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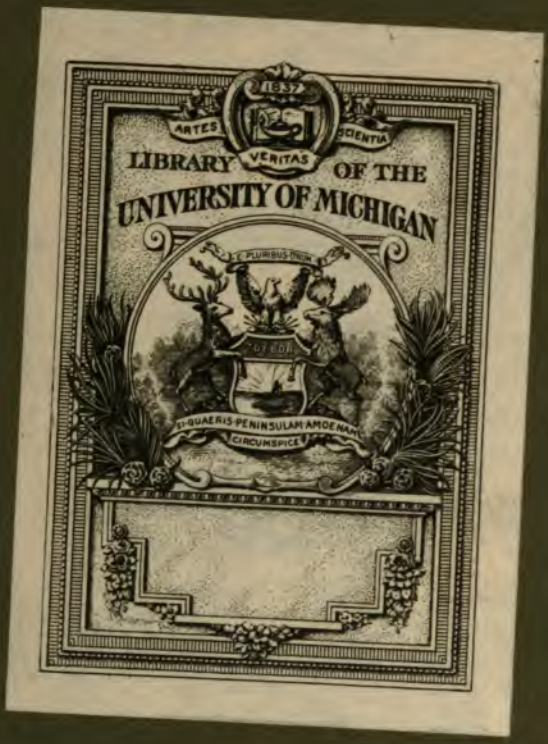
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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

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EDITED BY

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VOL. X.



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THE

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HOMŒOPATHY.

LECTURES ON THE HISTORY OF MEDICINE,

By Dr. Scott.

Lecture III.—*The Introduction of Medicine to Rome—Royal Physicians—Asclepiades—Themison and the Methodic School—Episynthetic—Eclectic—Pneumatic—Aretæus—Celsus—Galen and his Cotemporaries.*

The Romans being a people who owed their existence to physical power, and grew to extensive sway by the exercise of temperance, moderation, activity and valour, little required and little valued the art of healing, and, accordingly, they were slow to receive it; and when in later years it found its way into Rome, along with other arts of the Greeks, it excited the jealousy and apprehension of those who, in a corrupter age, desired to retain or recover the simplicity of their earlier history, when the healing of diseases was sought rather by the performance of religious rites or devout attendance in the temples of the gods than by any scientific methods. Of this form of medical treatment by divination, the Etruscans, a Grecian colony, may be considered the founders, and to them are to be ascribed the various temples of Apollo, Æsculapius and others, to which the sick resorted in the hope of divine direction.

But in proportion as the Romans advanced in luxury and in intercourse with the more cultivated Greeks, the more did the

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practice of medicine become a distinct secular profession among them, followed, however, chiefly by those of the lower grades, often, indeed, by slaves, who kept baths and shops for the sale of medicine, until a more scientific and respectable order was introduced by the arrival of Archagathus 219 B.C. He was at first received with zeal, and every facility was afforded to his practice, until the unusual severity of his treatment alarmed the minds of those accustomed to such different means; and this may have led Cato, 70 years later, to caution his son against the medicine and physicians of the Greeks, who, he asserts, contributed to the ruin of Rome, and employed their art for the destruction instead of the preservation of the inhabitants.

Cotemporary with Cato was Synatus, the physician of Hannibal, of whom little is known but that he practised surgery and used magical incantations in his operations, and that he could charm serpents. The art of charming these creatures seems to be known wherever they are native.

Attalus Philometer, the last king of Pergamos, who left his kingdom as a legacy to the Roman people, paid much attention to medicine, cultivating plants himself in order to become acquainted with their properties, examining poisons and their antidotes by administering them to criminals, and even augmenting the resources of physicians by his own inventions. In his taste for medicine he was rivalled by Mithridates, king of Pontus, who is said to have made himself proof against poison by habituating himself to its influence along with an antidote. What this antidote may have been it is not easy to say, but the poetical description of Q. Serenus Samonicus informs us that on seizing his palace, Pompey was surprised to find that it consisted of two leaves of rue, a grain of salt, two nuts, and two dry figs, to be taken in the morning fasting and followed by a small quantity of wine. What reliance can be placed on this we cannot say, and, in any case, the value of the discovery is almost neutralized by omitting to state the peculiar nuts employed. Various writings on medical subjects were discovered and translated by order of Pompey. Nicomedes, king of Bithynia, cotemporary with Mithridates, is included in the number of royal physicians; to whom may be added, Cleopatra queen

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of Egypt, and Artemisia queen of Casia. It seems that females were originally induced to study medicine by the feelings of delicacy, which deterred them from employing men in certain cases; their chief attention being paid to the diseases peculiar to their own sex, and particularly to midwifery. It is very questionable whether the sacrifice of delicacy, by which recent times have been so unenviably contrasted with those of which we now speak, and which is growing into a most serious evil, has been repaid by any commensurate degree of benefit: our individual conviction is decidedly the reverse,—and that in those particular sufferings which women only can experience, women, otherwise well instructed, would be the best physicians.

About a century after Archagathus, Rome was visited by Asclepiades, a native of Bithynia: though he bore the name, he was not of the family of Æsculapius. He at first attempted to establish himself as a teacher of rhetoric, but not succeeding, he turned his attention to medicine. The severity of the measures adopted by Archagathus had lost his credit with the Romans; the mildness of those of Asclepiades secured his reputation: his aim was to cure—"tuto, cito, et jucunde,"—an object no doubt exceedingly desirable, and if not always practicable, at least more frequently so than we are apt to suppose. He resisted the use of emetics and purgatives, and relinquished those superstitious ceremonies which had exposed the practice of medicine to deserved ridicule: his remedies consisted principally in the early stages of the disease, in abstinence from meat and wine, in friction, exercise, gestation. He exercised his ingenuity in the contrivance of means of ease for his patients; among these were beds suspended in the air to promote sleep, and various kinds of baths. But as his medical practice was founded on his philosophical theories, we shall consider these before discussing the other.

According to Asclepiades, as explained by Galen, matter is unalterable, and all that we see is composed of little bodies, atoms, or molecules, separated by points of empty space or pores. The soul itself is composed of these atoms. He opposed the philosophy of Hippocrates, who taught that nature gave to plants and animals faculties by which they attract what is suit-

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able and reject what is unsuitable to themselves. He denied any species of attraction, and all the phenomena explained by the supposition of that power he referred to the operation of these atoms and the different position of the pores or empty spaces. (A singular approach to the modern theory of only one ultimate principle or kind of atom.) He denied that in the beginning the soul had any knowledge, or any inclination or aversion, or any perception of right and wrong (but was as a sheet of white paper—Locke): he maintained that everything came through the senses, and that the animal is led by certain images (*φαντασιαι*) and by memory. The account given by Cælius Aurelianus is to this effect. Asclepiades regarded as the principles of all bodies, atoms or molecules, perceptible only to the understanding, which have no quality (*i. e.* we suppose have no distinguishing property), but, being in continual motion by mutual concourse, become less indefinitely. By subsequent reunion and mutual approximation they form suitable objects, which preserve in themselves the same tendency to change which their component particles possessed in respect to size, figure, number and order, which qualities are owing to the *construction* of the corpuscles, since in their separate state they have *no* qualities. He taught that nothing happened without a cause, but that everything takes place by necessity; nor is Nature any other thing than matter and motion, and that these two elements explained all the phenomena of disease without the intervention of any intelligent principle as supposed by Hippocrates. He denied the accuracy of critical days, and the propriety of watching inertly the progress of any disease (la médecine expectante) while the duty of the physician requires him to interfere actively to effect a cure.

