered *Aconite* and *Belladonna* alternately as above, with cold compresses to the head.

May 11th.—Very restless right. The patient cried out, and called for his companions. There was not yet the slightest consciousness. On attempting to put anything into the mouth it immediately flowed out again; the mouth was full of froth. *Hyoscyamus* 2, 8 drops in four ounces of water, a dessertspoonful every two hours. No improvement took place, and the child died on the following day.

In 1839 I witnessed two similar fatal cases of idiopathic cerebral disease in two neighbouring villages. The one occurred

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in Belsdorf in November, the other in Wefensleben in December. To the first I was called on the third day of the disease, which was the very day of the child's death; to the other I was summoned on the second day of the disease. I found in both the same symptoms of paralysis and convulsions as in the case I have just detailed.

Sometime after this there broke out in Belsdorf and Wefensleben—and that during the prevalence of the typhus in Marienborn and Sommerschenburg—an epidemy of malignant scarlet fever, which subsequently extended to Badeleben, then to Völpke, then to Sommersdorf, and lastly to Sommerschenburg. The cases just cited of acute cerebral disease in Belsdorf and Wefensleben were therefore the precursors of the epidemy, for the many patients carried off by the epidemy almost without exception fell victims to the same form of cerebral disease. The only difference observable during the prevalence of the epidemy consisted in this, that along with the cerebral disease the scarlatina rash occurred, and that generally to a very great extent; parotitis also occurred, but there was no possibility of saving the patients at any period of the disease. Death sometimes occurred on the first day of the disease, at latest on the fifth.

Of the 37 children attacked by the epidemy in Wefensleben, a village of about 600 inhabitants, only a few came under my care; the others were treated by my allopathic colleagues in the neighbourhood, or they died without any medical advice. I will detail a case that came under my treatment towards the end of the epidemy.

A little girl of 3 years of age fell ill on the 13th October, 1840. I was sent for on the 15th. The child had from the commencement had some fever and great somnolence. During the previous night the sleep had been quite soporous. On attempting to rouse her, she whined and groaned, opened the eyes without seeing anything, and immediately shut them again. The scarlatina rash was very much [illegible] over her, and some white herpetic ve[illegible] [illegible]len forearms and hands. Very in[illegible] *Belladonna* 2, 2 drops of each in [illegible]onful of each to be taken alterna[illegible] [illegible] the head.

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October 16th.—From 6 to 11 P.M. last night complete unconsciousness and convulsions, groaning, foam before the mouth, throwing about the arms and legs, and, betweenwhiles, attacks as if she was going to cough or vomit. After midnight, a few hours of quiet, also signs of returning consciousness and much thirst, but from 4 A.M. onwards a return of the convulsed state, in which I found her at half-past 10 in the morning. She groaned continually, was perfectly unconscious, had froth before the mouth, and was continually passing her hands over her face as if wiping it. Head and skin were burning hot. *Stramonium* and *Sulphur* alternately every two hours, and rapid sponging of the whole body with cold water every two hours.

17th October.—The little patient got more quiet yesterday towards night, when she fell into an apparently comfortable sleep, from which she awoke about 2 A.M. very thirsty; she asked to drink very frequently, and remained for some time conscious; but the former convulsive state soon recurred. When I saw her at 7 P.M. I found that she had been convulsed since 4 P.M. The eruption continued out, but the skin and head were not so hot as on the previous day.

18th October.—Continued convulsions and unconsciousness; involuntary discharge of fæces and urine,—a lumbricus in the former. She died that night.*

Some time afterwards, in Badeleben, seven children died of this cerebral disease in the first week of the prevalence of the scarlet fever epidemy. I was called to see the last. *Aconite*, *Belladonna*, *Ammon. carb.*, and *Sulphur*, besides cold-water applications, were tried in vain.

I now resolved to employ *Belladonna* as a prophylactic. I gave it in the 1st dilution, more or fewer drops per day according to the patients' ages.

As soon as the use of the *Belladonna* became general the [illegible] came to an end; but after the children had discon[illegible] use for a fortnight or three weeks, there reappeared [illegible] of the disease (among them one fatal case). The [illegible] was again employed, and the ravages of the epi[illegible]deleben finally brought to a close.

[illegible] *Zinc* work wonders in a similar case. R. E. D.

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Belladonna was used as a prophylactic with equal success in Völpke and Sommersdorf. In Sommerschenburg, however, the results obtained by it were not so generally good, for there it was impossible to ensure regularity in the employment of it.

A year later (1841) there again occurred in Sommersdorf an epidemy of malignant scarlatina. The first three children died of the above described cerebral affection with the rash fully developed and considerable parotitis on both sides. After diligent use of the prophylactic only one case of the disease came under my observation, the only peculiarity about which was that hæmaturia occurred during the disease, which, however, rapidly yielded to *Arsenic* (after *Belladonna*) and left no bad effects.

In the year 1846 I had another opportunity of convincing myself of the prophylactic power of *Belladonna* in Belsdorf and Wefensleben. I was enabled by its means to check the spread of the epidemy in these villages, though after discontinuing the prophylactic for between two and three weeks some cases reappeared, and I was obliged to repeat its use for a week or so longer.

Thus I found in the prophylactic employment of *Belladonna* the only safety from the dangerous hypersthenic scarlatina narcosis peculiar to these epidemics.

I met with a case of somewhat similar cerebral disease in Magdeburg. It differed from the above cases in this, that in place of somnolence, sleeplessness and delirium were the first symptoms of cerebral disturbance, and that it terminated suddenly in apoplectic convulsions. The following is the history of the case. A little girl, aged one year, was on the 2nd of January, 1856, apparently quite well. Early on the 3rd she was found to be very hot, and vomited twice. The symptoms were attributed to gastric derangement. When I saw her, between 10 and 11 A.M., I found her very feverish, the face scarlet, but nothing else remarkable. I ordered *Aconite* and *Belladonna* in solution, a dose alternately every hour. I was sent for again that night, and on my arrival at about [illegible] found her dead. The eruption had gone on increasing, the [illegible] thirst had continued; but although the [illegible] sleep she had lain quietly until the evening [illegible]

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motions of the bowels. She could not be made to sleep in the evening, but began to babble and wander. This continued until alf-past 1 A.M., when she became convulsed, foamed at the mouth, and breathed stertorously. Death terminated the scene at a quarter to 2.

I have since employed *Belladonna* as a prophylactic in the family where this case occurred and amongst the neighbours, and I think, with good effect.

b. Asthenic scarlatina narcosis.

Not less dangerous than the above described hypersthenic scarlatina narcosis, which depends on an absolute excess of the scarlatina virus, is the asthenic form, in which the vascular system never succeeds in bringing about a critical reaction against the scarlatina virus, and the latter throws the whole force of its noxious influence upon the nervous system.

I treated in Magdeburg two cases of this sort in November 1849, and one case in November 1855, which illustrated this state of things. My first patient was a girl 9 years old, the second my own daughter aged 10, and the third a little girl of 8 years. The first and second cases were exactly alike, and terminated fatally on the second day; the last case differed from the others in this, that up to the fatal termination great restlessness was present, and that death occurred on the third day.

There was in these cases no intense fever, no throbbing of the carotids, no rapid development of the scarlatina rash; but, on the contrary, there were rapid weak pulse, pale face, little febrile heat, and little or no rash. No cerebral symptoms were present at first, but the narcosis, in the form of a peculiar condition of the brain, came on in a gradual manner.

My daughter, who had the previous afternoon about 3 o'clock come home from school looking pale and complaining of headache, showed the first symptoms of narcosis before her death by some mistakes in speaking. She called the nurserymaid Laura in place of Emma. At one moment the narcosis came on so rapidly, that I was unable to get her to show her tongue. In order to do so she tried to put it out, but

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could not succeed, for she instantly forgot what she was to do. I noticed this symptom in all the three cases equally, but with the exception of the increasing confusion of brain up to the moment of death, no other cerebral symptom was observable in any of the three cases.

Bellad., *Acid. phos.*, *Sulph.*, and *Zinc* were used by me without the slightest effect. In the last case, in which no redness but only a few white vesicles were seen on the skin, I endeavoured to bring out the rash by means of poultices of horseradish. They succeeded in bringing out an exanthema, but it was only a dull yellow discolouration of the skin.

It would appear from this that the employment of *Belladonna* as a prophylactic is the only means of warding off the danger both of the asthenic and the hypersthenic scarlatina narcosis.

Do other fatal viruses act in the same manner as the scarlatina virus? If the (absolute or relative) quantity of any of them in the organism is so great that nature and art are unable to overcome them, the organism must succumb.

Dr. Bosch, commenting on this paper in a subsequent number of Hirschel's *Zeitung*, says that he has frequently had opportunities of treating the form called by [illegible] asthenic scarlatina narcosis. He considers that [illegible] owing to rapid decomposition of the blood, and [illegible] symptoms are owing to this blood having [illegible] influence on the nervous system. He [illegible] with *Aconite*, *Belladonna*, *Rhus*, and *Zinc* [illegible] fatally. He afterwards found the [illegible] *Arsen.*, in the 3rd or 4th dilution, [illegible] change in the symptoms, and restor[illegible] health.

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DR. C. MÜLLER UPON DIET.

Note by Dr. Russell.

In the last number of the "Homœopathische Vierteljahrschrift," (Siebenter Jahrgang, Erstes Heft.) there is an article by the able and accomplished editor, Dr. C. Müller, upon the subject of Diet, which I look upon as so important and interesting that I have translated the latter part without any comments. I have taken a few slight liberties with the original when the sense of a passage seemed to require it to make it more intelligible to English readers. In the first part Dr. Müller expresses his substantial agreement with what I have written on the subject, in so far as the impossibility of carrying out the ordinary Hahnemannic statutes of diet is concerned, but he objects to what he considers the too summary conclusions in my article, and his objections take the following shape. He promises at the conclusion of his article to enter soon upon the matter again, and to bring out in greater detail the principles he suggests as applicable to it. Perhaps when the whole of his views are published I may venture to make some observations upon them, but in the mean time I abstain from more than an expression of gratification to find the subject earnestly taken up by so capable a writer, and of acquiescence in his opinion, that its discussion is more important and likely to yield more fruit than the endless disquisitions upon the question of the dose, of which we have surely had nearly enough.

THUS it is not possible to carry out the diet prescribed by Hahnemann, and to secure the doses of medicine from all foreign medicinal counteracting agencies; but it is also no less certain that, notwithstanding these, our medicines, even in the smallest doses, display their full effect. In spite of the apparent contradiction we must accept of both these propositions as undeniable facts. How are these contradictions to be explained reconciled? What protects these minute doses in their [illegible]nst influences of a hundred times more deleterious [illegible]dicinal activity? The satisfactory and simple [illegible]enigma is found in the law of homœopathic [illegible] fact that between the homœopathic medicine [illegible] to cure there exists a specific similarity, we [illegible]not only of the explanation of the curative [illegible]ses, but also why this action is not [illegible]ntities of foreign medicinal irritations, [illegible]specific relation. Thus it is owing

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to the homœopathic similarity alone between the homœopathic medicine and the case of disease which enables it to defy the larger but unspecific noxious influences; without this similarity the homœopathic medicines would have no effect whatever; or in other words, minute doses can take effect only when selected in virtue of their homœopathic relation to the disease. It is by this we explain how homœopathic medicines in minute quantities can make the sick well, but not those who are well sick.

That an organ in a state of disease, or a diseased organism is endowed with an infinitely greater sensitiveness and power of reaction towards specific (*i. e.* homœopathically similar) medicinal irritations than in a state of health, or towards irritations not of a specific character, is admitted by the greatest opponents of the system, and a hundred every-day observations testify to the fact; an inflamed eye, which when sound could stand exposure to a blaze of light, is blinded and irritated to tears, and the severest pain, by the faintest ray, and a disordered stomach is excited to vomiting by the sight or smell of food which in due moderation was wont to be easily digested. It is then no matter of surprise that by this intimate [illegible] ship between the diseased organ and its homœ[illegible] by this affinity of so extreme a degree the [illegible] remedy and its resulting [illegible] vented by the action of [illegible] relation, unless they be [illegible] operate too oppressively an[illegible] is the case then naturally [illegible] altogether the action of the h[illegible] gate the organism to their [illegible] example, in our provings of m[illegible] often-repeated doses we compel [illegible] and through a series of distinct sy[illegible] organs on which the drug under prov[illegible]

This just appreciation and natural in[illegible] pathic principle of similarity and relatio[illegible] and disease in its full weight and signifi[illegible] only to establish and explain the effe[illegible] medicines, notwithstanding the simultan[illegible]

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foreign medicinal irritants, but also puts us in the only position from which we can arrive at a sound judgment upon the question of diet, and determine whether and how far a peculiar diet is possible and necessary in reference to homœopathic medicines and their doses. When this discrimination is made, I think it will be possible, without much difficulty, to discover both the guiding principle and proper standard for determining and establishing rules for diet and their practical development. For from this it is manifest that we cannot be permitted and justified with Dr. Russell in throwing aside the homœopathic diet without more ado, and referring patients to their instincts and self-observation. We do require unconditionally a peculiar and homœopathic diet, not merely a general one and like that of the physiological school, which resting upon its intimate researches into the nourishment and assimilation of the animal organism, regards this as the key of its therapeutic position, I repeat, that on account of our principle and our system of doses, we require an exclusive homœopathic diet, but this requires in part other principles than those hitherto prevailing, and cannot be got up like those "Rules for diet" which are put indiscriminately into the hands of all our patients.

As has been already shown, the delicate doses of homœopathic medicine we administer are preserved in their efficacy foreign influences and disturbances in virtue of the principle of specific relationship between the symptoms lady and its homœopathic remedy. But this safe- protect them only against influences which are the case, but every influence which holds the similarity towards the disease and its specific a certain point, act injuriously upon the f the remedy, and must therefore be kept means. Hence we arrive not only at the pathic diet, but at the principle of its before all things, interdict every drug h holds the specific affinity of simi- licine prescribed, in other words, us for example, when Aconite is rbidden; when Nux vomica,

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coffee and wine; when Opium, Camphor; when Veratrum, tobacco, &c. &c., while, during the administration of other medicines and in certain conditions, these substances, although in themselves powerful medicinal irritants, will not disturb the curative action, and may therefore be permitted. The homœopathic diet must also have reference to the special organ affected, and the nature of that affection; it will be different in the treatment of diseases of the stomach and intestines, and those of the brain, lungs, &c., and again different in megrim, diarrhœa and costiveness. It must also have respect before all things to the constitution, the diathesis, the age, the habits, the instincts, the idiosyncrasies, &c. of the patient, and in one case we may allow what we forbid in other cases, and vice versa, In short the same principle upon which the whole of homœopathy is based, the principle of specialization and individualization must rule the question of diet; for as each medicine has its special and separate operation, and almost every case of disease its characteristic and peculiar phenomena and relations, so there can be no general indications for diet suitable alike for all cases irrespective of the impossibility of carrying out the rules in their universality, and to their extreme consequences as Hahnemann required.

Thus the homœopathic diet must be special and individualized, in opposition to the Hahnemannic diet, which as we have shewn above is of a general character, it must before all things have respect to the medicines administered, their specific peculiarities and the relations of their antidotes; and this is made possible and easy by our knowledge of the special physiological operation and relationships of the drugs [illegible] It must next have regard to the specialities of the aff[illegible] nd the peculiarity of the kind of mor[illegible] ti[illegible]n, and [illegible] duality of the patient must be t[illegible] be like the Hahnemannic di[illegible] only what is not noxious to [illegible] ust be prescribed with re[illegible] mptoms and relations of the [illegible] peculiarities of the patient. A[illegible] ly or permanently and [illegible]

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by the minute and exact knowledge it requires of the relation of a drug to the different organs and morbid phenomena, as well as by the fulness of its observations and examinations of each different case and of each particular patient. Thus we arrive at the conclusion that it is not enough that the homœopathic diet should be what Hahnemann meant it, merely negative, *i. e.*, not merely should we seek to interdict everything likely to be injurious to the morbid condition, and counteractive to the curative efficacy of our medicines, but we must also strive to afford direct and positive aid to the affected organism, by ordering those things which are best suited by their relationship with the nature of the complaint and the individuality of the patient to promote his cure and restore his strength. Towards this end we require the most exact knowledge of the process of nutrition, as well as the value and effects of all common articles of food, and all their relations to the economy during the process of digestion. It is only in this last, and by no means most important province of the subject, that homœopathy can make common cause with the other system of medicine, and seek support in experiments and researches of the chemico-physiological school, which have of late been so fundamentally elaborated. On this account we should duly recognize the importance of the labours of this school, while at the same time we obviously refuse to accept all the consequences they deduce from their physiological doctrines of the metamorphosis of the tissues, by restricting all medication to a system of dietetic regulations.

It is indeed an essential principle of an appropriate diet, that after the fulfilment of all that is requisite for the attainment of our object, it shall not subject the patient to more restrictions and sacrifices than absolutely necessary. This is a requirement arising not from a groundless indulgence of the weakness and [illegible] ur patients, but one on which the rigid enforce- [illegible] roper diet is itself dependent. An extravagantly [illegible] ill not be adhered to even by the most conscien- [illegible] ary point; and when such an one discovers [illegible] ations do not interfere with the effects of [illegible] upon this discovery become more careless,

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and eventually allow himself more liberty than if he had from the first been prescribed a less stringent but more practicable code of regimen. It is always wrong to lay down rules and prohibitions the strict enforcement of which is foreseen to be probably or certainly impossible.

Hahnemann in attempting to interdict every foreign medicinal stimulant during the course of homœopathic treatment, made by so doing a requisition which as we have seen was not only unnecessary in all cases, but also almost impossible to be complied with in any. Hence the Hahnemannic generalizations on diet are not practicable, and are by very many neglected or entirely repudiated. A system of diet based upon the principle of similarity and reduced to specific inhibitions to meet the requirements of each particular case, concentrates the attention and conscientiousness of the patients upon the special noxious articles and influences which he must avoid. Thus it makes no impossible demands, nay, does not even in many instances require any sacrifices to enable it to be fully carried out. To this may be added, that Hahnemann appears to have on the one hand exaggerated the significance and importance of many substances, gratifications and influences as injuriously affecting the operation of medicines, while on the other hand he himself makes the observation that many remedial substances become partially or completely bereft of their medicinal activity by the processes they undergo before they become articles of food, such processes for example as drying, pressing, fermenting, smoking, boiling, baking, &c. &c. If we add to this the power of habit by which many medicinal substances entirely lose their effect upon many individuals, we may safely aver that homœopathic medicines are by no means so much or so seriously endangered as is by many supposed, and that on this account with good resolve and a little foresight it is very easy to carry out such rules of diet as will secure that the [illegible] province of the remedial action of a drug upon [illegible] shall not be interfered with by medicinal influ[illegible]

Such, in short, are the principles, elements [illegible] a homœopathic diet; and it cannot be denied [illegible] tially different from the original Hahnemann[illegible]

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fundamental difference consists in the establishment and special development of the true guiding principle, with the requisite modifications and limitations by which alone its practical application is attainable. No one, I hope, will accuse me of introducing a system, which, as far at least as the physician is concerned, is so far from being easier than that of Hahnemann, that it requires, on the contrary, greater care to arrive at what is specially adapted to each case, and hence becomes in the highest degree difficult and impracticable, or even quite an impossibility. For while it may be admitted that it undoubtedly implies a much greater effort on the part of the prescribing practitioner than if he merely thrust a printed diet table into his patient's hand, which could not be obeyed by him even with every wish to do so above a few hours, yet this will be no distress to a homœopathic physician who is in the habit of listening with minute attention to the case of every patient under his care. But that there is no such enormous difficulty in prescribing and following out this plan, is manifest from the fact that very many homœopathic physicians have long been in the habit of doing it, at least to a certain extent; for compelled by necessity and convenience, they make special exceptions and limitations in the diet rules to meet particular cases and particular medicines, and also from the truth and sufficiency of the principles here expounded for their guidance. In fact there is nothing absolutely new in my propositions, all that I have done is to suggest the general principle applicable to what has long been known, and I have sought to supplant by a law with its fixed consequences, what is now arbitrary and illogical.

Those who have followed me step by step with patience and attention, through my perhaps rather dry and tiresome discussions and inferences, will at least admit that without prejudice, and with every desire to be most cautious and exact, I have striven to gather into unity the discordant confused materials. Whether I have at last succeeded in solving the prevailing discord and unsatisfactory state which has hitherto been remarked upon this subject by homœopathists, must be decided by the profession; if not, it is hoped, withhold their objec-

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tions and suggestions of improvement. Certain it is that this is a question which deserves and demands universal attention and a speedy and definite solution.

WHY WE OBJECT TO BEING CALLED HOMŒOPATHISTS,

By Dr. Tessier.*

When in a former number of this Journal we spoke of the legitimate place of homœopathy in medicine, we endeavoured to present the doctrine of Hahnemann in its most favourable light, and we rendered justice as far as we were able, to the services rendered to medicine by the illustrious reformer. With the greatest care we endeavoured to palliate and to excuse the errors we conceived he had fallen into: still truth has its rights just as admiration and gratitude have their limits; and we were unable to hold up as great truths some obscure and incoherent words respecting the vital principle, and some pathological hypotheses absolutely destitute of foundation. In spite of the extreme moderation with which we indicated the weak side of the doctrine of Hahnemann, in spite of our precise indication of the medical truths we proposed to substitute for the errors of the *Organon*, our eclecticism found no favour with some exclusive minds, whose motto is *all* or *nothing*, and who regard the *Organon* as a medical bible. We were held up as enemies of *homœopathy*, and that justly, if by homœopathy be understood not a therapeutic method, but a standard of irreconcileable hostility raised against all the past acquisitions of medicine,—against all that deviates in the slightest from the ideas of Hahnemann, or at least from the ideas attributed to him by a sect which I refrain from qualifying. Yes, we refuse, and shall always refuse the appellation of homœopathists, because we are as averse to the sectarian spirit as we are devoted to truth. We admit to be true the therapeutic system invented and developed by the genius and immense labour of Hahnemann; but just as

* From L'Art Médical, May 1856.

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we adhere to the psychology and physiology of St. Thomas without calling ourselves *thomists*,—just as we profess the doctrine of the essentiality of diseases without calling ourselves *essentialists*,—just as we cultivate and have always cultivated pathological anatomy without calling ourselves *anatomical pathologists*,—just as we employ auscultation and percussion without calling ourselves *auscultators* and *percussors*,—just as we devote ourselves to clinical observation without calling ourselves *observing physicians*,—and just as we study general medicine without calling ourselves *theoretic doctors*, so we neither desire nor admit the appellation of *homœopathic*, applied either to ourselves or to our labours. We are *physicians* and our work is to perfect the *art of medicine*. We admit *homœopathy* because it is a great truth in therapeutics, and we reject it in the character of a medical doctrine. In one word, we are *eclectics* in the true and legitimate sense of the word. We are well aware how unpopular this name has been rendered by those, who calling themselves eclectics, have established a philosophical sect, arbitrary alike in its principles and in its method. But it would be absurd to reject the only true method that exists, because its name has been perverted to the use of a syncretism, of which it is the very opposite and the refutation. It would be equally absurd to reject the therapeutic system of Hahnemann, because some enthusiasts see in *homœopathy*, the past, the present, and the future of medicine, without very well knowing what medicine really is. When, then, we profess eclecticism, we mean by it scholastic eclecticism, that eclecticism which has a definite criterion for all orders of facts and truths, and which judges, not according to the fancy of each, but according to the logical rules of certainty. Consequently all the objections brought against false eclecticism, against syncretism, against the association of contradictions, do not apply in the slightest degree to the eclecticism which we profess to follow, and pass harmlessly by us. Those who practise this trick upon us, show their want of ingenuousness; that is their affair. Every one ought to know that eclecticism in therapeutics, is nothing more than the medicine of indications. Let then the principle of the medicine

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of indications be combated, instead of making a play of words upon eclecticism.

It will be remembered what a commotion was excited a couple of years ago, by our articles on the necessity of christianizing medicine, or of *baptizing Hippocrates* as it was termed. And now a small homœopathic clique has been agitated by our declaration of eclecticism. We cannot forbear acquainting our readers with the anathemas we have drawn down upon our heads. Besides they are literary lucubrations worthy of publicity.

We shall commence by the *creed* of the honorary president of the Gallican Homœopathic Society, Dr. Gastier.

"This then is our medical creed, which is as general, as absolute as the principle on which it rests, as inflexible as the law which establishes, in therapeutics, the rule of its application.

"The medical doctrine of homœopathy has our entire, nay our exclusive faith, in this sense, that we cannot believe in the possibility of a cure on any other principle, and that we believe we are able to refer to this principle all the cases of cure by the various allopathic treatments, whose mode of operation has not hitherto been understood; so that it would be high treason towards the homœopathic doctrine, if any one of our number should take upon himself to reproach us for generalizing its principle too much, for universalizing too much its application, and for claiming in its name, as essentially its property, every cure obtained by whatever process, however different from those it makes use of.

"What, I ask, is there in common betwixt the eccentricity of an opinion so radical, so explicit, and eclecticism which Alexander Erdan in his *France mystique*, has so justly and so energetically denounced as 'sheer parody, incessant palinodes, the disgrace of the present age! ridiculous archaïsm, which, among us, has never had the right to be anything else than the base and cowardly scepticism of some interested pedants.' Is not eclecticism the disdainful rejection of every opinion, the scornful negation of every system, and the unqualifiable pride of thinking oneself alone right, and every one else wrong? The eclectic physician, retired within himself, that is to say completely absorbed in the sentiment of his presumption, like

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the owl or other nocturnal creature, pretends to see clearly in the midst of darkness, whereas in reality his resemblance to these animals is in being dazzled by the light. Like the busy bee which goes about stealing here and there the odorous juices of flowers, in order to compose wholesome honey, he pretends he is able to extract from any system, erroneous though he knows it to be, all the good that is in it, and from such materials he composes that nauseous hotchpotch which is served up everywhere under the ambitious title of eclecticism—as if he could extract anything good from where all is bad, produce order out of disorder, truth out of falsity. As if in order to develope light out of darkness, and order out of chaos, to make something out of nothing, and from nonentity to make a world, it were not necessary to be a god! But in truth, where is the eclectic who does not consider himself a god, a god of science at least?

"I am no eclectic, God preserve me from the disgrace, at the end of a pure career, from making a recantation. I am no eclectic, because I believe sincerely in a healing art, as also I believe in the evident occurrence of spontaneous cures;—because I believe in the fundamental unity of the action of the means it employs, as I do in the unity of the vital principle;—because I believe in the essentially noxious character of that action, as I do in death;—because I believe in its curative appropriation, consequently on the *speciality* of this action;—finally because I believe in homœopathic truth, in which all beliefs are summed up, as I believe in nature, the study of which has shown me its type."

[Dr. Tessier next alludes to an article by Dr. Lebouchér, in which sundry not very courteous nor complimentary epithets are applied to the professed eclectics. He then goes on to say:]

We must not confound with the above, M. Leon Simon's article on the protest of MM. Jousset, Gabalda and Frédault, against the denomination of homœopathists, given to them by the *Gazette Hebdomadaire*.* This article is very moderate in its tone, and we cannot well avoid replying to it. We shall here reproduce the article entire.

* Vide p. 490.

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"The *Journal de la Société Gallicane* having published the first letter of those members of the Anatomical Society expelled from that Society for having been guilty of homœopathy, we have deemed it right to insert the second protest of these gentlemen. On our part, this is an act of justice and good fellowship, —an act which we perform all the more readily, as it must be agreeable to those gentlemen, to give to their protest the greatest possible publicity.

"Having fulfilled this duty, we shall say, without circumlocution, that many things in this protest have surprised us.

"The first of these is the astonishment felt by our colleagues at their expulsion from the Anatomical Society, an astonishment which goes the length of making them say that violence has been used against them, and that they have been wounded in their honour and their dignity.

"It is very true that in this case the Anatomical Society has sinned against the laws of good behaviour, and has misunderstood its proper dignity. But is this a thing to be surprised at? Have MM. Gabalda, Frédault and Jousset forgotten the expulsion of MM. Hureau, Giraud and Defert, by the Socicty of the Sixth Arrondissement? Do they not remember the resolutions passed by several similiar Societies in Paris, resolutions which prohibited physicians and surgeons of reputation from consulting with homœopaths, on pain of losing the consulting practice of the members of those Societies? Do our esteemed colleagues forget that on the occasion of the grand Congress held at Paris, in order to prepare the draft of a law on the practice and teaching of medicine, M. Amédée Latour, and the members of the preparatory committee who acted under his orders, refused to admit the deputation sent by the Hahnemannian Society? And yet the object ostensibly was the foundation of an institution which should be liberal in its motives and in its mode of action, an institution having nothing doctrinal about it, whose object should be purely administrative, and should unite all, without distinction of school or doctrine. Do not MM. Gabalda, Frédault, and Jousset know the persecutions directed against our colleague, M. Marchant of Bordeaux; persecutions that subjected him to the alternative of

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either giving up homœopathy in the treatment of his patients in the hospital St. André, or of resigning, which latter he did without hesitation and without weakness?

"Finally, and this bears more directly on the case of these gentlemen, it is not so long since MM. Pitet, Escallier, and Mailliot were expelled from the same society, and for the same cause as MM. Gabalda, Frédault, and Jousset, and that in terms still more revolting, for the resolution expelling them ran as follows: '*On account of scientific immorality.*'—The Anatomical Society giving itself a certificate of moral behaviour and refusing it to homœopathists is highly entertaining. *Risum teneatis amici.*

"So many instances may console MM. Gabalda, Frédault, and Jousset for their own expulsion. Nay more, on reflection, they will perceive that the conduct of the Anatomical Society towards themselves is merely a continuation of the exclusive system long since adopted by the generality of allopathic medical men. Whence does this system derive its origin? what are the motives that have called it into being? This is a question that must interest us much more than the various cases in which it has been applied.

"If allopathy,—let it call itself by what name it may, organicism, vitalism, organopathism, eclecticism, or physiological doctrine (supposing the last-mentioned is still acknowledged by some),—if allopathy, I repeat, were sure of itself, sure of its method, of its principles and of its instruments, it would be just and generous in proportion as it felt itself strong. In place of proscribing it would enlighten; in place of condemning it would judge; in place of blasting it would attempt to convert. But trembling for the fetiches it has set up on its ephemeral altars, it fears whatever threatens their overthrow; and like every weak thing, it condemns without discussion, it proscribes in place of teaching, it fulminates against what it is not acquainted with. The secret cause of its mode of action is its inability to teach anything that will bear examination. Therefore, wrapping itself up in the official authority it is invested with, it believes itself under no obligation to do anything, not even to be in the right in regard to professional behaviour, scientific truth, and

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the treatment of disease. The great, the unpardonable crime of homœopathy was that it dared to question what allopathy considered as settled matters. The vanity of the latter was irritated by so much audacity. Challenged a thousand times over to make the appeal to observation and experience, instead of buckling on its armour and coming down into the lists, it has shirked the contest, preferring abuse to reasons, and deeming it a much more expeditious mode of settling the question to expel homœopaths than to study their system in order to understand and to verify its practical value. The hidden reason of the act complained of by MM. Gabalda, Frédault, and Jousset may be expressed in one sentence: *allopathy is afraid of homœopathy.* The greater its fears become, the greater violence will it display. Let not then those gentlemen be astonished at having to suffer something for a quality which they possess, or rather which is attributed to them.

"The most essential point in the protest under consideration, and which has surprised us more than we can well express, is the care taken by our colleagues to deprecate the title of *homœopaths* and the name of *homœopathic medicine.* They allege that there is no such thing as *homœopathic medicine,* —that we should speak of the therapeutic method of Hahnemann; to this, however, they deny that they devote themselves exclusively. As our colleagues proclaim it, we shall not hesitate to believe that it is as they say, that the word *eclecticism* inscribed on their standard embraces the therapeutics as well as the other branches of the doctrine; that they adopt the therapeutic reform of Hahnemann, reserving to themselves the right of resorting to tradition, and probably also to contemporary experience, for all means of cure they may deem useful for their patients. There is nothing dishonourable in that, since such are their convictions. But the reasons they adduce do not appear to us so convincing as their declaration seems to be appropriate.

"Because the epithets *homœopath* and *allopath have become* [illegible] *among medical men,* they ought not [illegible] dictionary and no longer used. [illegible] thing, or they are destitute of

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meaning. In the latter case they ought to be discontinued; in the former they may, they ought to be retained. If, as we believe, these appellations designate two different modes of understanding, of teaching and of practising medicine, these gentlemen reject them in vain, they will continue to be used; and those who practise the one or the other system of medicine will apply them as a matter of convenience, and with perfect justice. If the epithet of homœopath has become a term of insult in the mouths of our adversaries (for homœopaths do not insult allopaths), that is owing to the abuse by them of an expression good in itself. If we were to erase from the dictionary all the words that have been abused and because they have been abused, we should soon have no words remaining in the dictionary. Is there anything that has escaped being abused? Can we say that *the epithets* homœopath *and* allopath *tend only to keep up lamentable divisions in the medical body?* There is no evil which is not kept up by the cause that has given rise to it. What has produced, kept up, and will keep up, the division among medical men, is the thing signified and not the sign which represents it; it is the doctrine, and not the epithet.

"We understand why our colleagues reject the epithet, because for them *there is no such thing as homœopathic medicine.* They give two reasons for their incredulity on this point: the first, that they do not recognise *in homœopathy a body of doctrine comprising the ensemble of the various branches of medical science;* the second, that the expression *homœopathic medicine,* taken in the sense attached to it by the editor of the *Gazette Hebdomadaire,* has no meaning, inasmuch as the word *homœopathy* applies exclusively to therapeutics.

"In order to arrive at an understanding on these things, it is necessary to commence by defining the propositions laid down, and the terms of which they are composed. What do we mean by *a body of doctrine comprising the ensemble of the various branches of medical science?* A body of doctrine generally ...es a collection of principles united to one another by a sort ...cal and necessary dependence; so that, one of them being ...it presupposes all the others. At the present moment

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homœopathy alone presents a collection of principles thus united; it alone possesses a body of doctrine. Whether this doctrine be admitted or rejected, adopted in its totality or only in one or more of its parts, it does not the less exist; and mere superficial attention will convince us of this. Homœopathy has found in the law of vital dynamism the primary truth that explains at once all the other principles it has proclaimed. The law of similars,—the determination of the fundamental character of diseases,—the infinitesimal doses and their mode of action,—everything in homœopathy departs from and returns to dynamism. MM. Gabalda, Frédault, and Jousset may see nothing in vital dynamism but an error; that is very likely; they would not be singular in so thinking; but if they would not be unjust towards Hahnemann, they ought to recognise in homœopathy a body of doctrine closely bound together, and of such a solid texture, that to vanquish it on one part would be to vanquish it on all. Where shall we find in traditional medicine, or even in our own days, a body of doctrine so strongly bound together as is homœopathy? Where shall we find a collection of principles so rigorously deduced from the premises of experience? Not in the Paris school, [illegible] any other European school; nor yet in eclecticism, such [illegible] as it is portrayed in the *Art Médical*, a journal wh[illegible] itself a barren co[illegible] against everything [illegible] and contents [illegible] giving us a p[illegible] trines without g[illegible] doctrines them[illegible] *Médical* show us [illegible]ology, its patho[illegible] dynamics, and its [illegible], we shall [illegible] think of it. But hit[illegible] condemned [illegible] mises whose effects we [illegible] Love effects be of such a nature, tha[illegible] and we may and relieve our patients ba[illegible] So as eclecticism of the *Art Médi*[illegible] M. Andral and his disciples, [illegible] pompously paraded, we shall eas[illegible] possesses a body of doctrine; and [illegible] Whether we adopt it or reject it, w[illegible] to proclaim its existence. Let MM[illegible]

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Jousset display towards Hahnemann the justice they may one day have to implore for themselves; let them recognise *a homœopathic medicine embracing the ensemble of the medical sciences.*

"Above all, let them not say that the word homœopathic is applicable exclusively to therapeutics. Therapeutics is the object, the ultimate end of medicine. Now, the sciences are as well defined by the end to which they aspire, as by the object that is the matter of their speculations. Medicine is as well defined by calling it the art of healing, as geometry by the term science of space, or arithmetic by that of science of numbers. In both cases the definition is exact, because it indicates perfectly the object it intends to designate, by isolating it from all others. Even were it perfectly true that the word homœopathic applied exclusively to therapeutics, we yet could, according to what we have just said, apply the epithet *homœopathic* to the body of doctrine enunciated by the genius of Hahnemann, without being guilty of pleonasm. Indeed, if medicine may be defined by the end it aims at, homœopathy by presenting a body of doctrine whose final result is the cure of diseases by a method proper to itself, we are justified in saying, in that point of view, that there exists a homœopathic medicine, which these gentlemen disavow it is true, but their disavowal does not compromise its existence.