Viewing all nature as consisting of atoms and the intervening pores, he considered that this was the constitution of the human body; and that through these pores passed and repassed atoms differing in size, the largest being those of the blood, the smallest those of the spirit. Now health depends on a right proportion between the pores and the atoms; disease on the disproportion. The most frequent obstacle arises from small bodies, which become entangled and detained in some of their ordinary pas-

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sages, whether from being too numerous, or from being irregular in shape, or from the rapidity or slowness of their motion. Sometimes, however, the pores themselves are in fault, being either too small, or oblique, or closing or opening more or less than is necessary. Among the maladies caused by the arrest of the atoms in the passages are phrensy, lethargy, pleurisy, and inflammatory fevers. Pain is one of the circumstances which arise from the stoppage of the largest atoms, *i. e.* the blood. Among the maladies caused by the defect in the pores may be enumerated fainting, wasting, and dropsy, which arise from the opening of the pores being too large. Hunger, especially when morbid, is caused by the opening of the great pores of the stomach and belly; thirst by the opening of the small. Another cause, though not a proximate cause of disease, consists in the trouble and confusion of the juices and the spirit. Quotidian fevers are to be ascribed to the detention of the largest bodies, tertian of smaller, quartan of the smallest.

The three great remedies proposed by this physician were gestation, friction and wine. To gestation he paid such minute attention that he thought himself entitled to lay claim to being the introducer of that method of treatment, but without justice, for it had been employed by Hippocrates and Herodicus. The easiest kind of gestation he considered that of a boat on a smooth river, the most violent that of a boat on a rough sea. There is a very natural connection between his theory and practice, as such methods would naturally tend to facilitate the passage of the atoms through the pores; with the same view he employed friction, on which he set a high value. He aimed at curing fever by fever. In the early part of the disease he allowed his patients neither drink nor sleep (thirst cure). Wine he employed sometimes mingled with salt water in fever and phrensy to procure sleep (*s. s. c.*); he employed cold water and cold baths; and in the early part of the disease he enjoined rigid abstinence. In acute diseases he used little medicine, in chronic more; also external applications, perfumes, sternutatories, enemata, seldom or never purgatives, believing with Erasistratus, that purgatives occasioned the morbid secretions which they were supposed to remove. In some diseases at-

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tended with pain he bled, as in pleurisy, (though not in pneumonia,) in epilepsy, convulsions, hæmorrhage, in cynanche, from the arm, the tongue, the forehead, the angles of the eyes; he used cupping glasses, excised the amygdalæ, and suggested laryngotomy. He recommended paracentesis in dropsy.

He denied that the aliment was digested in the stomach, considering that it was there only dissolved and comminuted, and being distributed through the body was changed into nerves, arteries, flesh, &c., according to the pores which received the several particles (assimilation).

The reputation enjoyed by Asclepiades was very high. By Apuleius he was called the prince or chief of physicians, or second only to Hippocrates. He was the physician and friend of Cicero, who commends his eloquence as well as his medical skill. He died at an advanced age, leaving numerous disciples who devoted themselves principally to the investigation of medicinal substances.

Various schools of medicine have owed their existence to a very natural desire to simplify the treatment of disease. Hence the Empirics neglected the enquiry into hidden causes, thus escaping a source of great perplexity and labour to the Dogmatic or philosophical school. Proceeding a step further, Themison proposed to arrange all forms of disease into two or three classes, and treat them accordingly. There were, 1, diseases characterised by constriction (στεγνωσις); 2, by relaxation (ῥυσις, χαλασις); and 3, those partaking of each of these characters: and these were subdivided into acute and chronic. The characteristic difference then between the three schools, Dogmatic, Empiric and this, the Methodic, consisted in the indication of cure, one being led by pathological theory, the other by past experience, and the third by the generic character of the disease. The last two schools agreed in renouncing minute enquiry into the causes of disease, which they believed to be impenetrable, though it is to be confessed that the classification was regulated by a certain regard to the cause. Themison also, in practice, differed from the most generally recognised principles of the Empirics, inasmuch as he practised bleeding, (and is indeed the first to mention leeches,) and also employed pur-

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gatives. He is said to have been on one occasion affected by hydrophobia, and that after recovery he wished to write an account of that complaint, but, whenever he set himself to the work, the disease returned.

Among the most prominent disciples of Themison was Thessalus, who lived in the time of Nero, a person of low origin, of cringing manners, and of unwarrantable presumption, claiming the honour of founding the only true medical school, and styling himself the conqueror of physicians. His classification of diseases corresponded to that of Themison, being founded on the supposed state of the pores, on which he aimed at effecting an entire change, from which effort was introduced the word metasyncrisis, a word derived from the Epicurean doctrine of a concourse of atoms (συγκρίσις), which being compounded with μετα signifies a change in the composition. Mustard and other stimulants were metasyncritic medicines because of the change of action produced by their application to the skin: now called derivatives. Like Asclepiades, he condemned the use of purgatives, arguing that if a medicine of that character be administered to a person in health, the consequent discharges will not be healthy, shewing that the morbid appearances are due to the use of the medicine.

One of the most distinguished physicians of this School was Soranus, an Ephesian, who practised at Rome under the Emperors Trajan and Adrian, whose works, though lost, are virtually preserved to us by Cælius Aurelianus, who professedly translated them, whose own period, indeed, is uncertain, some having supposed him to have lived prior to Galen, others, not till the fifth century. His works—if not an absolute translation, a close imitation of those of Soranus—treat of acute and chronic diseases according to the methodic rules, and include almost all diseases except those of a surgical character. They are also valuable from their containing many extracts from ancient authors for the purpose of refutation which would otherwise have been lost. Being the principal source of information on the subject of the methodic treatment, we shall give some account of their general contents. We have seen that the methodic school comprised all diseases under three classes, the confined,

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the relaxed, the mixed: we shall now see what diseases were ranged by Cælius under these several heads.

Among the acute disorders of the confined class are included phrensy (one form of which, however, is placed in the relaxed class), lethargy depending on a still higher degree of confinement, catalepsis, pleurisy, peripneumony (which, however, he thinks rather belongs to the mixed class). These few maladies are accompanied by fever; cynanche, apoplexy, convulsions, ileus, hydrophobia, are not. The chronic maladies of the same class are headache, vertigo, asthma (which is also in some respects mixed), epilepsy, mania, jaundice, suppression of hemorrhoids and of the menses, polysarcia, melancholy (also mixed), paralysis, catarrh, phthisis, colic, dysentery, dropsy.

The acute maladies of the second class are the cardiac passion (cholera?).

The chronic are hæmoptysis, diarrhœa, profuse menorrhœa, wasting, hæmorrhoids. Diseases were ranged in these classes according as they evinced a tendency to diminished discharge of natural excretions, to tumours, swellings or indurations; or, on the other hand, to encreased or unnatural discharges, and to a relaxed or wasted state. In order to abide by this classification, it was occasionally necessary to lay stress on the less important symptom rather than on the most characteristic, as in hydrophobia, a disease of which he treats at some length, and whose place was determined rather by the thirst, hiccough, and retention of excrements than by the more peculiar symptoms.

This author has the merit of describing disease with great accuracy.

By the same principles of classification was regulated the treatment. Little attention therefore was paid by the methodics to minute definitions of disease, or to a knowledge of their causes, or even to very exact determination of their seat, unless with the view of applying the relaxing or astringent medicine as nearly as possible to the part.