"This idea it is all the more important to establish, since esteemed colleagues declare that they retain the homœopa- herapeutics; that is to say, cure the patients confided to re, by means of the method of Hahnemann. I would much to know how they set about selecting the medi- employ, if at the bedside of the patient they discard n's pathological method, and the law of vital dy- What pathological method do they adopt in order to ure of disease, so that it shall concord with the atures contained in the *Pure Materia Medica?* law of vital dynamism how do they determine e medicament? By means of what principle e characteristic and the accessory symp- state and a given medicine? Will they to have rational therapeutics without harmacology; how therapeutics can

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exist without a body of doctrine, as these gentlemen allege? The very circumstance that they retain the therapeutics of Hahnemann, shows that they believe more than they think or will confess in a homœopathic medicine; they confess it in spite of themselves at the bedside of every patient confided to their care; they are more homœopathists than they will avow. If the force of their minds cause their hopes to be in advance of the positive acquisitions they every day make use of, they will allow us to wait until their hopes have become realities, in order to appreciate their value. Until then we shall tell them that there is a homœopathic medicine sufficiently powerful to fix their attention, and that we may be proud to be homœopaths. What is the position taken up by MM. Gabalda, Frédault, and Jousset, in respect to the general medical body, when they say that they take from homœopathy its curative agents, and its mode of employing them, without at the same time accepting the body of doctrine which enables us successfully to employ them? Do they hope by this encomium to conciliate the favour of the allopaths? From their well-known character, I suppose that they aim higher; that their object is one more worthy of themselves and of the science which they cultivate in their peculiar manner. Their hopes are in eclecticism! Let us pause here, and try to wait for the oracles which have been promised us, but which have not yet been pronounced. But let it be permitted us to refer to our recollections and to contemporary experience, and to say to these gentlemen, that in philosophy as in medicine eclecticism has always failed to establish a body of doctrine which they deny to homœopathy, and of which hitherto their school has not given us the faintest lineaments. One of two things will certainly happen: either their eclecticism will degenerate into a dogmatism of some sort, or it will die out from sheer impotence. In the first case, the eclecticism of the *Art Médical* will be a mere warlike instrument, instead of a passage which shall lead [illegible] promised land; in the second case, it will [illegible] that highly cultivated minds should [illegible] at the very commencement [illegible] error respecting the *Art Méd* [illegible] enough to assist our

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weakness. Let it, we repeat, produce its physiology, its pathology, its materia medica, and its therapeutics, not as it has hitherto done, merely in the form of a preface, but in the shape of formulized doctrine. Until it does so, we shall continue to say and to believe that medical eclecticism, so often refuted, will not be more successful than its parent, philosophical eclecticism.

"DR. LEON SIMON, Senior."

We believe M. Leon Simon to be perfectly wrong in the notions he has expressed above. We shall proceed to prove it. As regards the expulsion from the Anatomical Society, the worthy inventor of the *vital dynamism of Barthez* has failed to understand the indignation of MM. Gabalda, Frédault, and Jousset, and we cannot undertake to enter into the melodrama in order to explain it to him.

One word on the reflections by M. Simon in regard to the sacrifices our colleagues have made to homœopathy. He ought not to have touched on such delicate questions. No one has suffered less than himself from medical intolerance. Homœopathy has given him nought but flowers and fruits; we can, therefore, easily comprehend all the sentiments of well-being this word recals to his memory, and how anxious he must be to preserve it.

M. Simon is thunderstruck by the protest of our colleagues against the appellation of homœopaths, and he asks himself and asks his readers if (what he cannot believe) this protest does not conceal a desire to *conciliate the favour of allopathy.* However, after this insinuation, made with such good taste, he consents to acknowledge that there is in it a question of doctrine. So far well; but he has failed to perceive that there was also concerned in the matter the defence of medical dignity and the performance of a duty. We will not explain to him either the question of dignity or that of duty. Let us pass on to the question of doctrine. The reason why we do not accept the appellation of *homœopaths* is that this word, according to the definition of M. Leon Simon himself, represents not so much a doctrine as a pure syncretism. Does he not say, *Homœopathy ... in the law of vital dynamism the primary truth*

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which explains at once all the other principles it has enunciated! **Thus, according to M. Simon, if we ought to assume a name, it should be that of vitalo-dynamists, or dynamo-vitalists, or vitalists; because the name of a doctrine is derived from the primary truth that includes all the others. Homœopathy, according to our colleague, not being the primary truth in medicine, on whom can we bestow the epithet of homœopath? M. Simon may reply that it may be permitted to the vitalists who have adopted the ideas of Hahnemann to distinguish themselves by the name of *homœopaths* from the vitalists who refuse to acknowledge them. The retort is plausible in theory, but it will not hold good in practice; for among the homœopathic** vitalists there are almost as many sects as there are individuals. For instance, the esteemed Dr. Gastier brings into homœopathy the natureism of Hippocrates and all sorts of allopathic medications. M. Simon himself admits the principle of accessory medications, desiring at the same time to limit their employment: he has, however, forgotten to define the limits, and, having conceded the principle, he has accepted implicitly all its consequences. Does this anti-Hahnemannic confusion of homœopathy and allopathy allow every one, such as MM. Gastier and Leon Simon, to assume the name of homœopath? And yet astonishment is expressed that [illegible] only accept Hahnemann's reform as the complement [illegible] therapeutics, refuse to substitute the accessory [illegible] path for the traditional title of physician? M. Simon has not given the subject a proper [illegible] else he would have seen that we could not in [illegible] Indeed, what M. Gastier calls *homœopathy* is [illegible] interpreting Hahnemann, and the same in the case of Simon; for him homœopathy [illegible] Hahnemannic ism. Were we to assume the [illegible] one would know whether we were [illegible] mann, or of M. Gastier, or of M. Simon and [illegible] men). Let us consider the consequences.

1. In assuming the name of homœopath, [illegible] judged and reputed to accept *vital dynamism* [illegible] *which homœopathy has found the principle*

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at once all the other principles it has proclaimed." On the other hand we contend for the doctrine of the unity of man. That we should be at one and the same time, on the right with St. Thomas and the Church, on the left with Michel Vintras and M. Simon. What syncretism! And thus it would be throughout.

2. We loudly proclaim our respect for the traditional (hippocratico-galenic) constitution of medicine: as ***homœopaths*** we must, with Hahnemann, overturn, deny, contemn this ***chef d'œuvre*** of Hippocrates and Galen. What syncretism!

3. In pathology we have established the principle of the essentiality of diseases, which may be formulised in the following manner:

The morbid phenomena, studied in themselves and in their relationships, appear as though it were correct to say that they form, by the order of their association and succession, morbid states distinct and independent of one another, and having their own proper characters;—

That, consequently, these morbid states ought to be considered as having each their proper essence (by analogy), and as constituting a morbid *species*—a disease.

After having laid down this principle, we must say with Hahnemann: "As the homœopathist in his mode of treatment is guided neither by the internal causes gratuitously attributed the disease, nor by the names imagined by nosologists and express things *unknown to nature*, as also every case of matic disease is an *isolated independent fact*, a collec- rs symptoms, the existence or non-existence of which supposed *à priori* by hypothesis, nothing fixed and n be constructed on such an unstable founda-

efore, be necessary for us to reconcile the ab- ation of *essential diseases* (unless they are principle of the essentiality and the immu- What syncretism!

have established the doctrine of definite

modes of their production act as

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though we should say that they result, some of them from external causes (as all kinds of injuries and poisonings), and all others without exception from internal causes or predispositions, congenital or acquired, whose exterior agents are only the exciting causes of their manifestation; that these predispositions, defined by the characters as well as by the order of association and succession they impart to the morbid phenomena, are absolutely inexplicable by the known laws of physiology.

And we should have to reconcile this doctrine with that of Hahnemann which rests entirely on the negation of internal causes, and substitute for them an incomprehensible mythology of miasms and viruses, without perceiving that these imaginary miasms and viruses are morbid products, the effects of diseases, and that an effect cannot be a cause. What an extraordinary syncretism the appellation of homœopaths would impose on us!

5. We proclaim the following la[illegible] as the basis of semiology and pathological anatomy.

Every morbid phenomenon, stu[illegible] in itself, and in its relationships with the diseases in wh[illegible] is observed, appears as though it were correct to say, th[illegible] receives from every disease a particular appreciable modi[illegible] and that in its turn, this modification could serve as [illegible] to enable us to judge of th[illegible] and the mode of ter[illegible] of the disease.

Reconcile[illegible] the declaration of [illegible]: "That every case of [illegible] isolated indepen[illegible] collection of various symp[illegible] existence or non[illegible] can never be suppo[illegible] by hypothes[illegible] fixed and determina[illegible] structed on a foundation."

And with this: "Hen[illegible] it is confer names on all the pos[illegible] of all the morbid cases that we m[illegible]

In order then to be able to ca[illegible] should have to assert that the theore[illegible] tion of semiology and of pathologic[illegible] thing, or the absolute radical negation [illegible] What a master-stroke in the art of synt[illegible]

6. In therapeutics we do not admit myst[illegible]

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cine of indications; that is to say, for us there is no treatment without ***the motives which determine the physician's actions,*** which are called ***indications.*** In as far as Hahnemann's therapeutics can be brought into accord with the traditional and legitimate method, we accept his therapeutics, and place it in the first rank of the hierarchy in the medicine of indications.

But we are not bound to reject the methods of treatment founded exclusively on their acknowledged efficacy in certain diseases. Neither do we exclude the indications founded on the knowledge of the evident causes of certain morbid phenomena, nor the indications thence logically and rationally deducible.

What we blame, is the confused employment of all these methods at once, because this syncretism, this confusion, is the negation of the ***medicine of indications,*** that is to say, of true eclecticism in therapeutics.

7. Lastly, we hold that the regimen ought to be adapted to the *species* of the disease, to the state of the patient, in place of being made exclusively subordinate to the nature of the medicine administered. On the other hand, it is evident that the regimen should be directed to the same aim as the medicine and that the effects of the one should not neutralize those of the other.

In order to call ourselves homœopaths, even in therapeutics, we would have to profess a systematic exclusivism, which we renounce modes of treatment, whose great efficacy we appreciate, to accept fixed rules for diet, common to all which would be very dangerous; in a word, we should confirm that homœopathy includes all the medicine of Hahnemann, whereas it is included in the latter.

We have directed M. Simon's attention to all the sap-bearing vertical tree. We can do no more for him. It is evident that the tree puts forth its new sprouts on the side that has been cut through.

What remains now, is to reply to M. Simon's well put objections and to his insinuations. We have answered the question, and we might stop there; but M. Simon has had the good sense to confess that illegitimate, and such criticisms

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being not destitute of use, for they let us know the imperfections both of ourselves and of our work. A few words will suffice.

In any point of view whatsoever, were we to accept the appellation of *homœopaths*, we should be subscribing to an evident error, or if the term is preferred, a confusion.

M. Simon wonders at our confidence and hope in eclecticism, and he has marked his astonishment by a point of exclamation. This proves that M. Leon Simon is absolutely ignorant of what eclecticism is, and we have no time to teach him. We refer him for instruction to the conferences of R. P. Ventura, on *Catholic and philosophical reason*, as also to the same theologian's *essay on the origin of ideas, and the foundation of certainty*.

He alleges that our school has not even offered the first outline of a body of doctrines. That strikes us as being rather severe. It seems to us that our *Etudes de médecine générale*, that our work on *Medical Education in* [illegible], that an article on *Dupuytren and the scientific constitution of surgery*, an introduction of January 1855, that of [illegible] 1856, and a number of the essays of our collaborators, [illegible] have enabled less intelligent [illegible] than M. Simon, to find [illegible] sufficiently distinct [illegible] him to know [illegible] ology, our pathology, and [illegible] tics. As regards [illegible] *which explains* [illegible] *principles we* [illegible] has made sufficient [illegible] ub even the [illegible] M. Simon. He kn[illegible] doctrine of [illegible] resulting from the sub[illegible] of soul and [illegible] formulised by Aristotl[illegible] veloped by [illegible] enunciated by the autho[illegible] urch, is [illegible] *truth that explains all the* [illegible] we h[illegible] ed. M. Simon is not unaw[illegible] M. Cayol in consequence of t[illegible] since become a convert.

We are ready to acknowledge tha[illegible] first part of our studies of general m[illegible] to expose *false vitalism* in the second [illegible] own dogmatism. And this was commen[illegible] lecture delivered before the Institute, [illegible] *disease*. Has M. Simon a right to com[illegible]

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ness? We have sacrificed our own works to the verification and the defence of the therapeutical reform of Hahnemann: and and if (though it is an exaggeration to say so) *allopathy fears homœopathy*, is it exclusively to the eloquence of M. Simon that this result is to be attributed? Has our eclecticism been as powerless as his pretended purism? Let M. Simon make himself perfectly easy about our future. He knows how easily we remove obstacles that threaten to compromise us, and cast off useless burdens, in order to be able to dissipate his errors with regard to the *Art Médical*, and *to be charitable enough to aid his weakness*, a weakness, the amount which it is impossible for him to estimate.

But if we hold so cheaply what concerns us, we cannot treat so lightly what concerns others, and especially Hahnemann. We point out, and energetically repudiate his *errors*, and this imposes on us an anxiety all the more viligant, and a zeal all the more scrupulous to preserve the deposit of truths he has aught and bequeathed to the medical world. These truths now m a part of the domain of the medicine of indications; it herefore our duty to rescue them from the injury likely to to them from false or indiscreet friends. Unfortunately many such, side by side with some of the most honour- titioners.

ders will now understand why, although we usually therapeutic method of Hahnemann in the treatment reject the appellation of *homœopaths*. We accept blished by Hahnemann, we reject the *word*, rd has become in the mouths of the allopaths rogress, and in that of the homœopaths an and we are for both progress and tradition. mprised in one sole principle, that of the

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REVIEWS.

The Monthly Homœopathic Review. Edited by JOHN OZANNE, M.D.

SUCH is the title of a new periodical, the first number of which appeared in July, and which has kept its appointed time in the subsequent months. The well established character of the editor for talent and integrity as well as his familiarity with the continental literature of homœopathy, will secure for his journal a favourable reception from our little public. We believe we shall best promote the welfare of this undertaking in which we take a deep interest, by enabling our readers to form their own judgment of its scope and design, as well as the style of its composition from its own lips.

"We look upon the law which is the foundation of homœopathic therapeutics as an incontrovertible truth. We moreover consider it to be a truth which in its application to the healing of disease, has been productive of inestimable benefits to mankind. Hence we feel that it is our duty, as well as that of all those who are convinced of its truth, to use every means in our power, to cause it to be fully and rightly known to all men.

"But while we acknowledge the value of the law, while we feel deeply convinced of its excellence when applied in medical practice, we are not unmindful that all human knowledge is necessarily imperfect, and that it follows in its development a progressive course; that in fact time and study are required to bring every branch of science or art to that degree of completeness and certainty of which it will admit.

"To say thus much is to admit the necessity of serious and incessant labour on the part of all true homœopathists. To bring homœopathy up to our standard of the requisites of medical art we shall do all that lies in our power. We shall spare neither time nor labour nor expense; convinced as we are that being—together with all homœopathists—the depositaries of a great truth, we are bound to work it out to the best

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o our ability, if we will not be guilty of a breach of trust towards our fellow men and towards future generations. Such is the duty of all homœopathists. But we conceive that we the founders of this Review have other and special duties to perform. We believe we have discovered certain tendencies in the homœopathic body which require to be checked, others which require to be encouraged. We are conscious of many desiderata which ought to be supplied, of much work which requires to be performed in various directions—in fact we believe that to rest at present upon the labours of Hahnemann and his immediate disciples, would be not only coming to a stand still, but would be actually retrograding. We must advance. It is our bounden duty to do so. A properly conducted journal is a powerful agent in stimulating and directing scientific research. Its influence can be doubted by no one—But if any should doubt it as regards homœopathy, we need only draw their attention to the good achieved by the *British Journal of Homœopathy*. That journal now in the fourteenth year of its existence, was started when there were hardly ten medical practitioners in the united kingdom, and when the non-professional adherents of homœopathy amounted in number, to at most a few thousands. Now the number of practitioners in these kingdoms, who have openly adopted the homœopathic law as their guiding rule, amounts to more than two hundred and fifty, and it is computed that the non-professional believers in homœopathy amount to about one million. We look upon this computation as tolerably correct, as a fair expression of what has been done in the course of the last fifteen years. To the *British Journal of Homœopathy* as a medium of communication of homœopathic truths, and of facts and observations bearing upon practical points, and to the spirit manifested throughout by its editors, we feel disposed to ascribe a large share in this rapid advance. This statement is made, as will be apparent to our readers, in no spirit of rivalry. Honour to whom honour is due, is our motto. The *British Journal* has done much, not only for this hemisphere, but also for the New World—for the North American States especially, in which it has always enjoyed the chief part of its circulation and support,

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and where the truths disseminated by means of its pages have fructified—where it must have had no small share in the development of homœopathy, which now boasts of its three or four thousand practitioners. But the *British Journal* has not done all that could have been done, neither can it alone achieve all that it is in the power of the press to perform. It is for that reason that this Review is now started.

"When we say that the *British Journal of Homœopathy* has not done all that could have been done, and cannot now do all that has to be done, we mean it to be understood that several courses may be followed in the attainment of one common object. We may follow different routes and yet converge to the same point. The very fact that this Review will appear at shorter intervals than the *British Journal* is of itself, a sufficient indication that there will be some deviation in the plan to be followed by us as compared with that Journal. But that is not all. We shall follow a different course in several other points, and more especially in this, that we intend to take a general survey of the whole field of medical science; to give to Homœopathy its proper position among the various branches constituting medicine as a science and as an art—and in fine, that we wish to see homœopathy and those who practise it constituted into a school of medicine, of which the homœopathic law shall be the foundation. This has not been yet done. We also wish, in addition to forming a homœopathic school of medicine in a scientific sense, to bring about the formation of an institution in which every branch of medicine shall be taught and of which the homœopathic law shall be also the foundation. This cannot be done unless we possess a large metropolitan hospital. We have now a well managed and well officered hospital in Golden Square. Much has been done by the directors of the institution with the means in their power. But that cannot suffice our purpose. We must have a larger institution—one which may speedily be formed into a school, and which may be of sufficient magnitude to enable us to obtain a royal charter, and the power to grant [illegible] giving to their holder a legal title to [illegible] surgery in the united kingdom. It will [illegible]

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chief objects to stimulate all those who take an interest in the advance of homœopathy, to furnish the managers of this institution with the means of enlarging it, and of attaining the above objects.

"The following is a summary of the principal objects which the Review will endeavour to attain.

"A. As regards the propagation of homœopathy the *Homœopathic Review* will earnestly

"1st. Endeavour to spread as widely as possible a correct knowledge of the truths upon which homœopathic practice is founded, and of the advantages of that practice,

"2nd. Advocate the foundation and endowment of a large metropolitan hospital, or the extension of that now existing.

"3rd. Urge upon those interested in the progress of homœopathy the necessity of the formation of a medical school in connexion with the metropolitan hospital, and to obtain for it a royal charter, entitling it to grant degrees or licences, empowering their holders to practise every branch of medicine in any part of the united kingdom.

"4th. Impress upon the minds of the heads of homœopathic families the propriety of devoting to the medical profession, such of their sons as may be suited to it by their station, their talents, or their tastes, and to educate them accordingly.

"B. As regards the internal development of homœopathy the *Review* will

"1st. Earnestly watch every tendency that may manifest itself in the homœopathic body, with the view of keeping homœopathic practice as near as possible to the requirements of the principles upon which it is founded.

"2nd. Encourage the careful observation of cases, and the exclusive experimentation of the different preparations of each medicine, for the purpose of attaining more correct notions of the various attenuations or dynamisations in each disease.

[illegible] to give to the Materia Medica pura a more [illegible] same time a more practical form. To [illegible] of diseases artificially produced, the same [illegible] as have been applied with so much

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success to the elucidation and diagnosis of natural forms of disease, in order to enable the practitioner to select medicines more in accordance with the law *similia similibus curantur*, than heretofore.

"4th. Consider in a philosophical manner the cases in which the so called auxiliaries are used by most homœopathists, and endeavour to define with precision the circumstances in which such means may be permitted, or are to be advised, and to restrict as much as possible the number of cases in which they may be used. It will also be a part of the duty of the *Review* to examine the foundations upon which such means are advised as exceptional remedies by the dogmatic homœopaths, and the grounds upon which the homœopathic school, styling itself eclectic, adopts them. It will then be necessary to notice both historically and critically the tenets of the latter school; and this will appear the more urgent if it be considered how great an influence is exercised upon medicine in general, and upon homœopathic medicine in particular, by the chief of that school.

"C. As regards the position of homœopathy in the field of science, it will be a part of the objects of the *Review* to examine all the branches of medical science, and more especially physiology, pathology, and animal chemistry in relation to the homœopathic law; not with the view of establishing a rational system of homœopathic medicine, but for the two-fold purpose of showing that there is nothing in the principles of homœopathy to render their applications in practice inconsistent with the indications derived from a correct knowledge of pathology, and of establishing the indications which the homœopathist must endeavour to carry out in every given case of disease.

"Such are the principal objects which it is the intention of the founders of the *Homœopathic Review* to accomplish. They may perhaps not be so well traced out, or so clearly expressed as to enable the reader to form a very accurate idea of the precise manner in which the *Review* will be conducted—but we trust that enough has been said to enable him to judge of the spirit which will direct its pages. We dislike generalities, they are necessarily vague and liable to misconception. We therefore request our friends not to judge of us by our intro-

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ductory address, but to read carefully through the contents of our three or four first numbers: then they will perceive, that as practitioners, we are sincere admirers of the immortal Hahnemann, and faithful disciples of his: that as professional men we are earnestly desirous of supporting the dignity of the medical profession; and, lastly, that as physicians we are anxious above all to promote whatever is best calculated to prolong life, or relieve the sufferings of humanity."

Homöopathischer Führer für Deutschland und das Ausland. Von Dr. V. Meyer. Leipzig, Reclam, 1856.

Homœopathic Guide for Germany and Foreign Countries. By Dr. V. Meyer. Leipzig, Reclam, 1856.

THE example of Dr. Atkin in this country has been followed by Dr. Meyer in Germany, who has in the above work presented us with a useful little directory of the homœopathic practitioners of Germany, including the Austrian non-Teutonic dominions. Dr. Meyer apologises for the incompleteness of his list of names, which he expects to make ever more complete in subsequent editions. Imperfect as his directory is, it contains however the names of 439 medical men practising homœopathy in Germany. Dr. Meyer has not attempted what has been performed by our painstaking colleague Dr. Atkin, to give a statement of the qualifications, works and appointments of the different medical men. With very few exceptions, merely the surname of the practitioner and the name of the town where he resides are given. The particular address is nowhere given, which we think is a defect, to be remedied we trust in a future edition.

In addition to the list of German homœopathists, we find in Dr. Meyer's publication a directory of the homœopathists of other states of Europe and also of America, perhaps not so accurate as the German list, but still useful.

We trust Dr. Meyer's little publication may have frequent re-issues, and we would recommend him, if possible, to follow more the plan of Dr. Atkin, in giving the titles, works, and appointments of the German homœopathists.

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MISCELLANEOUS.

On Simple Ulcer of the Stomach,

By M. Cruveilhier.

M. Cruveilhier has recently presented two papers to the Académie des Sciences upon this subject, and the following are the general conclusions:—1. There exists a disease of the stomach that may be anatomically characterised as simple ulcer of the stomach, usually chronic. 2. This lesion, which is far more common than is usually supposed, differs from cancerous ulcer, with which it is generally confounded, in its curability. 3. It is susceptible of complete cicatrization, this being accomplished by means of very firm fibrous tissue, differing essentially from scirrhus, with which it has been confounded. 4. When the ulcer penetrates through the whole of the coats of the stomach, the loss of substance is repaired by surrounding organs, which also sometimes participate in the ulceration. 5. Danger may continue even after the cure of the ulcer, as the cicatrix often becomes the seat of consecutive ulceration, with all its attendant accidents. 6. It is one of the most frequent causes of blackish vomiting and dejections, and the most frequent one of hæmorrhage of the stomach, whether accompanied by hæmatemesis or not. 7. Simple ulcer is the most frequent cause of perforation of the stomach. 8. The two principal accidents are hæmorrhage and perforation, which take place more commonly consecutively, *i.e.*, by the erosion of the cicatrix, than primarily, or during the period of formation of the ulcer. 9. This ulcer, or ulcerative gastritis, may be always suspected, and almost always positively diagnosed. 10. It is distinguished from idiopathic gastralgia by the permanence of the symptoms it gives rise to, although these have alternations of exasperation and remission. Gastralgia is only temporary, comes and goes suddenly, leaving no traces of its presence, and may be suddenly relieved by opiates. 11. It is distinguished from non-ulcerative gastritis and gastralgia by black vomit and stools. It is very probable, however, that simple u[illegible]xist without these discharges, and then its diagnosis from g[illegible]d be difficult. These black discharges are not characte[illegible]e some extent, are more inh[illegible]ey belong to all periods o[illegible]e first symptom,

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while cancerous ulcer is not attended with them until the last stage, and sometimes not at all. 12. The distinctions between simple and cancerous ulcer are founded on, first, the physical signs, there being no tumour in the former; and, next, on the pain which is often absent in cancer but never in ulcer. The pain in the latter is like that of an open wound or burn, opposite the xyphoid appendix, striking through to the spine. In cancer there are cramps or spasmodic contractions, with induration of the stomach. 13. The true touchstone is the effect of alimentary regimen, which completely fails in cancer, but succeeds surprisingly in ulcer. 14. The great object in treating the disease is to find an aliment that is tolerated by the stomach without pain, for then the cure may soon be effected. In the immense majority of cases, milk diet induces improvement from the very first day, and sometimes operates like magic; but when it ceases to be agreeable to the patient, or fatigues the stomach, we must unite it with other substances, in the choice of which the instincts of the stomach must be consulted. Alimentary regimen, in fact, constitutes the entire treatment, but nothing can be more difficult than the direction of this, according to quantity, quality, repetition, preparation and temperature. 15. Medicinal substances, whether general or topical, are quite secondary in importance. Iron and bitters are quite contra-indicated; and opium only succeeds when gastralgia is associated with the inflammatory action. Gaseous waters, ice, alkalis, and especially phosphate of lime prepared by the calcination of bone, alkaline and gelatinous baths, cold ablution of the entire surface, (in some cases very hot ablutions,) cold baths, and, in some cases, very hot sitting baths, stimulant frictions, with shampooing of the entire surface, derivatives or revulsives applied to the epigastrium—are the means which have seemed to exert most influence on the progress of the disease. 16. It must never be forgotten, that this ulcer is very liable to relapse, such relapse sometimes going on to hæmorrhage or perforation. Such relapse may be certainly prevented by a good alimentary hygiene, and avoiding medicinal stimuli.—*Comptes Rendus*, tome xlii, pp. 81, 421.

Chloroform in Strangulated Hernia.

...gne states he has tried the influence of chloroform in ...e reduction of strangulated hernia many times, but has ... single satisfactory result.—*Rev. Med. Chir.*

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Re-Vaccination in the Prussian Army during 1855.

During the year 1855, there were 44,581 individuals vaccinated or re-vaccinated. Among these there were observed:

Regular cicatrices in	28,190
Irregular „	5,657
No results	10,734

A repetition of the operation in these last was followed by—

Success in	2890
No results	7818

Thus, during 1850, of the 44,581 vaccinations, 31,080 were eventually successful, *i.e.*, 63 per 100. No case of true variola showed itself in the entire Prussian army during 1855. There were 7 cases of varicella, and 5 of varioloid, all of which terminated favourably.

Notes on the History, Properties and uses of Aconitum Napellus.

By Robert Jackson, M.D.

(From the Lancet, May 3rd, 1856.*)*

The following notes were drawn up, and the experiments made a considerable time since, when investigating the properties of Aconite. Though some of the quotations are a repetition of what has recently been published in the Lancet, I venture to send you the notes, such as they are, in the hope that they may direct further attention to poisoning by Aconite.

From the earliest Greek poets we learn that Aconite was sent as a scourge to the human race. From the same source we are told of its fabulous origin, springing from the foam dropped from the mouth of Cerberus in his struggle with Hercules, or from the corrupt matter flowing from the vulture's wound in Prometheus' body.

"Unde Prometheo de corpore sanguineus ros
Aspergit cautes; et dura aconita creat cos."

Pliny asserts that Hecate, the infernal goddess, being expert in the composition of poisons, discovered aconite. The Greeks make frequent reference to a most [illegible] poison, called ἀκόνιτον; but this term appears to have [illegible] ages applied to poison in

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general. Later, however, a plant growing abundantly in Heraclea, a city of Greece, near a place, or upon cliffs, called "Aconas," was from that circumstance called Aconite.

> "Quæ quia nascuntur dura vivacia caute
> Agrestes aconita vocant."—Ovid, *Metamorphoses.*

Theophrastus, born 371 before Christ, is perhaps the first author who specially refers to or describes a plant called Aconite. He gives two kinds, both growing like grass, &c.. Dioscorides, a physician of Anaxarha, in the first century, also gives two species of Aconite. The first—leaves, three or four, like the cyclamen or cucumber; stalks, a cubit length; root, like a scorpion's tail. The second—leaves like those of the plane-tree, but divided by deeper indentations; smaller and darker stalk, like the fern; height, a cubit or more; seed in pods, somewhat oblong, root a dark colour, and representing the cirri of the animal called squilla marina.

Various names are accorded to Aconite, either from its power or the fancy of observers. Dioscorides calls it Cammaron, from the cruel death it causes; Pardalianchus, pard or leopard killer; Theripponon, or brute-killer; Cynoctonon, or dog-killer; Lycoctonon, or wolf-killer, hence wolfs-bane; Napellus from its napiform-root; Cucculus monachi, monkshood, &c.

As early as 1544, considerable doubt existed whether the A. Napellus, then known, was the plant described by the earlier authors. Of the two species described by Dioscorides, the Pardalianchus and the Lycoctonon, the first is admitted to be very rare; of the second, it would appear three varieties were given; but owing to part of Dioscorides' work being lost, we are deprived of two of them, which two we are, however, told were much in use amongst "phisitions," while hunters used the other. Hermolaus and Marcellus testify to this loss. Bauhin in 1541, Lobelius and Gerard in 1597, appear however, to trace the Lycoctonon of Dioscorides, and Bœcler in 1729, Dodon, Sprengel, Woodville, and many others, appear to be agreed that the second species described by Dioscorides, the Lycoctonon, is the A. Napellus, wolfsbane, or monkshood of the present day.

A great many varieties of Aconite are mentioned and described by different authors; and Haller curiously relates that in Poland, Russia, Lapland, &c., the A. Napellus is considered harmless; and Lucrisis even says it fattens geese and quails; while some varieties are said to be eaten as a salad in Sweden.

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Aconite as a most virulent poison lacks no want of evidence. Upon scorpions its power is early mentioned:—

> "Only the touch of choakpard, aconite,
> Bereaves the scorpion both of sense and myte."

The huntsmen of the mountainous districts of Greece, simply by sprinkling the juice on their arrows, obtained a sure and rapid poison; and Pliny remarks that of all poisons Aconite is the most rapid; and were it not for it, the countries infested by tigers, panthers, &c., would soon be overrun by them.

As a poison to the human race, we have also early evidence. Calpurnius Bestia was accused of killing his wives by aconite. The tyrant Agatharchus killed many of his people with aconite. Theopompus mentions that Clearchus of Heraclea killed many of his guests by giving them aconite. This poison was also mixed in the fatal cup of Aristotle. The juice of aconite, we are also told, formed the poison cup presented to the old men of Ceos, when no longer useful to the state. Aconite was also used by many barbarous nations in poisoning the streams and wells of their enemies. Dr. Wallich states the attempt was actually made in the Nepal war, at Hotonura, Some authors assert that the plant is poisonous when held in the hand, and the effluvium from the full-grown flowers is said to be deleterious.

The symptoms of poisoning by aconite are fully detailed in the cases on record; and these cases have generally arisen from an overdose of the extract or tincture, or from eating the root in mistake for horseradish. The difference of the roots will at once be seen; still, to an uneducated eye, a sufficient resemblance exists to account for the mistakes that have been made, especially if the roots have been dug up in the winter, when the leaves have died down.

Horseradish belongs to the natural order [illegible]. The root is long-shaped, fusiform, by gradual [illegible] difficult to be dug up entire; [illegible] es; has a light yellow colour, a[illegible]

Aconite belongs [illegible] order. Its root is napiform, or swelled [illegible] downwards; very short in comparison [illegible] fibres. Colour of a dark-brown. [illegible] tingling of the lips and mouth [illegible]

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The distinguishing difference of Aconite may be said to consist in its *short, napiform, fibrous, dark-brown root.* The leaves and flowers can never be mistaken.

The following cases abundantly prove the power of Aconite:—

Willis mentions a case in which the chief symptom was maniacal delirium.

Morœus, a Swedish author, relates a case in which a man eating of the fresh herb became delirious. His surgeon, not believing in the power of the plant, ate of it, and died, while his patient recovered.

Plenck alludes to a man who died a maniac, a night and a day after eating of the tender leaves of monkshood. Another person eating likewise of the same, was saved by vomiting; a third, however died, after being comatose. Seven flowers of the A. Napellus, says the same author, killed a full-grown man.

Bœcler says, when the A. Napellus is eaten, the lips become swollen and inflamed, the tongue protrudes, the eyes swell and start, the body becomes livid, vertigo and convulsions are frequent, and death ensues.

Van Helmont speaks of its power of debilitating the mental faculties. In the *Medico-Chirurgical Review* for 1837, a case of idiotcy is supposed to have arisen from eating the plant.

Mathiolus relates of four criminals who took the root, that two recovered after much suffering, and two died. One of them took two doses of one drachm each, with an interval of an hour and a half; three hours after, he had great weakness and weariness, followed by convulsive movements of the mouth, eyes, &c., then stupor and death. The other at the end of two hours, had vertigo, oppression of the brain, swelling of the body, livid and ghastly countenance, eyes protruding from their sockets, and death by horrid convulsions.

Dodonæus narrates the death of five persons at Antwerp, who all died from eating Aconite by mistake. Dr. Turner also states that several Frenchmen who partook of the plant all died in the course of two days, except two who were saved by vomiting. In the "Mémoires de l'Académie Royale des Sciences de Stockholm," three cases are [illegible] he flowers being poisonous, one ending in death. Murray, [illegible], mentions three deaths by Aconite in Sweden. Pereira [illegible]se of Mr. Prescott, who, with his wife and child, ate of [illegible] horseradish. His chief symptoms were burning and [illegible]ips, mouth, and throat, extending to the stomach;

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vomiting, cold extremities, cold perspiration of head, eyes glaring, violent headache with trembling, lips blue, mind not affected, neither cramps nor convulsions; death in four hours. The wife and child recovered.

Two cases in the "Hortus Medicus" of Graves and Morris are given, where two men ate of the *boiled root:* one died in three hours, the other vomited and recovered. The symptoms in both began in a quarter of an hour: burning sensation in the throat, pains in the stomach, convulsive contractions in the face and limbs, and insensibility. The one who died became strongly convulsed, with continued distortion of the limbs and face, teeth and hands clenched, eyes partly closed, face of a livid purple, with white blotches.

— Smith (*Foreign Medical Review*) relates the case of a female who ate of the root: loss of power in the limbs, sickness, convulsions and death.

Some leaves and a few flowers proved fatal to a child aged twenty-one months: death in seven hours. The root eaten by a child aged thirteen months: became sick, pale, pulse slow and intermittent, *pupils dilated*, stupor, pain in the stomach. Stimulants recovered him.—*Journal de Chem. Méd.*

In 1821, Widow Broscart, her son, and two others, drank of the tincture of Aconite, prepared by mistake. Only one of these escaped. The others suffered great agony: sensation of burning in the throat and stomach, vomiting, diarrhœa, and violent colic; tongue as if getting larger, and death in about two hours and a half. The post-mortem in these cases throws little light on the subject. Some redness of the intestines and venous congestion existed.