A leading rule in their practice was to endeavour to heal diseases with the simplest and most natural means, as air, diet, regimen. To the first of these they paid great attention, think-

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ing it more important that the air we constantly inhale should be suitable than even the food which we only take at intervals. For this end they regulated the temperature according to the demand for relaxants or astringents, for the first preferring light, warm, large apartments, for the latter dark and cool; in some cases preferring grottoes, and covering the roofs of houses with branches. They attended to the position, size, and situation of the patient's bed (line of magnetic current?); they disapproved of purgatives and diuretics, except occasionally in dropsy, but administered emetics and practised moderate bleeding; they condemned narcotics and cauteries. Bleeding, cupping, leeches, fomentations of warm water or warm oil, and emollient cataplasms, were included among the relaxing means; the astringent were cold water, cold oil, vinegar and water applied by a sponge or moistened cloths, chalk, alum, burnt lead, plaister and other similar substances reduced to powder and sprinkled on the parts or applied as cataplasms. Abstinence was enjoined during the two first days of disease, and the strictly medical treatment was begun on the third. Food was sometimes allowed only every second day, the medicine being administered on the alternate days, but the weakness of the patient was sometimes considered a reason for more liberal diet.

But perhaps the best way of conveying an idea of their treatment is to narrate the course in a chronic case of headache. When not severe, the patient should lie in a chamber moderately cool and dark, having the head slightly elevated; he should remain silent and at rest in body and mind, and abstain from food till the third day. During this interval his joints should be lightly rubbed, and his head anointed with cold oil, with the addition of some juice, astringent but not repercussive, as polygonum, plantain, &c., and to the forehead may be applied some medicinal preparation containing simples of that nature. If the pain be more violent, or if it increase, the patient must be lodged in a large room moderately warm, but not very light; linen moistened with warm sweet oil should be applied to the temples. Bladders half full of warm oil and bags of meal should be likewise used, while the warm hand should be passed over the suffering parts without the patient speaking or moving

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at all (Mesmerism?). If the pain arise from the teeth, he should hold in his mouth a mixture of wine and honey or oil. If the pain still augment, and the patient's strength allow, recourse should be had to bleeding, from either arm indifferently, if the headache be general; if confined to one side, from the arm of the opposite side; after which the patient may wash his mouth and drink some warm water. His head should then be anointed with warm sweet oil, and the face washed with warm water. A little light food may be taken every second day. Should the disorder continue unabated, the hair is to be cut close and even shaved, the head covered with cataplasms and fomented with sponges steeped in warm water or oil and water, and cupping glasses applied. If the bowels have been confined for several days, an injection may be used of warm water, oil of rue and honey. When by these means the pain has been alleviated, simple ointment, as diachylon, is to be employed, and the diet varied. Pork, fish, pigeons, and some other articles are then allowed, with some vegetables, particularly those of a laxative character, and exercise on foot or by gestation, followed by anointing and baths. After three days more, a little diluted wine. When the pain has ceased, the patient must carefully avoid every exciting cause. But if the disease prove chronic, recourse must be had to the same means from time to time, with the difference that exercise may be allowed more freely, proceeding gradually from gentle carriage exercise to the various modes of gymnastics, even the most violent; the diet also may be rather more liberal. This method of treatment was called the resumptive circle or period, after going through which, the patient proceeded to the metasyncritic circle or period, which greatly resembled the other in respect to the varieties of diet, but here the patient was made to vomit repeatedly; this period was terminated by the employment of violent remedies, such as shaving the head till irritation was produced, cauteries, adherent plaisters, applied to the legs, back, chest, head, chin, temples, and violently torn off. The pores of the head being thus relaxed, the state was continued by the use of the voice, of sinapisms, or sternutatories, care being taken not to allow the employment of one remedy to

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interfere with that of another. The shower bath was also enjoined, beginning with warm water and proceeding to cold. If all these measures failed, a trial was made of hellebore, mineral waters, and a sea voyage, observing to keep the mind at ease, particularly after meals.

Among the professed disciples of this school was Dionysius, who wrote a book containing 100 chapters, 50 of which were devoted to the refutation of the sentiments supported by the other 50. He was therefore probably a Pyrrhonist or sceptic, a class with whom the Methodics were somewhat allied. Traces of this sect are found through many centuries, and Prosper Alpinus, professor of medicine at Padua, endeavoured to revive it so recently as 1611.

Allied to and perhaps forming divisions of the Methodic school, were the Episynthetics and Eclectics: their designations sufficiently indicate their leading characteristics, but we have not sufficient accounts remaining to form a very accurate idea of their peculiar sentiments.

Athenæus, who lived probably about the time of Nero, founded the school of the Pneumatists, who maintained that the true elements were not fire, air, earth and water, but what we are accustomed to regard as their primitive qualities, heat, cold, moisture, and dryness, to which he added a fifth, viz. the spirit (πνευμα), supposed to pervade the whole, the injuries of which he regarded as the principal source of diseases. To the natural and involuntary dilatation of this spirit he ascribed the movements of the heart and arteries. Of his works, though numerous, very little remains; the fullest account of his sentiments may perhaps be found in the writings of Aretæus, who appears from incidental observations to have been inclined to this sect, though perhaps not ostensibly to have belonged to it.

Celebrated as are the name and writings of Celsus, it is somewhat remarkable that neither the period during which he flourished, the place of his nativity, nor the profession he followed, is accurately known. It seems probable, however, that he was born in the reign of Augustus, and wrote in that of Tiberius; that his birth-place was either Rome or Verona, and

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that he actually engaged in the practice of medicine, though some have supposed that he merely studied that subject as a branch of general philosophy, and that his works are principally translations. These are contained in eight books, of which the first four treat of internal diseases, the fifth and sixth of external, the seventh and eighth of surgical. The authors whom he principally follows are Hippocrates and Asclepiades, but with discrimination, following Hippocrates in the matter of prognosis and some surgical operations, but uniting with Asclepiades in disregarding critical days, which he ascribed to Pythagorean prejudices. Nor did he abide by the rule of Hippocrates to avoid bleeding in the case of children, old persons, and pregnant women, but he regulated practice in this case by the strength of the individual patients. He placed little reliance on the indications of the pulse, but paid great attention to the peculiar type of the fever. He classified the necessary operations of surgery under four very obvious heads. 1. To supply what is deficient, as the restoration of the nose. 2. To remove what is superfluous, as the excision of a gangrenous limb, or the removal of a stone from the bladder. 3. To unite what is unnaturally divided, as in fractures. 4. To separate what is unnaturally united, as when the eyelid adheres to the eye from ulcers in those parts.

The works of Celsus are so generally in the hands of medical students that any more minute account of them is unnecessary.

Reverting a little to the time of Augustus, we find amongst the most renowned physicians Antonius Musa, a slave or freedman, who owed his reputation to a bold or fortuitous advice given to the Emperor, in opposition to the rules of ordinary practice, viz. to substitute cold bathing for warm applications. The nature of his complaint is uncertain, but is said by Suetonius to have been an affection of the liver. To a less happy application of the same remedy (if not to treachery) is ascribed the death of the amiable Marcellus, nephew and adopted son of Augustus. The introduction of cold baths is ascribed by Pliny to Antonius Musa, who also adopted the practice of throwing cold water on the patient after leaving the warm bath.

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He is likewise said to have cured troublesome ulcers by causing his patients to eat the flesh of vipers. He was not a solitary instance of the medical profession being exercised by slaves; on the contrary, it was very common for them to be so engaged, that profession being less cultivated by free Romans than by Greeks, who introduced it to Rome, and who were held in such high estimation, that even Roman physicians were accustomed to use the Greek language, possibly from the affectation of superior learning.

Connected with the profession were subordinate officers required to attend on the baths, to afford friction, and which we call shampooing; and even in these early times the profession of the barber seems to have been regarded in some way connected with that of the physician, from the saying of the emperor when a barber had been sent for who attended in a dress beyond his station, "I did not send for a physician, but a barber." And we may so far anticipate as to remark, that in christian times after the foundation of hospitals (which owe their existence to the benevolent influence of that religion,) a class of persons were appointed called parabolani, whose office is not well ascertained, but appears to have consisted in tending the sick in some manner, though they seem to have belonged more strictly to the clerical than to the medical order. No less than 600 were appointed for the city of Alexandria, named by the bishops and forbidden to leave the hospitals.

Many *names* might be enumerated of physicians about the time of Tiberius, but we do not learn that they did much to advance the science. A physician named Charicles was honoured with his friendship (if the friendship of such a man though an emperor can be esteemed an honour); nor does he appear to have had much of his confidence in a professional point of view, for it was only by availing himself of the pretext of taking leave after an entertainment that he was able to feel his pulse, and from that indication to predict that he had not more than two days to live. Pamphilus made great gain by a nostrum for the cure of a disease on the chin called mentagra, which attacked chiefly the higher ranks, and had previously been treated by cautery leaving a mark as ugly as the disease.

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To this period also belonged "Luke, the beloved physician," (or navy surgeon, according to the conjecture of a modern writer —*Smith's account of St. Paul's shipwreck*).

One of the most considerable physicians in the time of Nero was Statius Annæus, the friend of Seneca, to whom he rendered the sad office of presenting a cup of poison to hasten his death; also Crisias of Marseilles, who earned reputation and fortune by affecting to regulate his practice by astrology; and Andromachus of Crete, famous for the discovery of an antidote to which was ascribed almost universal power, and styled the Archiater, a name not certainly determined whether to signify the chief physician or the physician of the emperor, but which seems in later times to have been more extensively employed, for the gratuitous care of the poor was assigned to a class of physicians thus designated. The transition seems by no means violent from the office of a court physician paid by the emperor to that of a physician appointed to the care of the poor by the state and receiving emolument from that source alone. To this office, besides a salary, were attached certain valuable privileges, as freedom from imposts, from billeting of soldiers, from imprisonment. The Archiaters formed a college, which judged of the capacity of candidates for admission, not to the medical profession but to the order of Archiater, subject to the recommendation and approbation of the emperor.

To near this period also belongs Dioscorides, who treated of the materia medica, a subject to which he early devoted his attention, and to become acquainted with which he performed many journeys and experiments. His works are still held in estimation.

Caius Plinius Secundus of Verona held the government of Spain under Vespasian, and found leisure amid the cares of office to write 27 books, 15 of which refer to the materia medica. He was greatly opposed to complicated prescriptions, and held that the best remedies were to be found at home, without going to foreign countries; an observation worthy of attention, for we have little doubt that as there is a relation of congruity between the animal and vegetable world of each country in their healthy state as respects diet, so will there be

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found a congruity between the products of a country and the diseased condition of the inhabitants as respects medicine.

In the period of Trajan and Adrian we find Plutarch, who, though not a physician, treated of the preservation of health, and made some sensible observations on the injurious nature of purgatives and emetics: Rufus the Ephesian, highly esteemed by Galen,—he wrote of anatomy, of diseases of the bladder and kidneys, of purgatives, and some commentaries on Hippocrates: and the instructors of Galen, among whom were Ælianus, Pelops and others; and we are thus brought down to the time of that distinguished man, whose prominence in the medical world entitles his history and attainments to a more lengthened consideration.

Galen was born about the fifteenth year of the reign of Adrian, in Pergamus, a city of Asia minor. His father Nicon being a man of learning, conducted the earlier part of his education himself, and spared neither pains nor expense in his improvement, procuring for him the best masters. He studied in the schools of the Stoics, the Academics, the Peripatetics, and the Epicureans. At 17 years of age he embraced the study of medicine, and in this pursuit made many journeys. He returned to his native city at the age of 28, and entered on practice, which however he left after four years, on account of a sedition, and established himself at Rome, from which city he was induced to withdraw, notwithstanding his having found connections and established a reputation, by the ill will of the native physicians. He returned for a time to Pergamus, at the age of 37, but was shortly after summoned again to Rome by the Emperors Marcus Aurelius and Lucius Verus, and appointed to the charge of Commodus, the son of Aurelius. It is uncertain whether he again left Rome. He died at the age of 70, about A. D. 201, distinguished not merely by his medical skill, but also by eloquence and diligence. Of the latter quality the number of his works are a convincing proof, amounting to 500 treatises on medicine, and about half that number on other subjects. He wrote a *catalogue raisonée* of his own works which occupied two vols.

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When Galen entered on the stage, the medical world was divided into several sects, the Dogmatics, Empirics, Methodics, Pneumatics, Episynthetics, and Eclectics, the Empirics being the least esteemed. Though professing to follow no teacher, but to receive truth wherever discovered, and therefore most closely resembling the Eclectics, he was in reality a more faithful follower of Hippocrates than of any other, and he prided himself on his acquaintance with his doctrines, of which he laboured to give an accurate account. He was indeed one of whom any school might be proud, being in every way worthy of the admiration which has been bestowed on him. He was eminently religious, nor was his religion a mere distinct and isolated principle exhibited in definite and isolated acts; it appears to have been interwoven with the great business of his life, and to have sanctified the pursuits of every day. "In writing these books," he says, "I compose a true and real hymn to that awful Being who made us all; and, in my opinion, true religion consists not so much in costly sacrifices and fragrant perfumes offered upon his altars, as in a thorough conviction impressed upon our minds, and an endeavour to produce a similar impression on the minds of others, of his unerring wisdom, his resistless power, and his all-diffusive goodness. For his having arranged everything in that order and disposition which are best calculated for its preservation and continuation, and his having condescended to distribute his favours to all his works, is a manifest proof of his goodness, which calls loudly for our hymns and praises. His having found the means necessary for the establishment and preservation of this beautiful order and disposition is as incontestable a proof of his wisdom as his having done whatever he pleased is of his omnipotence." (*De usu partium*, lib. iii, c. 4.) (Hamilton.)

In considering the nature of the art of medicine, he observes that in order to know an art we must know the end it proposes. Thus there are some arts whose end is contemplation, as arithmetic or astronomy; others which produce action, but no permanent result, as the art of dancing; others which effect a permanent result, as the art of building; others which produce nothing, but acquire, as hunting: the art of medicine is of the

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class which produces something and whose effects are permanent, since it sustains or re-establishes the body of man, preserving health or restoring it when interrupted. On these principles he maintained that as an architect must be acquainted with the several parts of a building and their relations, so a physician must be acquainted with the several parts of the human body and their relations, which is to be attained only by anatomy. This knowledge having been secured, it remains to preserve health or to restore it, and even to reproduce lost parts when this is possible. Now the prime elements of the body are fire, air, earth and water, the qualities of which are heat, cold, moisture, dryness. When uniformity prevails in all these qualities, the parts perform their natural functions, but when any one is in excess or is deficient, irregularity ensues in the functions. Moreover, the organic parts (hands, feet, eyes, &c.), must have their appropriate size, figure, number and situation, and mutual union. Taking into consideration all these various circumstances, we have an idea of what it is that constitutes health and sickness. The duty of the physician is to keep all these several conditions essentially and relatively correct, which is to be accomplished by the employment of means appropriate to the end in view, as heat for the cure of diminished temperature, &c. Hence the species or cause of the disease indicates the nature of the remedy, but it does not point out how far it is capable of application, which must be learnt from a knowledge of the parts, or anatomy: thus some parts of the animal economy are capable of being restored when lost, others are not, either by the powers of nature or of the physician, whose business is to assist nature in those operations which are not wholly beyond her power. On these general principles is founded the art of medicine, but it can be practised only by those who are much more minutely acquainted with details respecting the causes and signs of health and disease, and the means adapted to preserve health or restore it when it has been interrupted. A perfectly sound temperament or constitution is that in which there is an exact balance preserved among the various elements of which the body is composed; but such a constitution is seldom or never to be met with, and

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is rather referred to as an imaginary standard than as actually existing. According to the preponderating quality in the less perfectly balanced constitution, it is denominated hot or cold, moist or dry, which may be further modified by the preponderating character of more than one property, as hot and dry, &c. To these constitutional differences may be added the peculiar temperament, which, being founded on no discernible combination of these principles, are called idiosyncracies.