The power of the alcoholic extract is well shown in the cases related in the *Encyc. des Sc. Méd.*, April 1839, by M. Pereyra. These cases were under medical treatment in the Hôpital St. André de Bordeaux. All had been taking the extract, which, being finished, a new supply was procured, but so powerful that four grains killed a man in three hours. Another was much indisposed by taking two grains. The symptoms of another who had taken five grains, were —burning sensation in the mouth, vomiting and convulsions, pain in the head, limbs icy cold, pulse slow and unequal. At ten next morning he was extremely pale, uneasy expression, *pupils contracted strongly*, heat in throat, &c. He recovered.

M. Bolardini (*Ed. Med. and Surg. Journ.*) relates that on the 11th

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June, 1840, twelve persons suffering from skin diseases, swallowed each two ounces, six and a half drachms of the juice of monkshood, in mistake for that of scurvy-grass. An old man, aged sixty, was the first victim. His respiration became impeded, vomiting came on, and he died in a few hours. Two women were soon attacked with convulsions, prostration of strength, and paralysis; they both died in two hours. The other nine were all violently affected, but recovered by remedies. They suffered great prostration of strength of body and mind; pale and altered countenance. *The pupils of the eye were greatly dilated;* vertigo, headache, vomiting, pulse slow and feeble. The post-mortem of the three fatal cases showed effusion at the base of the brain, venous congestion, &c.

In the case related by Mr. Sherwin, in THE LANCET, the tincture produced fixing and protruding of the eyes, with *contracted* pupils, livid and rigid countenance, hands cold and pulseless, impeded breathing, &c. She recovered.

One drachm of Fleming's tincture has proved fatal. Twenty-five minims, in another case, caused paralysis in one hour; and death some time after. In another, fifteen minims caused much distress, loss of power, insensibility, &c., but the patient recovered.

Many other cases are on record of poisoning by Aconite, and they terminate with the recent tragedy at Dingwall, where three out of five persons died from eating the root in mistake for horseradish. The symptoms are not well related; but burning of the mouth and throat were much complained of, and great suffering generally.

The effect of Aconite on animals is in all respects similiar to that on man. Orfila, Brodie, Pereira, Bonet, Haller, and others, relate their experiments, showing a train of symptoms similar to those observed in my own experiments, where, in death produced by the various preparations of Aconite, and introduced into the system in difierent ways, the symptoms were agitation and distress, backward movements, paralysis, and loss of sensation, commencing generally in the hind legs, impeded breathing, foaming at the mouth (in cats and dogs), stupor, coma, convulsions, and death.

The following table will shew at a glance the rapid action of the poison, and the difference in the strength of some of the extracts. The fresh juice of the root acted with the greatest rapidity.

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Table of Poisoning by the different Preparations of Aconite.

	Preparation used.	Animal.	Introduced into	Affected in	Death in
	7 grs. of Morson's extract....	Rabbit..	Stomach	½ minute; loss of power, &c.	3 minutes.
	7 grs. own extract	Rabbit..	Stomach	3½ minutes; fell on side	6 minutes.
	7 grs. Smith's extract.....	Rabbit..	Stomach	13 minutes; backward movements	2 hours.
	2 grs. Morson's extract.....	Rabbit..	Abdom.cavity	2 minutes; legs paralysed, &c.; gradually recovered	..
	6 grs. „ „	Rabbit..	Abdom.cavity	¾ min.; affected; 7 mins., loss of power	8½ minutes.
	10 grs. Smith's extract	Dog	Thorac.cavity	3 minutes; unable to stand.....	12 minutes.
	grs. German extract	Cat	Cellular tissue	12 minutes: hind legs paralysed.....	4 hours.
	Morson's extract	Cat	Cellular tissue	15 minutes; legs paralysed.....	38 minutes.
	own extract	Cat	Cellular tissue	25 minutes; convulsions	54 minutes.
	Smith's extract	Rabbit..	Brain	30 minutes; paralysed.....	60 minutes.
	ps juice of leaves	Sparrow	Cellular tissue	5 minutes; paralysed	3 hours.
	alum tinct. of dried leaves	Cat	Rectum	4 minutes; uneasy, agitated, &c.	Recovered.
	achma juice of root	Cat	Rectum	5 mins.; paralysed; 14 mins., convulsed	23 minutes.
	grs. German extract	Cat	Rectum	5 minutes; fell on side, &c.....	14 minutes.
15	30 drops prepared juice of root	Rabbit..	Jugular vein	Immediate loss of power, &c.	33 minutes.
16	30 drops, fresh.....	Rabbit..	Jugular vein	Immediate loss of power, &c.	10 minutes.
17	60 drops tinct. of dried leaves	Rabbit..	Stomach	Immediate loss of power, &c.	12 minutes.
18	60 drops tincture of seeds	Rabbit..	Stomach	1 hour; loss of power; 4 hours, comatose	7 hours.
19	60 drops juice of root.....	Rabbit..	Stomach	Instant spasm (tetanic)	2 minutes
20	Ditto.....	Rabbit..	Stomach	Instant spasm (tetanic)	1 minute.
21	60 drops prepared juice	Rabbit..	Stomach	3 mins., paralysed; 7 mins., convulsed ..	12 minutes.
22	1/30 grain of aconitina.....	Rabbit..	Cellular tissue	7 minutes; convulsed	16 minutes.
23	1/20 ditto	Rabbit..	Cellular tissue	11 minutes; paralysed.....	19 minutes.
24	1/12 ditto	Rabbit..	Stomach	Instantly paralysed	17 minutes.
25	1/16 ditto	Rabbit..	Rectum	Drowsiness, &c.....	Recovered.

In 13 of these cases, the pupils were noted:—in 5 *contracted;* in 8, *much dilated.* In some of the contracted cases, the pupils immediately dilated on death; and the *dilatation* was always more marked than the *contraction.*

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The chief post-mortem appearances were in these cases, great engorgement of the right side of the heart, while the left side was empty. All the venous trunks were full of blood, and the appearances of asphyxia in general were present.

The experiments of Dr. Wallich with the A. Ferox, the Visha, Ativisha, Vish, Bikh, or Bichma, of the Indians, give symptoms similar to the above, but even in greater intensity and rapidity. He found the spirituous extract the most powerful; it produced difficult breathing, paralysis, vertigo, convulsions, *dilatation of the pupils*, and death. One grain of spirituous extract killed a rabbit in nine minutes and a half; two grains killed a strong dog in three minutes, &c. The post-mortem appearances were as above.

It will be observed that the symptoms of poisoning by Aconite are very characteristic, and that in all its preparations it is a most deadly poison. The only variety in its action appears to be on the pupil. The observation of Briand (medico-legal) is quite borne out, "Les pupilles sont tantôt dilatées, tantôt contractées, tantôt dans l'état naturel." In Sherwin's case, the pupils were contracted, as also in M. Pereyra's case. In the child aged thirteen months the pupils were dilated, and in Bolardini's cases the pupils were greatly dilated. Dr. Wallich distinctly states that Aconite causes dilatation of the pupil. Dr. Headland, in his recent paper, inclines to the dilatation, and my own observations lead to the same conclusion. In the case recently reported in THE LANCET by Mr. Bone, where the paymaster of the regiment was poisoned by the tincture, there was dilatation of the pupils.

Mr. Dansent, in a letter to the Editor of THE LANCET, in 1837, states that several preparations of Aconite had considerable influence in causing dilatation of the pupils, in some cases reported by Dr. Turnbull, and were useful in functional amaurosis. Dr. Turnbull, however, thought this property depended upon the acridity of the preparation used; for when deprived entirely of this principle, he says it dilates the pupils. Geiger and Hesse state that when the active principle (aconitina) is "portée sur l'œil, elle produit une ...latation de la pupille." The acridity referred to by Dr. Turnbull is ...bly caused by the Aconite acid also found in the A. Napellus. ...e Pharmacopœias of 1782 and 1788, formulas are first found ... of the preparations of Aconite. Aconitina, the active ... was first detected by Peschier of Geneva, and afterwards ...; then in 1825 by Pallas, and by Geiger in 1832. These

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authors remark the exteme virulence of this substance; one-tenth of a grain killed a bird "avec la rapidité de l'éclair."

The ancients were well aware of the use of stimulants in the treatment of poisoning by Aconite: rue, horehound, opobalsam, chamæpitys, castor, pepper, garlic wine, ammonia, &c., all are mentioned. One species, the A. Anthora, is said to be an antidote to the A. Napellus.

In later days, the same principle of treatment has been carried out, and after emetics, stimulants—even carried to excess—mustard to the epigastrium, and frictions, have been found the most useful.

The medicinal properties of Aconite were early understood and used. Pliny and Dioscorides mention it as anodyne for the eyes. Galen and Tragus assign a corrosive property to it. Melchion Friccius, of Ulm, used it in tertian and quartan fevers. Bœcler, of Utrecht, as a blister.

In 1762, Baron Stoerck introduced it as a remedy, and found it useful in scirrhus, pain of the joints, ulcers, intermittent and quartan ague, in gonorrhœa, in tic, rheumatism, &c. He gives many illustrative cases.

In Germany and Sweden, it has also been extensively used in rheumatism by Rosenstein, Blom, Odhelius, Ribe and others. Foderé recommended it in the case of Charles IV. of Spain, in rheumatic gout. Sigmond and Walkins (THE LANCET, 1836-39) gave the extract in quarter-grain doses in deep-seated rheumatic affections. Dr. Gebel (*Med. and Phys. Jour.*) gave two grains, night and morning, in rheumatic cardialgia. Dr. Chandru (*London Med. and Surg. Jour.*) gave two grains of the extract, increased to twelve grains in articular rheumatism. Nysten (*Dict. des Sc. Méd.*) gave thirty-two grains of Stoerck's extract with great advantage in rheumatism and gout. Schultze, Vogel, Lombard of Geneva, Craigie of Edinburgh, all speak highly of its use in this complaint.

Skey gives illustrative cases of its use in tic, (THE LANCET, 1836-37.) M. Ribe and M. Delens also testify to its power in relieving facial neuralgia. Mr. Radley, (THE LANCET, 1836,) Dr. Burgess, (*Lond. Med. Gazette,*) gave it with great benefit in nervous headaches. Brera mixed Aconite with hemlock and calomel in angina pectoris. In glandular obstructions, Bergius gave five grains of the extract every two hours; and Dr. Collins, of Vienna, has given half a drachm in the course of the day in similar cases. Aconite has also been given in syphilitic pains, by Borda; in phthisis, by Busch and Portal;

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in pneumonia, and diseases of the heart, by Lombard; also in acute enteritis, from its supposed sedative action; as a diuretic, by Fouquier; in many skin diseases, by MM. Biett, Brera, and Professor Tommasini; in herpes, both internally and externally; in lepra, by Avicenna; in inveterate psoriasis, by Dr. A. T. Thomson; in erysipelas, (THE LANCET, 1836;) by Klitton, of Wittemberg, with calomel, in some of the sequelæ of scarlatina; in amenorrhœa, by Dr. West, of Strasburg; in various diseases of the eye, as opacities of the cornea, cataracts, &c., by Dr. Turnbull; by the native practitioners of Bengal, as a last resource in cholera.

It is probable the use of Aconite will not extend beyond its employment in rheumatism and nervous pain, over which, when taken internally or applied externally, it exerts a most powerful and beneficial effect, as the cases on record, as well as my own experience, fully warrant me in speaking in the most positive terms.

The tincture of the root, or the active principle, aconitina, mixed with lard, appears best suited for external application, and as such have been used with decided advantage.

The internal use of Aconite as a medicine has not become general, owing, probably, to the uncertain action of its various preparations, which depends not only upon the part of the plant used—the age and mode of preparation of the extracts and tinctures—but, above all, upon the varying per-centage of the active principle, aconitina, yielded by different plants, some specimens giving *three times* the quantity others do. Aconite cannot, therefore, be extensively used till we have some certain and uniform preparation.

On the Pulse of Infants.

By MM. SEUX and ROGER.

M. Seux, Physician to the *Charité* at Marseilles, has recently made a series of examinations of the pulse in forty infants, from the period of directly after birth to two months, and compared the results with those derived from the examination of thirty-five others made by a colleague. He tabulated these combined results, and draws the following conclusions:—1. The pulse of infants may vary when in a state of health and quietude, from 80 to 164; but in more than half the examples it ranged from 120 to 140; then came from 140 to 160, 100 to 120, then above 160, and lastly below 100.

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2. It is generally regular, but sometimes several quicker pulsations are felt in succession, and sometimes several slower. 3. The sex, constitution, salubrity of residence, or time of year, exerted no influence. 4. The pulse was observed to be most frequent during the first few hours after birth, but from after a day to two months there was no difference attributable to age. 5. The hour of the day exerted no effect. 6. The pulse was somewhat quickened during and for about a quarter of an hour after suckling. 7. Sleep or waking, calmness or agitation, were attended with marked differences. During sleep the pulse was less frequent, becoming somewhat quicker when the child waked quietly, and still more so when it was agitated and cried. Thus the pulse might be at 104 during the first of these conditions, and at 120 and 134 during the second and third. 8. A sudden impression or effort increased the pulse 20 or 25 beats or more.

M. Roger, reporting on the paper, observes that these conclusions are for the most part conformable with those deduced by other observers. Thus, the increase in frequency of the pulse during waking efforts, sucking, etc., has already been noted and insisted upon in relation to the diagnosis of fever in infants. On the other hand, these observations do not confirm the statement made by Knox and Guy, that there is a slight increase of frequency in the mornings; nor that made by Guy and Valleix, that the pulse is somewhat quicker in females. Valleix found the influence of sex prevalent, even among young children; but Trousseau only found it operating after two months, and M. Roger's own observations lead to the same conclusion. M. Seux's investigations, however, confirm all previous ones in the fact of the physiological frequency of the infant's pulse, and the great amount of oscillation that may take place consistently with health. The limits of this oscillation, however, become less and less as the child grows older. While the pulse of the new-born infant may range from 76 to 208, it contracts to between 80 and 120 during early infancy, and to between 70 and 110 in second infancy. In spite of this amount of oscillation, and although the high figure 150 and the low one 70 are compatible with health, we must remember that the ordinary figure varies from 100 to 120; and we may state generally that there is at least presumption of disease when the pulse, examined during repose, mounts up to and is maintained for some time at 140 or 150; and there will be certainty on this point if this figure be observed in a child in whom

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it had been observed to be less. Especially is this deduction to be drawn when such frequency is accompanied with an increase of temperature—a point to which M. Roger attaches great importance. On the other hand, a notable diminution below the mean leads to the fear of cerebral affections, especially meningitis. A very rapid pulse in infants, even when continued, does not lead to so unfavourable a prognosis as in the adult; for, while the life of an adult, when the pulse has exceeded 150 for several days, may be usually considered as highly endangered, the pulse of the infant may rise to and be maintained at a very high figure, and yet recovery take place.—*L'Union Méd.* 1855. No. CXXX.

The New Medical Bill.

Although the Medical Bill has shared the fate of the massacred innocents in the last Session of Parliament, still as it is likely the present draft of a bill will be brought forward in the next Session, we deem it right to lay it before our readers in order that they may have ample leisure to consider all its provisions.

A Bill as amended by the Select Committee to alter and amend the Laws regulating the Medical Profession.

Preamble: Whereas it is expedient to amend the laws relating to the Medical Profession: Be it therefore enacted by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

I. Short Title: This Act may for all purposes be cited as "The Medical Act, 1856."

II. Repeal of Acts: From and after the passing of this Act, the several Acts and parts of Acts set forth in the Schedule (A.), to the extent to which such Acts or parts of Acts are by such schedule expressed to be repealed, shall be repealed, except as to the recovery and application of any penalty for any offence which shall have been committed before the passing of this Act.

III. Council of Medical Education Established: A Council shall be established, which shall be styled "The Council of Medical Education of the United Kingdom," and shall consist of the President for the time being of the General Board of Health, and such twelve other persons as her Majesty, with the advice of her Privy

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Council, may appoint, of whom not less than nine shall be appointed from among persons qualified to be registered under this Act, not less than two of them being persons so qualified who are resident in Scotland, and not less than two of them being persons so qualified who are resident in Ireland.

Of the persons to be so appointed by her Majesty, three shall be so appointed for a term of four years, three for a term of five years, three for a term of six years, and the remaining three for a term of seven years.

The said Council of Medical Education is hereinafter referred to as "The Council."

IV. Appointments to supply vacancies, and term of Office of Persons so Appointed: Upon every vacancy among the members of the Council appointed by her Majesty under this Act, her Majesty may, with the advice of her Privy Council, appoint a person to fill such vacancy.

Any person going out of office may be reappointed.

Every appointment on any such vacancy shall be so made as to keep up the whole number of members of the Council qualified as aforesaid to not less than nine, and the number of such qualified members resident in Scotland and Ireland respectively to not less than two.

Every member appointed by her Majesty to fill a vacancy occasioned by the expiration of the term of office shall be appointed for the term of four years, and every member appointed to supply the place of a member whose office has become void otherwise than by the expiration of his term of office shall be appointed for the remainder of the term of office of such last-mentioned member.

The Council may act notwithstanding vacancies therein.

V. Meetings of the Council: Quorum: The Council shall hold meetings from time to time, at such place and time as the President of the General Board of Health shall appoint, and all powers and duties vested in the Council may be exercised and performed at any such meeting at which not less than five members are present.

VI. Chairman: The said President shall be the chairman, and shall from time to time nominate one of the other members to be the vice-chairman of the Council, who shall act as chairman in the absence of such President; provided that at any meeting of the Council at which neither the chairman nor the vice-chairman is present, the members present shall elect out of their number a chairman for the occasion.

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VII. Questions, how determined: At every meeting of the Council, all questions shall be determined by the majority of votes of members present and voting thereon, and in case of an equality of votes the chairman shall have a second or casting vote.

VIII. Fees to Members of Council: There shall be paid to the members of the Council, except to the President of the General Board of Health, such remuneration, and such reasonable travelling expenses as shall from time to time be appointed or allowed by the Commissioners of her Majesty's Treasury, out of any monies which may from time to time be provided by Parliament for that purpose.

IX. Committees may be appointed by Council: The council shall have power to appoint committees of their own body, of such number, not less than three, as they may think fit, and to delegate to such committee, either generally or in relation to any specified part of the United Kingdom, such of the powers and duties vested in the Council as the Council may see fit, other than the powers to make general rules or regulations as to the course of study or examination; and any two of the members of any such committee shall be competent to exercise and perform the powers and duties delegated to such committee.

X. Members of Council resident in Scotland and Ireland to be Members of Committee for those parts: The members of the Council resident in Scotland shall be appointed members of every such committee appointed for or in relation to Scotland, and the members of such Council resident in Ireland shall be appointed members of every such committee appointed for, or in relation to Ireland.