Galen, after Hippocrates, maintained that there were three principles of living bodies, the parts (meaning the solid parts, which again he subdivided into similar or uniform, as the flesh, and organic, as the limbs); the humours, of four kinds, viz. the blood, the bile, the pituita, and the black bile; and the spirits, of three kinds, the natural, vital, and animal, the first being a subtle vapour arising from the blood and taking its origin from the liver, which having been carried to the heart, become, in union with the air which we inhale through the lungs, the matter of the second or vital spirits, which in the brain become the animal spirits. He supposed that these three kinds of spirits correspond to and are the instruments of three several faculties having their seats severally in the organs whence the several kinds of spirits took their rise, the natural faculty, in the liver, presiding over the nutrition, growth and generation of the animal; the vital, in the heart, communicating heat and life to all the body through the arteries; the animal, with which is joined the reasonable or ruling faculty, in the brain, distributing to all parts feeling and movement, and presiding over the other faculties. Again, the actions or offices of each of these faculties he divided into external and internal: the internal actions of the animal faculty are the imagination, reasoning, memory; the external are the five senses, and, in general, sensation and motion. The internal actions of the vital faculty are the violent passions, as anger; the external are the normal, as pulsation of the arteries, the distribution of arterial blood through the body to communicate to it heat and life. The internal actions of the natural faculty are sanguification and digestion; the external are the distribution of venous blood throughout the body, to nourish, augment, and preserve the body, and propa-

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gate the species. Besides these general faculties, the several parts of the body have particular faculties, as the stomach has the digestive faculty, &c. While these faculties all perform their natural actions, health is enjoyed; sickness results from their being impeded. The prime mover of air is *Nature*. Now since the freedom and perfection of these *actions* depend on the right disposition of the *parts*, we may say that health depends primarily on the symmetry of the parts and their mutual relations. On these principles Galen defined disease to be an unnatural disposition of the parts of the body, which hinders their action. The principal kinds of maladies he held to be threefold: the first those of the similar and uniform parts; the second those of the organic; and the third, common to both the first, consists in disordered temperature, which may occur either with or without the presence of foreign matter, as when the head is heated by exposure to the sun: this disordered temperature may be simple, as when the proportions of heat and cold only are considered; or compound, as when, besides these qualities, those of moisture and dryness are concerned: again, it may be *equal*, as when equally diffused through the body; or *unequal*, as when confined to a part, or when the body is disordered by contrary causes, as the simultaneous presence of heat and cold, as in fever. The second form of disease involves the organic parts in regard to number, size, figure, cavities, situation and mutual connection, as when one has six fingers, &c. The third kind consists in the solution of continuity, as when any part is cut or broken: this form of disease is common both to the similar or uniform and the organic parts. Besides these distinctions, Galen likewise observed those of acute and chronic, mild and malignant, epidemic, endemic, sporadic.

The *causes* of disease he considered external and internal; under the first class including 1, the air; 2, food and drink; 3, motion and rest; 4, sleep and watchfulness; 5, that which is retained in or expelled from the body; 6, the passions. These six external causes were called procatarctic, because they put in motion the internal causes, which are of two sorts, the antecedent and the conjoint (proxima). The antecedent con-

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sists generally in a vice of the humours, which may be either plethora (excess in quantity), or cacochymy (or evil quality), as being too hot, too cold, &c. Plethora may be the excess of blood, bile, pituita, or black bile; but though the blood may greatly exceed the other humours, if any of the other humours greatly surpass the normal quantity they will constitute cacochymy, because they will corrupt the *quality* of the blood. Plethora may be in relation to the vessels, as when they can scarcely contain the appropriate fluids, or in relation to the strength of the patient, when it cannot sustain even a moderate quantity.

The second class of internal causes, the conjoint (proxima), is that which is the *immediate* cause of the disease, so that while present the disease always exists, when absent the disease is removed. Thus in pleurisy the conjoint cause is that portion of humour which is in contact with the pleura; the antecedent cause is the condition of the mass of the same humour extended through the body.

He divided the causes of disease into the *manifest*, or such as were subject to the senses; those *not manifest* to the senses but discoverable by reasoning; and the *occult*, or those not discoverable by either of these sources.

He defined the symptom of a disease to be an affection contrary to nature, depending on the disease, and following it as the shadow follows the body. These symptoms he arranged into three classes: 1, those of disordered or impeded action; 2, changes in the quality of the parts, as the change of colour in jaundice, &c.; 3, disorder in excretion or retention. Thus the *symptom* of pleurisy is the impeded respiration consequent on the inflammation which constitutes the disease. The disorders of the third class concern either the entire substance excreted, as worms and stones, which ought not to exist in the body at all; or those which ought to exist but should be rejected by appropriate channels, as when in ileus the fæces are vomited; or when matters are rejected which ought to be retained, as in hæmorrhage; or when natural disorders are excessive or dejective in quantity. But hæmorrhages, perspiration, &c., which terminate the disease, are not to be regarded

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as *symptoms*, being the efforts of nature to overcome the disease.

Distinct from the *symptoms* he considered the *signs* of disease, diagnostic and prognostic: of the former some being pathognomonic or proper to a disease and always accompanying it, as in pleurisy the cough, pain in the side, difficult respiration and continued fever; others being adjunct, common to different diseases, but shewing a difference between two diseases of the same kind, as the sputa in pleurisy, sometimes bloody, sometimes white, foaming, &c. The diagnostic signs were taken from the disordered constitution of the part affected, from the causes of the disease, from the symptoms, from the peculiar constitution of the patients or his idiosyncracy, and from the prevailing epidemic. In order to obtain any signs from the disordered constitution of the part affected, it is necessary in the first place to know what that part is, a work of no difficulty if the part be external, but requiring much care and judgment if internal. With this view he called attention to five circumstances: 1, the action which is disordered; 2, the nature or kind of pain experienced; 3, the situation of the part where the pain is felt; 4, the accidents proper to each part; 5, the excretions proper to these parts and the manner of their expulsion.

Now in order to know the action which is disordered we must know the natural operation of the several parts of the animal economy: thus, if the food be not digested we know that the stomach is at fault, because we know that digestion is the office of the stomach. But a part may be affected either primarily, or in virtue of its connection with another part. It is discerned to be immediately affected if the affection proper to it be alone, if it continue long, if it observe no proportion with any other affection, increasing, diminishing or ceasing with it, and if the remedies generally applicable to that organ be found to produce their ordinary effect. But the affection which depends on some previous affection augments or diminishes in proportion to it, and is affected by the medicines which are applicable to the organ primarily affected. 2. The nature or kind of pain indicates the nature of the suffering part; pulsation or throbbing indicates the affection of a neighbouring

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artery; sharp pain, that of a membrane; convulsive (spasmodic?) pain, that of the nerves. 3. The situation of the pain indicates the part: thus, if profound, internal, with tension and swelling of the right hypochondrium, it is probable that the liver is diseased, &c. 4. The accidents proper to certain parts point them out as affected: thus, vomiting indicates the stomach, delirium the brain. 5. The nature of the discharges: if small pieces of flesh be discharged by the urethra, their coming from the kidneys imply that they are diseased; if urine issue from a wound in the abdomen, the bladder must have been wounded. And the manner in which some matters issue from the body indicates in some instances the part affected: as if blood come forth in jets, an artery is probably injured; if from the mouth on coughing, the lungs, &c. So important did this subject appear to Galen, that he devoted to it six books.