XI. Boards of Examiners: For the examination of persons desirous of entering the Medical Profession after the 1st day of December, 1856, there shall be established in England, Scotland, and Ireland respectively, two boards of examiners, hereinafter called respectively the "Preliminary Board" and the "Professional Board."

Examiners in Preliminary and Professional Education: The preliminary board shall be established for the preliminary examination in general education, and shall consist of such persons as the Council may from time to time appoint, and the examiners so appointed shall hold office during the pleasure of the Council, and receive such remuneration as the Council shall direct; and no person other than a Graduate in Arts of some University of the United Kingdom, or of some foreign University approved by the Council, shall be entitled to present

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himself for examination before the professional board, unless he shall have received from the preliminary board a certificate of approval in such form as the Council may direct, for which certificate the person receiving it shall pay such fee as the Council shall appoint, not exceeding *5l.*

The professional board shall be established for the examination in professional education, and shall consist of examiners appointed as hereinafter mentioned—that is to say,

Bodies to appoint such examiners: The board for England of examiners to be appointed by the College of Physicians of London and by the College of Surgeons of England, and until the year 1865 by the Society of Apothecaries of London respectively; and of examiners to be appointed by the Universities of Oxford, Cambridge, and London respectively.

The board for Scotland of examiners to be appointed by the College of Physicians of Edinburgh, by the College of Surgeons of Edinburgh, and by the Faculty of Physicians and Surgeons of Glasgow respectively; and of examiners to be appointed by the Universities of Edinburgh and Glasgow respectively; and by the two Universities of Aberdeen conjointly.

The board for Ireland of examiners to be appointed by the College of Physicians of Ireland, by the College of Surgeons of Ireland, and until the year 1865 by the Governor and Company of the Apothecaries' Hall of Dublin respectively; and of examiners to be appointed by the University of Dublin, and by the Queen's University respectively.

Any person who shall have passed the examination of the professional board to the satisfaction of the Council shall be entitled to a certificate of his qualification to practise in such form as the Council may direct, for which certificate the person receiving it shall pay such fee as the Council shall from time to time appoint, not exceeding *25l.*; and all monies so received by any of the said boards under the provisions of this section shall be paid to the treasurer of the Council.

XII. Number of examiners are to be determined by the Council: The Council shall determine the total number of examiners to constitute the professional board for each part of the United Kingdom, and may from time to time alter any such total number, and shall determine, and may from time to time alter the proportions in which the several appointing bodies in the last section preceding mentioned

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shall appoint the examiners constituting any such board, and the branches of science and practice for which such several bodies shall appoint.

XIII. Council to make Rules concerning Examinations: The Council shall make from time to time such rules as they think fit, as to the age and times at which candidates shall be admissible to the respective examinations under this Act, and as to the subjects or branches of education, science, and practice in relation to which such examinations shall be had, and as to the degrees of proficiency, and the certificates of character which they shall be required to produce, which candidates shall be required to have attained in order to be entitled to certificates from the respective Boards of Examiners, and as to the course of study which candidates shall be required to have pursued previous to admission to the professional examination, and as to the time, place, and manner of holding such respective examinations, and as to such other matters as are placed under the direction of the Council by this Act; and all rules to be made by the Council under this Act shall be laid before both Houses of Parliament within one month after the making thereof, if Parliament be sitting, or if Parliament be not sitting, then within one month after the next meeting of Parliament.

XIV. Appointments Annual, if omitted, to be made by the Council: The several examiners shall be appointed in each year, at such time as the Council shall direct, casual vacancies shall be filled up by the bodies having the right of appointment with all convenient speed after the happening thereof, and every examiner, whether appointed at the yearly appointment, or to supply a casual vacancy, shall go out of office at the next yearly time of appointment, but may be re-appointed: Provided always, that if at any time any of the above-mentioned bodies decline to appoint examiners, or fail to make such appointment as aforesaid within a period of one month from the time at which they are directed to make it, or from the time at which any such casual vacancy shall occur, the Council may appoint examiners instead of those so omitted to be appointed, and the examiners so appointed by the Council shall receive such remuneration as the Council shall direct.

XV. List of Examiners to be furnished: The bodies having right of appointment shall furnish to the Council within a week of the appointment of examiners, a list of the examiners so appointed, and no appointment of an examiner shall be valid unless it be so notified to the Council.

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XVI Council may be present at examinations: The members of the Council and any person deputed by the Council, and any one registered under this Act, shall have free access to all examinations conducted by the professional boards.

XVII. New Charter may be granted to the College of Physicians of London: It shall be lawful for her Majesty to grant to the Corporation of the Royal College of Physicians of London a new Charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of England," and to make such alterations in the constitution of the said Corporation as to her Majesty may seem expedient; and it shall be lawful for the said Corporation to accept such Charter under their common seal, and such acceptance shall operate as a surrender of all Charters heretofore granted to the said Corporation, except the Charter granted by King Henry the Eighth, and shall also operate as a surrender of such Charter, and as a repeal of the Act of the Session holden in the fourteenth and fifteenth years of King Henry the Eighth, chapter five, confirming the same so far as such Charter and Act respectively may be inconsistent with such new Charter.

XVIII. New Charters may be granted to Colleges of Physicians and Surgeons of Edinburgh, so as to include the Faculty of Physicians and Surgeons of Glasgow: It shall be lawful for her Majesty to grant to the respective Corporations of the Royal College of Physicians of Edinburgh, and the Royal College of Surgeons of Edinburgh new Charters, and thereby to give to the said College of Physicians the name of "The Royal College of Physicians of Scotland," and to the said College of Surgeons, the name of "The Royal College of Surgeons of Scotland," and to make such alterations in the constitution of the said Corporations as to her Majesty may seem expedient, such new Charters to constitute or provide for constituting every member of the Corporation of the Faculty of Physicians and Surgeons of Glasgow a member either of such College of Physicians of Scotland or of such College of Surgeons of Scotland, with the same rights, privileges, and advantages as shall be given to members of the said College of Physicians and Surgeons of Edinburgh respectively, and it shall be lawful for the said Colleges and Faculty respectively, under their respective common seals, to accept such new Charters, and such acceptance shall operate as a surrender of all Charters heretofore granted to the said several Corporations, and thenceforth the examiners who would have been appointed

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from time to time under this Act by the Faculty of Physicians and Surgeons of Glasgow, shall be appointed in equal proportions by the said College of Physicians of Scotland, and College of Surgeons of Scotland.

XIX. Charters not to contain Restrictions in the Practice Physic or Surgery: Provided always, that nothing herein contained shall extend to authorise her Majesty to create any restrictions in the practice of physic or surgery, or to grant to any of the said Corporations any powers or privileges contrary to the common law of the land, or to the provisions of this Act; and that no such new Charter shall in anywise prejudice, affect or annul any of the existing Statutes or Bye-laws of the Corporations to which the same shall be granted, further than shall be necessary for giving full effect to the alterations which shall be intended to be effected by such new Charters, and by this Act to the constitution of such Corporation.

XX. Appointment of Registrar, Assistant Registrars, and other Officers: The President of the Board of Health shall from time to time appoint, from among persons qualified to be registered under this Act, a medical registrar for the United Kingdom, and one assistant medical registrar for Scotland, and one assistant medical registrar for Ireland, and also shall appoint a treasurer, and such clerks and other officers as the said president of the Board of Health may deem necessary, and may from time to time remove any registrar or other person so appointed; and the salaries of the said registrar, assistant registrars, clerks, and other officers shall be fixed from time to time by the said president of the Board of Health, with the approval of the Commissioners of her Majesty's Treasury, and shall be paid, together with all reasonable expenses incurred by the medical registrar in the execution of his duties under this Act, out of any monies which may from time to time be provided by Parliament for that purpose.

XXI. Registrar to keep an alphabetical Register of Medical Practitioners: The said registrar shall keep a general register of medical practitioners, in which shall be entered the name and place of residence and date of registration of every registered person, and the qualification or qualifications in respect whereof he is registered; the name and situation of the body, university, or college from which the qualification is derived; and such other particulars in relation to such qualification or qualifications as the Council by their rules shall from time to time direct; and upon notice being given by any regis-

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tered person of any change in his name and designation or place of residence, the said registrar shall amend the register accordingly.

XXII. Registration of Persons in Practice before the 1st December, 1856: Every person who before the first day of December, 1856, is possessed of any one or more of the qualifications described in the Schedule (B) shall be entitled to be registered according to his qualification or qualifications, on producing before the first day of January, 1857, to the medical registrar, or to the assistant medical registrars in Scotland or Ireland, the document conferring or evidencing the qualification or each of the qualifications in respect whereof he seeks to be so registered; or if he be a person who was actually practising medicine in England and Wales prior to the first day of August, 1815, on signing a declaration according to the form in Schedule (C), or upon transmitting before the said first day of January, 1857, by post, to the medical registrar, or one of such assistant medical registrars, information of his name and address, and of the qualification or qualifications, including such declaration as aforesaid, in respect whereof he seeks to be registered, and of the time or times at which the same was or were respectively obtained: Provided always, that it shall be lawful for the several Colleges and other bodies mentioned in the said Schedule (B) to transmit to the said registrar before the said first day of January, 1857, lists certified under their respective seals of the several persons, who, in respect of qualifications granted by such colleges and bodies respectively before the said first day of December, 1856, are entitled to be registered under this Act, stating the respective qualifications and places of residence of such persons; and it shall be lawful for the registrar thereupon to enter on the register the persons mentioned in such lists, with their qualifications and places of residence as therein stated, without other application in relation thereto; provided also, that any person possessed before the said first day of December, 1856, of any such qualification as aforesaid who does not make application as aforesaid to be registered before the first day of January, 1857, and who has not been included in any list transmitted as aforesaid, shall upon such production or transmission by him as hereinbefore mentioned, be entitled, upon payment of a sum of 2*l.*, to be registered according to his qualification or qualifications.

XXIII. As to Registration by Assistant Registrars: Where any person entitled to be registered under this Act, applies to either of the assistant medical registrars for that purpose, such assistant regis-

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trars shall forthwith enter in a local register, to be kept by him for that purpose, the like particulars in relation to such person as are hereinbefore required to be entered in the general register, and shall with all convenient speed send to the medical registrar a copy, certified under the hand of such assistant registrar, of the entry so made, and the medical registrar shall forthwith cause the same to be entered in the general register; and the entry on the general register shall bear date from the local register.

XXIV. Evidence of Qualification to be given before Registration: No qualification shall be entered on the register, either on the first registration or by way of addition to a registered name, unless the medical registrar or the assistant medical registrar, as the case may be, be satisfied by the proper evidence that the person claiming is entitled to it; and any appeal from the decision of the registrar or assistant registrar may be decided by the Council, or by the several committees of the Council appointed to act for this purpose in England, Scotland and Ireland respectively; and any entry which shall be proved to the satisfaction of such Council or committees of the Council to have been fraudulently or incorrectly made, may be erased from the register by order, in writing, of such Council or committees of the Council.

XXV. Register to be Published: The Registrar shall in every year cause to be printed, published, and sold, under the direction of the Council, a correct register, in alphabetical order, according to the surnames, in the form in Schedule (D), of the names, places of residence, and other particulars hereinbefore required of all persons appearing on the general register as existing on the first day of January in every year; and such register shall be called "The Medical Register;" and a copy of the medical register for the time being, purporting to be so printed and published as aforesaid, shall be evidence in all courts and before all justices of the peace and others that the persons therein specified are registered according to the provisions of this Act; and the absence of the name of any person from such copy shall be evidence, until the contrary be made to appear, that such person is not registered according to the provisions of this Act: Provided always, that in the case of any person whose name does not appear in such copy, a certified copy under the hand of the medical or assistant medical registrar of the entry of the name of such person on the general or local register shall be evidence that such person is registered under the provisions of this Act.

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XXVI. Certificates from Medical Examiners to entitle to Registration as a "Licentiate in Medicine and Surgery:" Every person who shall receive a certificate of his qualification to practise under the provisions of this Act shall be entitled to be registered in the register of medical practitioners as a "licentiate in medicine and surgery," upon the production of such certificate to the medical registrar or to one of the said assistant medical registrars.

XXVII. Rights of Persons registered under Qualifications existing before the 1st of December, 1856: Every person registered in respect of any qualification possessed by him before the 1st day of December, 1856, shall be entitled in every part of the United Kingdom to practise according to the nature of his qualification.

XXVIII. Right of Licentiate in Medicine and Surgery: Every person registered as a licentiate in medicine and surgery shall have the right to practise in medicine, surgery, midwifery and pharmacy in every part of the United Kingdom.

XXIX. Right of existing Practitioners to be registered as Licentiates in Medicine and Surgery in certain Cases: Every person entitled to be registered in respect of any qualification as a surgeon existing on or before the 1st day of December, 1856, and also to be registered in respect of any qualification then existing as an apothecary, may, if he think fit, require to be registered as licentiate in medicine and surgery.

XXX. Right conferred by Complementary Examination: Every person who before the 1st day of December, 1856, shall have been registered in respect of one only of such qualifications in the last preceding section mentioned, and who shall have subsequently passed such complementary examination as the Council shall direct before any professional board, and have obtained such complementary certificate as the Council shall direct, for which he shall pay such fee as the Council shall determine, not exceeding 12*l.*, shall be entitled to alter his qualification in the register to that of licentiate in medicine and surgery.

XXXI. Names struck off from List of College to be erased from Register: If any of the said colleges or the said faculty at any time exercise any power they possess by law of striking off from the list of such college or faculty the name of any one of their members, such college or faculty shall signify to the medical registrar the name of the member so struck off; and the medical registrar shall erase forthwith from the register the qualification derived from such

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college or faculty in respect of which such member was registered, and the registrar shall note the same therein.

XXXII. Medical Practitioners convicted of Felony may be struck off the Register: If any registered medical practitioner shall be convicted in England or Ireland of any felony or misdemeanour, or in Scotland of any crime or offence, the Council may, if they see fit, direct the registrar to erase the name of such medical practitioner from the register.

XXXIII. No right to registration except such as conferred by this Act: No person not possessed before the said first day of December, 1856, of one or more of the qualifications mentioned in Schedule (B) shall be entitled to be registered under this Act unless he shall produce the certificate hereinbefore required to entitle him to be registered under this Act as a licentiate in medicine and surgery.

XXXIV. Registered Persons may have subsequent Qualifications inserted in the Register: Every person registered under this Act who may at any time have obtained the degree of bachelor of medicine or doctor of medicine in any University in the United Kingdom, or become a fellow or licentiate of a College of Physicians of the United Kingdom, or a fellow of a College of Surgeons of the United Kingdom, or a fellow of the Faculty of Physicians and Surgeons of Glasgow, shall be entitled to have such additional qualification inserted in the register.

XXXV. Unregistered Persons not to hold certain Appointments: After the first day of January, 1857, no person shall hold any appointment as a physician, surgeon, or other medical officer, either in the Military or Naval Service, or in emigrant or other vessels, or in any hospital, infirmary, dispensary, or lying-in hospital, not supported wholly by voluntary contributions, or in any lunatic asylum, gaol, penitentiary, house of correction, house of industry, parochial union workhouse or poorhouse, parish union, or other public establishment, body, or institution, or to any friendly or other society for affording mutual relief in sickness, infirmity, or old age, or as a medical officer of health, unless he be registered under this Act.

XXXVI. No Certificate to be Valid unless Persons Signing be Registered: After the 1st day of January, 1857, no certificate required by any Act now in force, or that may hereafter be passed, from any physician, surgeon, licentiate in medicine and surgery, or other medical practitioner, shall be valid unless the person signing the same be registered under this Act.

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XXXVII. Application of Monies Received by Treasurer: All monies received by the treasurer arising from fees to be paid on examination, and on registration from the sale of registers, from penalties, or otherwise, shall be applied as follows:—

1st.—For such expenses of registration and of the execution of this Act as are not otherwise provided for.

2nd.—For the payment of the several examiners appointed by the Council.

3rd.—For division among the several bodies appointing the examiners of the professional boards, in such proportion as the Council, having reference to the number and employment of examiners by such bodies respectively appointed, shall from time to time determine.

4th.—For payment in such proportion as the Council shall from time to time determine, in aid of the museums or other scientific and professional objects of the several Royal Colleges of Physicians or Surgeons, and of the Faculty of Physicians and Surgeons of Glasgow.

XXXVIII. Advance of Monies by the Commissioners of Her Majesty's Treasury: It shall be lawful for the Commissioners of Her Majesty's Treasury from time to time to advance and pay, out of such monies as may be provided by Parliament for this purpose, such monies as may be required for the expenses incurred by or under the authority of the Council in the execution of this act in the meantime, until sufficient money for that purpose shall be received from the fees payable under this Act.

XXXIX. Accounts to be Published: The treasurer of the Medical Council shall enter, in books to be kept for that purpose, a true account of all sums of money by him received and paid, and such accounts shall, in the months of June and December in every year, be submitted by him to the Medical Council, and if the said accounts be found to be correct [illegible] shall sign the same, and they shall be laid before [illegible] Parliament in the month of Jan[illegible] ... sitting, or if Parliament be not [illegible] ... next meeting of Parliament [illegible] ... to be published [illegible] ... containing a list [illegible] ... together [illegible]

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prepared and mixed, and containing such other matter and things relating thereto as the Medical Council shall think fit, to be called "British Pharmacopœia;" and the Medical Council shall alter, amend, and cause to be republished such pharmacopœia as often as they shall deem it necessary.

XLI. Privileges of Registered Persons: Every person registered under this act shall be entitled to demand, and recover in any court of law, with full costs of suit, reasonable charges for medical and surgical aid, advice, visits, and medicine, rendered or supplied by him to his patients.

XLII. None but Registered Persons to Recover Charges: After the 1st day of January, 1857, no person shall be entitled to recover any charge in any court of law for any medical or surgical advice, attendance, or for the performance of any operation, or for any medicine prescribed, administered, or supplied by him unless he shall prove upon the trial that he is registered under this Act.

XLIII. Interpretation of Words: After the 1st day of January, 1857, the words "legally qualified medical practitioner," or "duly qualified medical practitioner," or any words importing a person recognised by law as a medical practitioner, when used in any Act of Parliament, shall be construed to mean a person registered under this Act.

XLIV. Wilful Falsification of Register: Any medical or assistant-medical registrar who shall wilfully make, or cause to be made, any falsification in any matters relating to the register, shall be deemed guilty of a misdemeanour in England or Ireland, and in Scotland of a crime or offence, and shall, on conviction thereof, be sentenced to be imprisoned for any term not exceeding twelve months.