Having discovered the part affected, it remains to ascertain the nature of the affection, the signs of which are derived either from the disease itself, the causes of the disease, or its symptoms. Diseases consisting generally either in disordered temperature or malformation, when these morbid circumstances have attained a considerable extent they are appreciable by the senses, and may thus readily indicate the nature of the morbid affection. On the other hand, in some instances the causes of the disease point out its nature: if, for example, it be occasioned by a strong medicine or poison, our knowledge of this substance enables us to form some idea of the nature of the disease. But the most fertile source of indications is found in the symptoms, which being of three sorts, animal, vital, and natural, present three classes of signs. Thus, delirium, a symptom of disorder in the *animal* action, if accompanied with violence, indicates an elevated temperature of the brain; if accompanied with fear and sadness, the reverse. Different alterations in the *pulse* are symptoms of injury in the *vital* action: accordingly, a full and frequent pulse indicates an elevated temperature; small and unfrequent, a depressed temperature. In the injuries of the *natural* action, a languishing appetite with ardent thirst indicates an elevated temperature; great appetite without thirst, a depressed; blood coughed up in

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large quantities indicates the rupture of a vessel in the lungs; that which is spit up in small quantities mingled with pus indicates ulceration.

In forming his prognosis, Galen was regulated principally by the species of the disease, its magnitude, and its peculiar character. Thus, continued fevers are always dangerous, especially when malignant; intermittent are generally without danger.

The part affected, the constitution and age of the patient, the cause of the disease, the season of the year, and the situation of the place, were all taken into consideration.

The probable duration of a disease he inferred from its progress, combined with its general character and severity: if this be rapid, the disease will soon terminate; if slow, it will continue longer. Ephemeral and simple continued fevers terminate favourably in a few days; continued, putrid, or malignant terminate fatally in an equally short time. Diseases occasioned by heat or cold are of shorter duration than those occasioned by moisture or dryness; those which are occasioned by the blood or yellow bile are acute or short; those by the pituita or black bile, are chronic or long. The manner in which a disease will terminate, whether by an oppression or a loss of strength, may be prognosticated from the state of the disease and of the patient: if the progress of the disease have been slow, it is likely that the humours will be matured gradually; if rapid, that the disease will terminate by a crisis, particularly if, at the approach of the critical days, the patient become increasingly restless. And the *kind* of crisis may be conjectured from various circumstances: if the pulse be full and frequent, but soft and wavy, the crisis will consist in perspiration; if the belly be raised and there be much rumbling, in diarrhœa; if the patient be red in the face, and think that he sees red colours, in hæmorrhage, of which he gives a curious instance in a young man who was about to be bled had he not interfered, saying that although the treatment was correct, nature was about to render it unnecessary, when the young man leapt from his bed, declaring that he saw a red serpent, soon after which ensued a violent and long continued hæmorrhage. If a patient have been long languishing, and there have been great hæmor-

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rhage and diarrhœa, it is likely that he will die of exhaustion; if he have had no such evacuations, of oppression.

Galen wrote minutely and at great length on the pulse, which he defines as a particular action of the heart and arteries serving to maintain the heat of the body, occasioned by the alternate dilatation and contraction of the heart and arteries. He describes a great variety of pulse arising from many causes, from temperament, age, sex; from food, exercise, and repose; sleep or watchfulness; from the passions; from particular diseases, their causes and symptoms. These varieties of the pulse he employed much in forming his prognosis; and was so impressed with the importance of the subject, as well as its difficulty, that although he devoted to it sixteen or seventeen books, he asserted that it would occupy an entire life to acquire a full knowledge of the pulse.

His practice was founded on the principle expressed by the words contraria contrariis curantur; any instance of successful treatment on an opposite principle he ascribed to the accidental intervention of something in accordance with this law. But he admits that its application requires great care, lest by giving too much of the opposing medicine we induce an opposite disease, or by giving too little we fail to effect our intended object. Moreover, in complicated diseases complicated remedies are indicated, though the principal disease requires the principal attention, and the chief aim should be directed to the removal of the cause; nor should the physician ever be contented with the disappearance of the symptom, though cases may occur in which it is necessary to heal the symptom, as when it may lead to an increased disease or to a diminution of the patient's strength.

An important indication of treatment is the strength of the patient, which indeed does not indicate the *remedy*, but the *quantity*. When the strength is small, a disease which in other circumstances should be met by violent remedies must be treated by more gentle; and the degree of vital power may actually afford an *opposite* indication to that of the disease. On the strength of the patient depends the effect of all remedies; it must therefore be so tended as to *last through* the disease.

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The treatment is further modified by the natural constitution of the patient, including under that term the temperament, age, sex, habits of the individual, as well as by the particular state and character of each part: thus a part naturally hot attacked by a disease of a hot character does not require such powerful remedies as a part naturally cold attacked by the same form of disease, the morbid condition being less removed from the natural;—by its importance in the animal economy, as the liver and stomach, which always require fortifying remedies, being the organs on which the whole constitution depends;—by its sensibility, the more delicate (as an inflamed eye) being less able to support violent medicines;—and by its consistency, the dense or thick or hard parts requiring more penetrating medicines than the soft. Nor in this point of view must the nature of the surrounding air be left out of consideration.

He employed the ordinary resources of bleeding, cupping, purgatives, opiates, with occasional specifics, as the ashes of crabs in hydrophobia, following generally the rules observed by Hippocrates. Though he sometimes abstracted large quantities of blood, he in general preferred repeated small bleedings, and avoided the practice with children under 14 years of age. Purgatives he used more freely than Hippocrates, perhaps from being acquainted with a greater variety. He made little use of sudorific medicines, but employed the bath and frictions.

We do not enter at length on the consideration of the anatomical views of Galen, though it is greatly to his eminence in this respect that he owes the position which he occupies in the history of medicine, because to do so with any adequate degree of accuracy and minuteness would lead us into too great prolixity. He appears occasionally to have dissected the human subject, but not very frequently, for he has recourse to animals supposed to resemble the human form most nearly in their construction. We have seen the spirit of elevated devotion with which he enters on the exposition of the human frame.

About the same time as Galen, lived Lucius Apuleius, better known perhaps as the author of a satirical work called the Golden Ass, but who was also engaged in the study and prac-

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tice of medicine, though somewhat inclined to superstitious rites, which brought upon him the charge of magic, and exposed him to the censure of the Christian writers. Also Marcellus, who wrote forty-two books on medicine in heroic verse, in which he treated of a disease called lycanthropia, in which the patient supposed himself transformed into a wolf; Posidippus, accused of having occasioned the death of Lucius Verus by an unsuitable bleeding, and several others, among whom may be mentioned Glauco, an oculist, who cured the disease called hypopion by seating the patient on a chair, and then shaking his head violently till the pus descended to the lower part of the eye, which Galen says he himself saw.

Papilius, Alexander and Sanctus were Christian physicians who suffered martyrdom for their faith in the persecution raised by M. Aurelius, L. Verus, and Commodus.

ON MESMERISM.

By J. Rutherfurd Russell, M.D.

It is impossible for any sane mind to be brought in contact with the world of mesmerism without being dismayed at the dismal disorder which reigns over the whole region; one feels as if quitting the familiar earth for Tartarus, and exchanging the diffused light of day by which we recognise the colour, form and distance of objects, for the fitful corruscations of the aurora borealis or gleams of vivid lightning, that dazzle the sight rather than reveal the things around us. We feel that all our conscious experience is opposed to the phenomena we seem to witness or of which we are told; and while we dare not refuse the evidence of our senses or the testimony of trustworthy witnesses, we are equally unwilling to receive as truths appearances or statements utterly at variance to all probability. A little reflection, however, will convince us that this discrepancy is apparent rather than real. The experience by which we try mesmeric phenomena is all derived from our waking state. Mesmerism is a state of sleep. Our sleeping experiences are not recollected, and we cannot bring them to bear upon the subject. If we could remember all that passed in sleep we might find nothing extra-

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ordinary in the acts of a person in a mesmeric condition. The neglect of this fundamental distinction seems to lie at the root of the confusion of the matter; and the only hopeful method of advancing into the labyrinth is by starting from the most obvious and familiar of the phenomena of sleep. To enable us to do this at all successfully, we must first disentangle sleep from certain other states into which it is often confounded.