XLV. Penalty for falsely pretending to be a Registered Person: Every person who shall wilfully and falsely pretend to be, or take or use the name or title of a physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, surgeon, or apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a licentiate in medicine and surgery, physician, or surgeon, or apothecary, or a practitioner in medicine, shall, on being summarily convicted of every offence before any two justices of the peace for the county, or in Scotland before a sheriff of the county, or before the peace court for the district in which the offence

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was committed, pay a sum not exceeding 20*l.*, nor less than 5*l.*, to be recoverable as hereinafter described, together with all costs.

XLVI. How Penalties are to be Recovered: Any two justices of the peace acting in and for the county, city, or place, or in Scotland, a sheriff of the county, or a justice of the peace court for the district in which the offence has been committed, may hear and determine any complaint made under the next preceding clause, on the oath of one or more witnesses, or by the confession of the accused party, and shall award the penalty or punishment herein awarded for such offence; and in every case of the adjudication of a pecuniary penalty and of nonpayment thereof, it shall be lawful for the said justices, or in Scotland, for the said sheriff or justice of peace court, to commit the offender to any gaol or house of correction within his jurisdiction for a term not exceeding six calendar months, the imprisonment to cease on the payment of the sum due.

XLVII. Penalty for obtaining Registration by False Representations: If any person shall wilfully procure or attempt to procure himself to be registered under this Act, by making or producing, or causing to be made or produced, any false or fraudulent representation or declaration, either verbally or in writing, every such person so offending, and every person aiding and assisting him therein, shall be deemed guilty of a misdemeanour in England and Ireland, and in Scotland of a crime and offence, and shall, on conviction thereof, be sentenced to be imprisoned for any term not exceeding twelve months.

XLVIII. Application of Penalties: Any sum or sums of money arising from conviction and recovery of penalties as aforesaid shall be paid to the treasurer of the Medical Council.

XLIX. Registered Persons exempted from serving on Juries, &c.: Every person who shall be registered under the provisions of this Act shall be exempt, if he shall so desire, from serving on all juries and inquests whatsoever, and from serving all corporate, parochial, ward, hundred, and township offices, and from serving in the militia, and the name of such person shall not be [illegible] any list of persons liable to serve in the militia, or [illegible] aforesaid.

L. Provision for Persons practising in the [illegible] Students: It shall be lawful for the Medical Council [illegible] lations for dispensing with such portions of [illegible] shall seem fit in favour of persons now practising [illegible]

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out of the United Kingdom, by virtue of any of the qualifications enumerated in Schedule (B); and also in favour of persons who, after due examination, shall have obtained any foreign or colonial diploma or degree which, in the country where such diploma or degree has been granted, would entitle the holder to practise medicine or surgery; or in favour of such foreign medical practitioners as may at the time of the passing of this Act be holding any medical appointment in any hospital or public institution; and also in favour of any surgeons or assistant-surgeons in the army, navy, or militia; and also in favour of medical students who shall have commenced their professional studies before the passing of this Act.

LI. Notice of Death of Medical Practitioners to be given by Registrars: Every registrar of deaths in the United Kingdom, on receiving notice of the death of any medical practitioner shall forthwith transmit by post to the medical registrar a certificate under his own hand of such death, with the particulars of time and place of death, and may charge the cost of such certificate and transmission as an expense of his office, and on the receipt of such certificate, the medical registrar shall erase the name of such deceased medical practitioner from the register.

LII. Chemists, &c., not to be affected: Nothing in this Act contained shall extend or be construed to extend to prejudice or in any way to affect the lawful occupation, trade, or business of chemists and druggists.

[Here follow the various schedules.]

Vaccination in relation to Blindness.

Statistical researches show us that prior to Jenner's discovery, of 100 cases of blindness, 55 were due to small pox; and Dr. Dumont, [illegible] to the Asylum for the Blind, has recently supplied an [illegible]ccount of the progressive decrease of that proportion. [illegible]d of sixty years of age he finds this variety of cause [illegible]dults it only exists as 8 per cent; and in chil[illegible]ent. We may take as a mean, counting all [illegible], which, as at the commencement of the [illegible]ion was 35 per cent., exhibits a diminu-

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Progress !

"There is yet another agent of great power and efficacy, in a certain class of cases, which it has been the custom of the profession to sneer at, but which Dr. Esdaile's reports and returns place beyond a doubt. I allude to *mesmerism.*"

Dr. Monat, C.B., Deputy Inspector General, in a communication read to the Crimean Medical and Surgical Society, April 19, 1856. Reported in the *Medical Times and Gazette*, August 30, 1856.

Prize.

At the annual assembly of the British Homœopathic Society, held the 27th and 28th of May, 1856, it was resolved:—

> "That a prize of one hundred pounds be offered for the best essay upon the physiological and therapeutic effects of substances derived from the class Ophidia." *

CONDITIONS.

1. That each competitor shall send his essay in a sealed cover with a motto, and a sealed letter with his name and the same motto, to the President of the British Homœopathic Society, † on or before the 1st January, 1859.
2. That all the essays shall become the property of the Society; liberty, however, to publish any of these may be obtained by the authors on application to the president.
3. That the essays must be written in English, French or German.
4. That the president and council shall appoint three judges to decide upon the best essay, who shall not necessarily be members of the society.
5. That upon the decision of the judges the successful candidate shall be paid one hundred pounds.
6. That the successful essay shall be published in the *British Journal of Homœopathy.*
7. That this prize shall be announced in the *British Journal of Homœopathy.*

(Signed) F. F. QUIN, M.D., President.
[illegible] LAMBAM, Hon. Sec.

[We beg to [illegible] attention [illegible] to this important announcement, [illegible] direction of periodicals to cause [illegible] that it should be known that the [illegible] the amount of [illegible] upon the essays.—

* Under phy[illegible] effects.

† 111 Mount [illegible]

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Cinnamon in Metrorrhagia,

By M. Chomier.

M. Chomier, after adverting to the eulogiums, often exaggerated, passed upon this substance by some of the German writers, observes that, as far as he knows, M. Gendrin alone has laid down the indications for its employment. That author states, he has employed it with remarkably good effect in chronic metrorrhagia, as also in the acute form when the first symptoms have been subdued by blood-letting; and he has often been suprised at the rapidity of the results produced. The form that most promptly yielded to its influence was that occurring some days after delivery, unaccompanied by plethora. The author has observed it employed most beneficially by M. Teissier, of Lyons, and it is upon his cases the present memoir is based.

Metrorrhagia is very rarely primary, being most commonly connected with a general affection of which it is merely an epiphenomenon, or dependent upon a local affection of the uterus and its appendages; and it is only in certain cases that the cinnamon can be usefully given:—1. *Metrorrhagia due to the chlorotic condition.* This, both in its manifestation and recurrence, seems closely connected with the regular return of the menses, whence, indeed, its name "menorrhagia." Iron, properly administered in the intervals, will often rapidly modify the chlorotic condition; but, even when well supported, it often proves powerless against menorrhagia, and when we resort to the hæmostatic power of alum, tannin, or ergotine, gastralgia or other disorders of the stomach often oblige us to renounce their employment. It is in such cases M. Teissier has found cinnamon, given a few days prior to the period, so useful. It is only palliative and fugacious in its effects; and, in order to operate upon the chlorosis itself, M. Teissier combines iron filings with it. 2. *Metrorrhagia symptomatic of cancer.* According to M. Teissier's observations, ergotine and tincture of cinnamon are the best means for treating the hæmorrhage of the advanced period of cancer; but the former, while possessing a remarkable power over the hæmorrhage, produces such an aggravation of pain, as to compel its rejection. The tincture of cinnamon exerts a similar power over the discharge, without this inconvenience.

Given in doses of from two to four grammes, it suppresses the metrorrhagia, often in a very short time. In all cases, by its prolonged employment, we are able very sensibly to diminish those daily losses of blood which take place in almost all women in the tage of cancer of the cervix, and we often succeed in g all discharge for more or less time. The cinnamon also eficial effect on the economy. The strength and diges- ved; and when we allay the pain also by anodynes, so ment occurs in some cases as to lead the patient to cure. 3. *Puerperal metrorrhagia.* Lymphatic,

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feeble, cachectic women, with lax tissues and languid circulation, and liable to irregular menstruation or chronic leucorrhœa, are often seized with hæmorrhage during pregnancy, which in the end may lead to abortion. Here a tonic treatment, as by iron and bitters, is clearly indicated, and cinnamon exerts the same useful effect as in chlorotic patients with too abundant menstruation. Such women are also very liable to hæmorrhage from inertia of the uterus after delivery, and constitute the cases in which ergot is so beneficially given just prior to the expulsion of the child. From facts he has observed, however, M. Teissier is convinced that the ergot is mischievous to the child; and for such women he prescribes, hour by hour from the commencement of labour, a draught containing four grammes (℥i.) of the tincture of cinnamon; and in the limited number of such cases that have occurred to him, with the best effect. Such women are liable to repeated hæmorrhage during the puerperal state, and although the discharge may not be abundant, it becomes important by its persistence, and the alarming degree of chloro-anæmia it may rapidly induce. The cinnamon is here of surprising efficacy. Six of the cases observed in M. Teissier's wards are given.—*Rev. Med. Chir.*, tom. xviii, p. 10.

Death of Dr. Samuel Brown.

"Died this morning, at Church Lane, Morningside, Dr. Samuel Brown. Saturday, 20th September, 1856."

This announcement cannot fail to excite deep emotion in very many of the readers of this Journal. The event is too recent, and the loss has too much the character of a personal bereavement to permit us to do more than record it at present, and to express our keen participation in the grief and disappointment it will cause to his numerous and widely scattered friends, who never would believe that his long seclusion was to be but the prelude of his being withdrawn for ever from their eyes.

BOOKS RECEIVED.

Wahre Wirkungen der Thermen zu Lippspringe und Paderborn, von Dr. Bolle. Paderborn, 1856.

Nachrichten über Lippspringe, von Dr. Bolle. Paderborn, 1855.

Populäre Homöopathische Zeitung, von Dr. Bolle. Paderborn, F. Schöningh. Nos. 1 to 13.

Journal de la Société Gallicane.

The Canadian Journal of Homœopathy, No. 7.

Homœopathic and Allopathic Medical Institutions, by Charles T. Pearce, M.D. Northampton, Taylor, 1856.

Report of the Hull Homœopathic Dispensary.

Report of the Northampton Homœopathic Dispensary.

Die Therapie unserer Zeit, von Dr. Stens. Bonn, 1856.

W. Davy & Son, Printers, 8, Gilbert Street, Oxford Street.

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INDEX TO VOL. XIV.

Aconite, poisoning by, 163, 669;—Dr. Gourbeyre on, 169, 408;—, in Sore Throat, 408;—, Physiological effects of, 408;—, Dr. Jackson on, 666;—, Known to Ancients, 667;—, mistaken for horse-radish, 668;—, Table of poisonings by, 672;—, Medicinal properties of, 674.

Aconitina, Virulence of, 674.

Acute desquamative Nephritis, Dr. Johnson on, 2.

Acworth, Dr., Spontaneous cure of Empyema, by, 266.

Address, Dr. Scott's Introductory, 353.

Adulteration of Drugs, Discussion on, 522.

Allopathic, Petty Larcenies, 166;—Journalism and Justice, 154;—, Discovery, Wonderful, 175;—, Homœopathy, 397

Allopathy, Hahnemann on, 52;—, Is it all Error? 57

American Homœopathic Journal, Reappearance of, 174

Anatomical Society of Paris, Expulsion of Homœopathists from, 490, 644

Anderson, Mr., on his Treatment of Cholera, 154

Aphonia, Cases of, 389

Arsenic in Renal Dropsy, 20

Attention, Effects of Mental, 293;—, Mayo's Observations on, 293

Attomyr, Dr., Death of, 527

Beilby, Dr., Biographical notice of, by Dr. Scott, 305

Belladonna in Sore throat, Gourbeyre on, 402;—, Homœopathic evidence in favor of, 403;—, Hartmann on, 403;—, Goullon on, 403;—, Rummel on, 404;—, Knorre on, 404;—, Acts homœopathically, 406;—, Physiological effects of, 406;—, Schneller on, 406

Bernard's Discovery of the Glycogenic Function of the Liver, 523, 613

Bertin on Compressed Air Baths, 124

Bill, New Medical, 617

Bio-mechanical Therapeutics, Dr. Chapman on, 452

Bird, Dr., on *Carbo vegetabilis* in Gastralgia, 175

Black, Dr., on Hooping-cough, 34;—, on Pica, 143

Blindness, Vaccination in relation to, 691

Bock, Professor, Denunciation of Homœopathy by, 316;—, Challenge to Homœopathists by, 317;—, Letter to Goullon from, 322;—, Recedes from his Challenge, 326

Boerhaave's Confession of Error, 66

Bosch on Asthenic Scarlatina Narcosis, 632

Bright's Disease of the Kidney, Dr. Henderson on, 1;—, Hopefulness of Homœopathic treatment of, 2;—, Johnson on, 2;—, Christison on, 3;—, Gregory on, 4;—, Success of Dr. Kidd in, 5;—, Diuretics in, 6;—, Produced by Diuretics, 7;—, Osborne on, 7;—, *Turpentine* in, 15;—, *Cantharides* in, 18;—, *Mercury* in, 19;—, *Arsenic* in, 19

Broussais destroys Therapeutics, 66

Brown, Dr. Samuel, Death of, 694

Carbo vegetabilis in Gastralgia, Bird on, 175

Cases treated at Homœopathic Hospital of Gumpendorf, 27;—, of Leopoldstadt, 75

Catarrhal Pneumonia of Infants, Trinks on, 258;—, Symptoms of, 258; Physical signs of, 259;—, Cases of, 260;—, Treatment of, 264

Central Nervous System, Russell on Diseases of, 529

Cerebral Disease from Internal Causes, Schneider on, 621

Cerebral Affection in Scarlatina, Symptoms of, 624;—, Symptomatic, 624;—, Sympathetic, 624;—, Idiopathic, 625

Chapman, Dr., on Gymnastics, 441;—, on Bio-mechanical Therapeutics, 452;—, on Manual Magnetism, 564

Charitable Hospitals of London, 216;—, Good arrangements of, 232;—, Extravagant cost of, 233;—, Small proportion of patients treated in, 234;—, Uncertain income of, 236;—, Modes of raising funds for, 236;—, Waste of money in collecting subscriptions for, 237;—, Admission of patients to, 239.

Chenopodii glaucii aphis, Dr. Thomas on, 526

Chloroform in Strangulated Hernia, 665

Cholera, Homœopathic treatment of, 27;—, Cases of, treated at Vienna Homœopathic Hospitals, 27, 75;—, Parliamentary Report on, 102;—, Circular of President of Board of Health to Medical Profession

Digitized by Google

on, 102; —, Report of Medical Committee on, 102; —, Treatment of, at London Homœopathic Hospital, 104; —, Barometrical Observations during, Mr. Glaisher's, 107; —, —, Mr. Adie's, 108; —, Temperature during, 109: —, Effects of local elevation on, 112; —, Not a Diarrhœa, 118; —, Essential nature of, 119; —, Proposed treatment of, 122; —, Directions of Swedish Board of Health for treatment of, 123; —, Mr. Anderson on, 154
Chomier on *Cinnamon* in Metrorrhagia, 693
Cinnamon in Metrorrhagia, Chomier on, 693
Clairvoyance, Historical instances of, 569; —, of Alexander the Great, 569; —, Hippocrates on, 569; —, of the Druids, 570; —, of Joan of Arc, 571; —, of Cardanus, 571; —, of Swedenborg, 573; —, Instances of pretended, 583
Cockburn, Dr., on Medical Reform, 302
Coffee in Hooping-cough, 39
Commination, by Mr. Wakley, 351
Common sense *versus* Homœopathy, by Mr. Knaggs, 137
Compressed Air Baths, Bertin on, 124; —, Tabarié's System of, 126; —, Junod's System of, 127; —, Henshaw's System of, 128; —, Therapeutic Effects of, 134
Condylomata, *Thuja* in, 170
Cynanche tonsillaris, Cases of, by Dr. Wurmb, 76; —, *Belladonna* in, 77; —, *Mercurius* in, 77

Delirium tremens, the realization of horrible dreams, 277
Diarrhœa, Trousseau's employment of *Arsenic* in, 167
Diet, Dr. Müller on, 632; —, Dr. Russell on, 632; —, Hahnemann's strictness in, 637
Dilution, Dr. B. Bell on, 176
Directory, German Homœopathic, by Meyer, 663
Dispensary system, Abuses of, 242
Drosera in Hooping Cough, 39; —, Hahnemann's exaggeration respecting, 39
Dudgeon, Dr., Spontaneous cure of Empyema by, 268
Dunn, Dr., Case of Strychnine Poisoning by, 525
Dynamisation of Medicines, 67
Dysentery, Korroplef's notions concerning, 167
Dyspepsia, Epidemic, Mr. Yeldham on, 177

Echo, The Mental, 299
Eclecticism, Hahnemann's, 66; —, Gastier on, 642; —, Simon on, 648
Education, Improvement of, 358; —, Medical, Necessity for improvement of, 473
Empyema, Spontaneous cure of, by Dr. Acworth, 266; —, —, by Dr. Dudgeon, 268
Epidemic dyspepsia, Yeldham on, 177; —, Treatment of, 183; —, Tabular view of 100 cases of, 185
Epilepsy, Dr. Russell on, 530; —, Homœopathic Hospital treatment of, 530; —, Watson's definition of, 530; — from injury of knee-joint, 531; —, The aura of, 532; —, Medicines recommended for, 534; —, Hufeland's definition of, 534; —, Causes of, 535; — from suppressed skin disease, 538; —, hereditary nature of, 538; —, age of occurrence of, 539; —, Pritchard on, 539; —, Connection of sleep with, 541; —, Connection with lunar phases of, 543; —, Curability of, 543; —, Illustrious cases of, 544; —, produced by lead poisoning, 545; —, Cases of, 546; —, Mesmerism in, 592.
Essentiality of Diseases, 71; —, Hahnemann's error respecting, 71
Eugenie, The Empress, and Homœopathy, 174
Evidence, Sir H. Holland on Medical, 270
Expulsion of Homœopathists from the Anatomical Society of Paris, 490; —, Letters from the expelled, 491, 492; —, Letters from MM. Milcent and Ozanam on, 492; —, Letters from Dr. Dechambre on, 494, 496; —, Letter from Gabalda on, 498; —, Simon, on, 644
Extra-uterine Conception, Dr. King's case of, 394
Eye, Inflammation of, cured by *Arsenic*, 169