Sleep is frequently spoken of as a state of negation,—and as such related to stupor or fainting; but a little careful attention will dispel this error. A faint is an arrest of all the animal functions: the heart ceases to beat, the lips grow pale, there is total insensibility, there is in short temporary, at least apparent, death; hence in German called *scheintod*. In stupor, although the heart continues to beat, it does so languidly and laboriously, there is no sensibility as in sleep to any stimulus that can be applied to the system, there are no dreams, and there is no sense of refreshment on recovering from it. It is a dead, unnatural, unwholesome calm,—not a living natural sanative repose. Stupor and faint are morbid states, sleep is essentially a healthy one.

"Sleep, Death's twin-brother, knows not death."

Hence it is a misnomer, and one which has done much mischief from the erroneous idea it involves, to call those poisonous substances which produce stupor, *hypnotics*. Narcotics or soporifics they are, but *sopor* and *narcosis* are not synonymous with *somnus*.

Sleep, then, we believe, along with some of the best physiologists who have written on this subject,* to be a positive condition of the system, beginning in all probability before birth, and continuing till death. For there is great probability that the fœtus in utero floats in its little ocean fast asleep, and only slowly after birth enters the full state of wakefulness.† Its

* See *Burdach's Physiologie*, vol. v, p. 185.

† It may be somewhat too fanciful for a scientific paper to suggest that if the child be asleep before its birth, it may in that sleep be visited by dreams, and those dreams may take their character from the emotions of the parent: and one might even imagine that some very vivid dream might be faintly

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position is that of sleep. Many animals when they fall asleep resume their prenatal attitude by instinct; some seem scarcely to wake, as those born blind, till some days. Infancy is a prolonged sleep: and in our progress to second childhood, which too is little else than sleep, it is necessary for the preservation of our faculties that we should nightly return as it were to Nature's womb, to be quickened for the returning morning of a fresh birth. That there is a living mystery in these long years which we spend in sleep can scarcely admit of a doubt; and perhaps when the "soul, the body's guest," shall go into other regions of existence, the resurrection which is to reunite our separated elements will combine the double experience of all that we have learned in our waking hours, and all that may have been taught us when asleep.

The more we ponder upon sleep (the great recurrent movement in the epic march of life), the more does its importance as well as its mystery grow upon us. It is an aspect of the law which governs not only all sentient but also all material existence,—the mighty law of alternation: the succession of day and night, of summer and winter, the perpetual repetition of the modified past, which constitutes the present and involves the future. And hence it can hardly be matter of surprise that the infraction of this great law should be attended with most direful consequences. Abstinence from food enfeebles and reduces the frame, but want of sleep disturbs all its functions. It is partial death,—death of our sleeping life. In sleep we return into the great telluric life from which we sprung, for out of the dust of the earth were we created. Not to sleep is to array this life against us; hence sleeplessness is attended with visions of all

remembered in after life. Perhaps this idea lies in these verses of *In Memoriam*:—

"How fares it with the happy dead?
For here the man is more and more;
But he forgets *the days before*
God shut the doorways of his head.

"The days have vanished tone and tint:
And yet, perhaps, the hoarding sense
Gives out at times (*he knows not whence*)
A little flash, a mystic hint."

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that is unnatural. It is not because ghosts are invisible by day that they are only seen at night, it is because they can only be seen by the eyes of the sleepless.

Sleep viewed from the negative point may be defined a healthy condition, in which the conscious will of the sleeper ceases to control the mental and bodily operations. Both mind and body may continue active, and may and probably do act in obedience to laws as distinct and absolute as those which govern the waking state; but the initiative impulse may be given by external forces instead of by the will of the individual. The will of a waking person may regulate the actions of a sleeping one. If the ear of a sleeper be tickled with a feather his hand will rise to remove the annoyance: if into his ear be whispered words of obvious meaning it frequently excites a corresponding dream. This seems the simple explanation of the amusing actions to which the very silly name of electro-biology has been given. To induce these acts a person is but asleep, and dreams are suggested to him; he sees and hears and walks as if awake, but in reality he is asleep, his will is dormant: he is told that a chair is a horse, he dreams it and acts a dream. There is nothing wonderful in this. It is not so uncommon for persons when fatigued to fall asleep while walking and to continue their walk. Innumerable examples of this are on record, nor is it unusual for them to hear and to see with sufficient distinctness as to avoid obstacles. This happens even in ordinary sleep, to say nothing of somnambulism. The mesmeriser puts a person to sleep, and by so doing acquires the control of his thoughts and voluntary motions as long as he is asleep. The only remarkable thing is the power of putting to sleep, and this peculiar sleep. The cataleptic phenomena produced by mesmerism belong to a different category, and are beyond the present scope of our inquiry.

If we define mesmerism to be the power of inducing sleep in its various modifications and of communicating with the sleeper, so that while on the one hand the waking operator can influence directly his thoughts and actions, and on the other can receive from him in return an account or description of his perceptions, we exhaust all the higher phenomena of this state, including

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clairvoyance. For clairvoyance is neither more nor less than the admission of a waking person into the consciousness of a sleeping one. What this kind of consciousness is, whence it comes, by what laws it is regulated, we know absolutely nothing; nor can we expect to know anything except by examining it for itself. We know how we perceive the external world when we are awake, or rather we only know that certain mechanical contrivances are used to enable us to do so. We know that in sleep if there be perceptions of the external they are not produced by the apparatus of the senses that supply the corresponding waking ones. More than this we do not know. Ordinary vision is as great a mystery as clear sight. But it is an obvious contravention of all the laws of induction to attempt to explain the one by the other: we might as well try to estimate the effects of a piece of music or poetry by a mathematical formula, or to speculate on the probable longevity of an angel. And we consider all the theories which have been invented to facilitate the belief in clairvoyance (for we cannot suppose that even their authors could for a moment imagine they explained the phenomena) as falling under the rebuke of Lord Bacon, when he says: "The art and mind of man if it work upon matter which is the contemplation of the creatures of God, worketh according to the stuff, and is limited thereby; but if it work upon itself, as the spider worketh his web, then it is endless, and brings forth indeed cobwebs of learning, admirable for the fineness of thread and work, but of no substance or profit."—(*Advancement of Learning*, p. 41.)

It is no part of our design to enter into a disquisition as to what mesmerism is; whether it be a form of terrestrial magnetism or have a diabolic origin we must leave to the decision of natural philosophers and divines, and whenever they are all agreed we shall humbly bow to their decision. However, it does appear to us a retrograde step in philosophy to expend time in attempting to ascertain the nature of any force: all we can hope to determine is the conditions under which it is manifested, and the laws which regulate its phenomena. Hence, with all deference to Baron Reichenbach and with all respect to Professor Gregory, we greatly prefer the old term of mesmerism to the

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new title of odyle. It is enough for us as physicians to try and discover what mesmerism does, not what it is; and it seems to us that mesmerism, however produced, is the hypnotic *par excellence.*

We have already indicated the immense value of sleep, and if mesmerism really be a sleep-producing agent over which we have certain control, its value must be immense. It is asserted to have another value, in making us acquainted with phenomena of disease by means of clairvoyance; into this too we shall briefly enquire.