Fas est ab hoste doceri, 174
Fearon, Dr., Disease of Kidney, by, 140
Fleischmann's contribution to the history of Homœopathy, 23
Frank's Magazine of Materia Medica, 303

Gabalda, Frédault, and Jousset, Letters on the expulsion of, 491, 492
Gastier's Medical Creed, 642
Gastralgia, Homœopathic treatment of, by Allopaths, 167; —, *Carbo vegetabilis* in, 175
German Central Society, Meeting of, 160
German Homœopathic Directory, 663

Digitized by Google

Glonoine, Vrij on, 171
Glycogenic function of the Liver, 523
Gourbeyre, Dr., Homœopathic tendencies of, 398; —, on *Aconite*, 169; —, on the treatment of Sore throat, 399; —, on *Mercury* in Cynanche, 400; —, on *Belladonna* in Sore throat, 402; on *Aconite* in Sore throat, 408
Gymnastics, Dr. Chapman on, 441; —, among the Greeks, 442; —, Plato, on, 443; —, among the Romans, 445; Hippocrates on, 446; —, Celsus on, 446; —, Galen on, 446; —, Borelli on, 447; —, Fuller on, 447; —, Agrypnia cured by, 447; Gower on, 449; —, Porrigo decalvans cured by, 450; —, necessary in education, 451; —, Ling's system of, 452; —, Georgii on, 455

Habits, Origin of, 280; —, sometimes hereditary, 281; —, the source of disease, 282
Hæmaturia caused by *Turpentine*, 8; —, cured by *Turpentine*, 9, 15
Hahnemann on Allopathy, 52; —, Eclecticism of, 66; —, Correspondence of, 164; —, the Newton of Medicine, 360
Hale, Dr., Practical observations by, 551
Helmuth's Homœopathic Surgery, 303
Henderson, Professor, on Bright's disease, 1; on suffocative Bronchitis, 48
Henshaw's Compressed Air Baths, 128
Hereditary diseases and deformities, 282; —, Hydrocele, 282; —, Colour-blindness, 282; —, Deaf-dumbness, 283; —, Shaking Palsy, 283; —, Defects, 283; —, Heart Disease, 283; —, Obesity, 283; —, Cutaneous Diseases, 284; —, Psoriasis, 284; —, Icthyosis, 284; —, Pellagra, 284; —, Leprosy in Norway, 284; —, Diabetes, 284; —, Enuresis, 284; —, Emphysema of Lungs, 284; —, Hæmorrhagic diathesis, 284; —, Asthma, 285; —, Diseases of Brain and Nerves, 285; —, Headaches, 286; —, Goitre, 286; —, Plica polonica, 286; —, Epilepsy, 538
Hering, Dr., Pulse Machine, of, 175; —, Domestic Homœopathic Physician, by 352
Hernia, *Chloroform* in strangulated, 665
Hitchman, Dr., on Melæna, 603
Holland, Sir H., Medical Notes and Reflections, by, 269; —, Chapters on Mental Physiology, by, 269; —, Character of, 269; —, on Homœopathy, 295
Homœopathic Hospitals of Linz, Kremsier, Styria, and Jerusalem, 26
Homœopathic Controversy in Germany, 316
Homœopathic Congress, Report of, 502
Homœopathist, Objections to the name of, by Dr. Tessier, 640
Homœopathy, Fleischmann's contributions to history of, 23; its legitimate position, by Tessier, 51; —, is it all a delusion? 57; —, Requin on, 57; —, Developments of, 66; —, Progress towards, 176; —, in Great Britain, Past, Present and Future of, 190; —, Introduction of, 191; —, Future of, 207; —, Sir H. Holland on, 295; —, Testimony of Holland to the progress of, 300; —, Causes of its slow progress, 362; —, Allopathic, 397
Hooping-cough, Dr. Black on, 34; —, Todd on, 34; —, Pathological changes in, 36; —, Barthez and Rilliet on, 37; —, Franck on, 38; —, *Drosera* in, 39; —, *Coffea* in, 39; —, *Veratrum* in, 40, 43; —, *Belladonna* in, 41; —, Treatment of, 41; —, *Ipecacuanha* in, 43; —, *Cuprum* in, 43; —, *Sambucus* in, 44; —, Arnold on, 44; —, Trotman's cases of, 45; —, Collapsed Lung in, Dr. Hewitt on, 45; —, Complications of, 46; —, Febrile disturbance in, 47; —, Inflammation of Respiratory Organs in, 47; —, Suffocative Bronchitis in, 48; —, Anasarca in, 50; Hygienic treatment of, 50; —, Diet in, 51; —, Water appliances in, 51; —, Allopathic treatment of, 166
Hospital System, Our, 209; —, French, 218; —, Viennese, 225
Hospital Accommodation of London, 238; —, compared with Paris and Vienna, 239; —, Insufficiency of, 239
Hospital Management, Proposal for an improved, 250
Hospitals, Workhouse, 212; —, Charitable, 216; —, Paris, 223; —, Revenue of Paris, 224; —, Vienna, 225; —, Salaries of Medical Officers in Vienna, 227; —, Special, Deficiency of, 246; —, Paying beds in, 253
Humboldt on Viper Poison in Yellow Fever, 171
Hydrocele, cured by *Digitalis*, 170
Hyoscyamus, Poisoning by, 623
Hyperæsthesia of Cutaneous Nerves, 391; —, Case of 392
Indications, The art of laying down, 62; —, the art of fulfilling, 64

Digitized by Google

Infants, Catarrhal Pneumonia of, 258; —, Seux and Roger on the pulse of, 675
Infinitesimals, Power of, 68
Instinct, Origin of, 288; —, undervalued in present system of education, 289; —, seat of, 290
Intermissions of Disease, the guide for the repetition of the medicine, 361
Intermittent fever, produced by *Quinine* and *Bark*, 65, 169

Jackson, Dr., on *Aconite*, 666
Jerusalem, Homœopathic Hospital in, 26
Johnson, Dr., on Acute Desquamative Nephritis, 2

Kidney, Dr. Fearon's case of Disease of, 140
Kidneys, Bright's disease of, Dr. Henderson on, 1
King, Dr., Case of Extra Uterine Conception by, 394
Kingsley on the progress of the species, 287
Knaggs's Common Sense, versus Homœopathy, 137

Lieutand's Denunciation of Energetic treatment, 66
Ling, his System of Gymnastics, 452; —, his labours, 453; —, physiological and therapeutical views of, 454
Liver, Glycogenic function of, 523; —, disease of, by Dr. Hale, 557
London Homœopathic Hospital, Treatment of Cholera at, 104; —, Sixth Report of, 479

Mach, Dr. J. J., Death of, 528
Magazine of Materia Medica, Frank's, 303
Manual Magnetism, Dr. Chapman, on, 564; —, among the Ancients, 566; —, Philostratus on, 566; —, Diodorus Siculus on, 567; —, Macrobius on, 567; —, Pliny on, 569; —, Van Helmont on, 572; —, Maxwell on, 572; —, practised by Greatrakes, 573; —, De Puysegur on, 579; —, Deleuze on, 579; —, Cuvier on, 579; —, Laplace on, 580; —, Hahnemann on, 580; —, Sir W. Hamilton on, 581; —, in Asthma, 585; —, in Anæmia, 587, 595; —, in Nervous Exhaustion, 588; —, in Catalepsy, 588, 590; —, in Epilepsy, 592; —, in Uterine Tumour, 592; —, in Spinal Irritation, 593; —, in General Debility, 594; —, in Mercurial Paralysis, 596: —, in Stiff Neck, 597; —, in Catamenial Excitement, 597; —, in Hysteria, 597, 601; —, in Critical Period, 598; —, in Cancer of the Tongue, 599; —, in Spermatorrhœa, 600; —, in Congestion of the Lungs, 602; —, in Imbecility, 602
Masson, M., Letter from, 495
Mastitis neonatorum, Tetter on, 147
Medical Registration Bill, Character of, 203
Medical Practitioners of London, Small proportion of, 241
Medical Practice, Decline of, 244; —, causes of Decline of, 245; —, remedy for decline of, 245
Medical Bill, The New, 301, 677
Medical Notes, by Sir H. Holland, 269
Medical Reform, by Dr. Cockburn, 302
Medical Science, Advance of, 360
Medicine, Simpson's idea of improvement in, 477
Melæna, Dr. Hitchman on, 603; —, Definition of, 603; —, Hippocrates on, 605; —, Sauvages on, 606; Hoffmann on, 606; —, Cullen on, 607; —, Portal on, 608; —, Treatment of, 612; —, *Turpentine* in, 614; —, Cases of, 615
Memory, Sir H. Holland on, 296; —, Dislocation of, 297; —, of Propinquity and of Analogy, 298; —, Effects of Bodily Weakness on, 298
Mental Physiology, Sir H. Holland on, 269
Mercury in Sore throat, Dr. Gourbeyre on, 400; —, Why curative, 402
Mesmer, Biography of, 573; —, Magnetism of, 575; —, Theory of, 576
Mesmerism, demands recognition, 278; —, Dr. Chapman on, 564; —, in an Allopathic Society, 692; —, Dr. Monat on, 692
Metrorrhagia, *Cinnamon* in, 693
Meyer, Dr., on Hooping-cough, 40; —, on *Sepia*, 82; —, German Homœopathic Directory by, 663
Milcent, Dr., Letter of, 492
Monat, Dr., on Mesmerism, 692
Monthly Homœopathic Review, 658
Movement cure, Roth's Handbook of the, 352; —, Dr. Chapman on, 452; —, Therapeutic Uses of, 456; —, Active and Passive Movements in, 456; —, Cases cured by, 458; —, in Hæmoptysis, 458; —, in Phthisis, 460, 461; —, in Mesenteric disease, 462; —, in Dyspepsia, 463; —, in Clergyman's throat, 464; —, in Hepatic disorder, 465; —, in Cerebral congestion, 466; —, in Anæmia, 468; —, in Chronic diarrhœa, 469

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Müller, Dr. C., Reply to Dr. Bock by, 318; —, Concluding Letter of, 324; —, on Diet, 632
Naples, Trial of Homœopathy at, 308; —, Rules adopted for, 309; —, Medical Commissioners for, 311; —, Homœopathic physicians engaged in, 311; —, Attendance of Medical Commissioners at, 311; —, Report of Medical Commissioners on, 313; —, Cause of cessation of, 313; —, State paper respecting, 314; —, Results of, 314; —, Esquirol's inaccuracies respecting, 315; —, Conversion of three Allopaths by, 316
Nerves, Dr. Russell on Some Affections of the, 370
Neuralgia, often mistaken for Tic, 377; —, Distinctive signs of, 378; —, Case of, 378
Nitro-glycerine, Vrij on, 171
Nosography, Place of Homœopathy in, 69; —, Influence on Homœopathy of, 71
Nux vomica, Poisoning by, 350, 512, 513, 516
Oehme, Dr., on Inflammation of the Urinary Organs, 145
Ophidia, Prize for Essay on the action of virus of, 692
Ozanam, Dr., Letter of, 492
Ozanne, Dr., Monthly Homœopathic Review, by, 658
Palmer, Trial of, 506; —, Conflicting Medical Evidence in the Case of, 520
Par vagum, Lesions of, 383; Cases of Disease of, 389
Paralysis from an impression on periphery of Nervous system, 373
Peacock, Dr., on *Quinine* in Fever, 327
Phrenology, Sir H. Holland on, 290; —, A. Comte on, 292
Phthisis, Dr. Hale's Case of, 559; —, Observations on, 562
Physicians and Physic, by Dr. Simpson, 470
Physiological Action of Medicines, How to ascertain the, 59
Pica, Dr. Black's Case of, 143
Pinel's Denunciation of Polypharmacy, 66
Pleuritic Effusion, Dr. Wurmb on, 80
Pneumo-gastric Nerve, Affections of the, 384
Pneumonia, Dr. Wurmb on, 78; —, *Tartar emetic* in, 167; —, Catarrhal, of Infants, Trinks on, 258
Portio dura, Affections of, 381; —, Case of disease of, 381; —, Paralysis of, 382
Prize offered by British Homœopathic Society, 692
Progress! 692; —, towards Homœopathy, 176
Prussian Army, Re-vaccination in the, 666
Pulse machine, Dr. Hering's, 175
Pulse of Infants, Seux and Roger on the, 675
Purpura hæmorrhagica, Dr. Hale on, 553
Quinine in Fever, by Dr. Peacock, 327; —, Dr. Bennett on, 328: —, Dr. Barclay on, 328; —, Dr. Dundas on, 329; —, Dr. Goolden on, 329; —, Dr. Dundas's Theory of, 332; —, at St. Thomas's Hospital, 337; —, Results of, 338; —, Dr. Hayward on, 341; —, Cases of, 344
Requin, Professor, on Hahnemann and Homœopathy, 57
Review, Monthly Homœopathic, 658
Rheumatism, *Mercury* in, 170
Rhus venenata, Dr. Thomas on, 346, 527; —, Symptoms caused by, 346; —, Therapeutic uses of, 349; —, in Synovial Tumours, 349; —, in Abscess, 349; —, in Ulcerated glands, 350; —, in Pemphigus, 350
Rio, Dr. F. Del, Death of, 528
Roth, Dr., Handbook of the Movement Cure by, 352; —, on the Sanitary Statistics of Workhouses, 499
Russell, Dr., on Some Affections of the Nerves, 370; —, on Diseases of the Central Nervous System, 529; —, on Diet, 632
Sanitary Statistics of Workhouses, Dr. Roth on, 499
Sarcomatous tumour, Case of, by Dr. Tuckey, 138
Scarlatina, Cerebral disease in, 624; —, Cases of, 624; —, Narcosis, hypersthenic, 625; —, asthenic, 631
Schneider, Dr., on Acute Cerebral Disease, 621
Science, Advance of, 359
Scott, Dr., Biographical notice of Dr. Beilby by, 305; —, Introductory Address by, 353
Semiology, Importance of, exaggerated by Boerhaave and Bichat, 74
Sepia, by Dr. Meyer, 82; —, Stomach symptoms of, 82; —, Hæmorrhoidal symptoms of, 83; —, Catarrh of, 85; —, Œsophageal Catarrh of, 86; —, Nasal Catarrh of, 87; —, Laryngeal and Bronchial Catarrh of, 87; —, Uterine and Vaginal Catarrh of, 88; —Cutan-

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eous symptoms of, 89; —, Rheumatic and Gouty symptoms of, 91; —, Cephalic Rheumatism of, 91; —, Dental Rheumatism of, 92; —, Trunk Rheumatism of, 92; —, Limb Rheumatism of, 93; —, Spasmodic symptoms of, 96; —, Paralysed conditions of, 97; —, Dropsy of, 98
Similars, Value of the law of, 73
Simon, Dr. Leon, Defence of the name of Homœopathists by, 644; —, On the Eclecticism of the *Art Médical*, 648
Simpson, Professor, Physicians and Physic by, 470; —, Character of, 471; —, his idea of improvement in medicine, 477
Sleep, Phenomena of, 273; —, Case of dangerous, 274; —, never universal, 275; —, differs from Stupor only in degree, 275
Sleeplessness, Common causes of, 277
Spirit-rapping, probably an illusion of senses, 279; —, Attempted explanation of, 279
Stahl's eulogy of expectant medicine, 66
Stokes, Dr., Translation of paper on *Yew* by, 415
Strychnine Poisoning, 506; —, Cases of, 507; —, Resumé of symptoms of, 517; —, Was Cook's a case of? 521; —, Case of, by Dr. Dunn, 525
Surgery, Dr. Helmuth's Homœopathic, 303
Sweet Saliva, Case of, by Dr. Teller, 148
Sybil of Delphi, a Somnambule, 567

Tabarié's Compressed Air Baths, 126; —, anticipated by Dr. Henshaw, 128
Tessier, Dr, Legitimate position of Homœopathy, by, 51; —, Objections to name of Homœopathists, by, 640
Thomas, Dr., on *Rhus venenata*, 346
Throat, Inflammation of, by Dr. Wurmb, 76; —, Chronic Inflammation of, 78
Tic, often confounded with Neuralgia, 377; —, Distinctive symptoms of, 378; —, Case of, 379
Trial of Homœopathy, at Naples, 308; —, Proposed, in Germany, 319
Trinks, Dr., Catarrhal pneumonia of Infants by, 258
Triturating Machine, New, 152
Trituration, Mr. Turner on, 149
Trousseau's Homœopathy, 168, 413
Tuckey, Dr., Case of Sarcomatous Tumor, by, 138
Turner, Mr., on Triturations, 149
Turpentine, causes Hæmaturia, 8; —, in Hæmaturia, 9; —, in Albuminuria, 9; —, in Melæna, 614

Urinary Organs, Inflamation of, by Dr. Oehme, 145

Vaccination in relation to Blindness, 691
Vienna, History of Homœopathy in, 24; —, Homœopathic Hospital at Gumpendorf in, Report of, 31; —, Homœopathic Hospital of Leopoldstadt in, Cases treated at, 75; —, Meeting of German Homœopathists at, 160
Viper Poison in Yellow Fever, by Dr. Humboldt, 171
Vrij on Glonoine, 171

Wakley, Commination by, 351
Workhouse Hospitals of London 212; —, Bad management of, 228; —, Proportion of Medical Officers to beds in, 229; —, Medicines contracted for by Medical Officers in, 229; —, Want of trained Nurses in, 230; —, Ventilation in, 230
Workhouses, Roth on the Sanitary Statistics of, 499
Wurmb, Dr., Contributions from the Homœopathic Hospital of Leopoldstadt by, 75

Yeldham, Mr., on Epidemic Dyspepsia, 177
Yellow Fever cured by *Viper Poison*, 171
Yew, The Poisonous Properties of the, 415; —, Character of, 415. —, Habitat of, 415; —, Julius Cæsar on, 417; —, Effects of green leaves on man, 417; Effects of green leaves on animals, 418; —, death caused by, 429; —, Effects of decoction of leaves, 431; —, Effects of distilled water of leaves, 432; Effects of watery extract, 433; —, Effects of alcoholic extract, 433; —, Effects of dried leaves, 434; —, Effects of berries, 437

END OF VOL. XIV.

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