In the first place, however, we shall consider it in its direct therapeutic bearing, as enabling us to afford that exquisite repose to patients, the want of which we know gives rise to many positive diseases, as well as being in itself a source of indescribable suffering and distress: and in the following observations we shall speak entirely from personal experience which we have had of its efficacy in a few cases, and which has convinced us that mesmerism is quite indispensable for the successful treatment of a certain limited class of diseases. We do not mean to deny to it a larger sphere of usefulness, but in the wider range to which its professed advocates promote it we believe it may merely rank as one of many useful appliances, whereas in the more limited sphere it stands entirely alone, as the only curative agent.

Of course by calling it a hypnotic we remove it from the category of strictly homœopathic remedies; we do not consider its action in the cases we are about to spake of as homœopathic. But as we never meant by adopting the homœopathic law as our guide to deprive ourselves of our moral liberty as physicians, we need hardly observe that we consider ourselves perfectly justified in employing this or any other adjuvant which does not interfere with the administration of the minute doses we are in the habit of using, and we cannot but regret the tendency of the profession at present to cut itself into fragments, each representing a fractional truth. It seems to us just as rational that physicians should be called respectively, cathartic, diaphoretic or emmenagogue, as water-cure or mesmeric doctors.

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We shall now briefly detail our own experience.

The first case we shall relate is that of a lady about thirty years of age, of nervous lymphatic temperament, of a firm frame, vigorous in mind and body. This patient was formerly under the charge of Dr. Sutherland of Leamington, by whom she had been successfully mesmerised. Before coming under his treatment she had been for years delicate, and had suffered much from a short cough and pain in the lower part of the back. For this she had been bled by an allopathic practitioner of considerable reputation, every week for many months without any advantage. When she first consulted us she complained of violent pain on one side of the head about the temporal region, almost incessant nausea, occasional vomiting, *total sleeplessness*, and a sense of restless uneasiness which made her quite miserable. We found the homœopathic remedies usually beneficial in such cases of no avail, and at her own request we put her asleep by making passes slowly over the head and face. It required only a few minutes to induce the most profound slumber. We allowed her to sleep for about half an hour and then waked her by blowing gently in the face. For some weeks afterwards she was perfectly free of all pain, both in head and back, her appetite was good, she had slept soundly every night, and in fact felt perfectly well. From time to time she had a return of her distressing symptoms, and they were always relieved for a period of at least four or five weeks by a repetition of this simple operation. We tried on one occasion making her gaze intently on a small object in the manner we had seen a Mr. Darling operate, and which is similar to Mr. Braid's method, and the result was equally satisfactory. In a few minutes she was fast asleep, and on awaking had the same sense of relief, repose, and restoration as when she had been put asleep by passes. It is now many months since she was mesmerised, and she reports herself to be in the enjoyment of perfect health.

This simple case may be sufficient to correct an erroneous notion we find prevalent, that mesmerism if once used requires to be continually repeated, and that a patient becomes dependent upon it. A patient is dependent upon sleep, but the function

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once restored may continue normal without the repetition of the means first used for its induction.

The next case is a very complicated and curious one. The patient is a lady of about thirty-four years of age, dark, of a pale complexion, great sensibility and a very vigorous mind. Till she was eight years old she was a healthy, ruddy, firm-fleshed, active, good-tempered child. But soon after that age without any appreciable reason she began to grow pale, thin and nervous; she was occasionally affected with weakness of memory and stiffness of the limbs, and entirely lost her appetite; the bowels were excessively confined, and she took great quantities of aperient medicines. She continued in this declining state for five years; at the age of thirteen she went to Harrowgate, drank plentifully of the water, and was relieved from all her lessons which she had been vigorously prosecuting before notwithstanding her delicacy. The water and exercise together had a salutary influence: she passed a quantity of ascarides, and was restored to perfect health at the age of fourteen. The catamenia then appeared without any inconvenience. She again became fat and rosy, and seemed to have regained all the plumpness and health of her childhood. This agreeable state, however, did not last very long, for again in two years, that is, at the age of sixteen, she became *sleepless* and languid, lost her appetite, and had pain at the catamenial period. All the symptoms got worse. What she did eat was immediately rejected; and for some weeks her life was sustained by injections. She was subject to alternate attacks of mild delirium and exhaustion; the latter so great that she was on one occasion believed to be dead. She recovered and continued well till the age of nineteen. At this time she was exposed to a good deal of excitement and fatigue owing to the death of a sister, and after that she began to suffer from tic douloureux, and to see spectral illusions. The spectral illusions generally took the appearance of persons, sometimes living, more frequently dead; they were seen by day as well as by night, and were always of a very distressing kind. From this time until our attendance

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began she was ill of some form of hysterical disorders, with intervals of tolerable health.

In the middle of June, 1847, she heard suddenly of the last dangerous illness of a relative to whom she was much attached; the catamenia were present at the time and suddenly stopped. From that time until we saw her in the middle of August, nearly two months afterwards, she had never slept except for about an hour each morning. At the catamenial periods she was subject to a strange species of delirium: she used to start up at one o'clock in the morning, tried to rise out of bed, although very weak, and to bite persons or objects within her reach, she would struggle for an hour so that it was with great difficulty she was restrained. During the attack she saw dead persons and all sorts of frightful apparitions which seemed to approach her, and was all the time quite unconscious of what she said or did. At the same time it was curious to observe that her speech was coherent, and she answered questions put to her quite naturally, although often in an amusing and witty manner. She had no recollection on coming out of this state, which often lasted for two hours, of anything that had passed. The fits usually returned nightly for eight days, gradually subsiding towards the end.

Besides these strange attacks she suffered almost constantly from general neuralgia, which very frequently passed into the most frightful attacks of tic we ever witnessed; causing her to spring out of bed and roll about in screaming agony, and leaving her utterly exhausted so as to be quite unable to speak. Besides she would frequently faint and lie as one dead for hours.

Such is a general view of her condition during the autumn and winter of 1848.

Having been formerly relieved of pain by mesmerism she requested us to try it, and the first effect was very remarkable: it did not induce sleep, but it gave a sense of rest, and there was an appearance of the catamenia which had been long absent. She described the sensation produced by the mesmerism as of oil poured over the nerves soothing and quieting them. The improvement in the general health of the patient was slow but

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steady, and in our opinion mainly ascribable to the continued use of mesmerism. The sleep which had been wholly absent began to return, and was the unmistakable presage of further improvement. We can hardly say she attained health, but her strength which was sunk to the lowest ebb from want of sleep and appetite improved wonderfully, so that she could walk miles. She still remained subject to attacks of tic at long intervals, and the spectral illusions continued. We may mention a simple experiment we made upon one occasion to satisfy ourselves and her that they were figments from within, and had no external reality. On one occasion she described a figure standing at the distance of about three yards from her in the broad day-light. We took a mirror and placed it behind the spot the intruder was represented as occupying, in such a way that had he been of veritable flesh and blood she must have seen his back. We then told her to look in the mirror and tell what she saw; she replied she saw the face repeated. Thus by a simple optical manœuvre did we demonstrate the unreality of her visitor.

The next case is a very interesting one from the spontaneous appearance of some of the higher phenomena in mesmerism.

The patient is a lady of about thirty years of age, of lymphatic temperament, large head, pale hair and eyes, and very short-sighted. She had been delicate from her childhood, and consulted us first about five years ago. At that time she suffered much from constipation and general weakness, but was able to walk about, although she frequently complained of pain in her back. At first she was much improved by homœopathic treatment, but afterwards on her return from her country house her general health failed, and when she again came into town, about four years ago, she was almost constantly confined to bed or a sofa. She was subject to frequent attacks of retching, sometimes vomiting blood; she had little or no appetite; the bowels were either confined, or loose with bloody [illegible]. She frequently suffered from very violent spasms in the [illegible] strangury, and complained much of pain at the [illegible] the spine, aggravated by pressure or motion.

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She slept very little, and did not feel refreshed by the sleep she got. The catamenia were never regular.

About three years ago we were sent for late at night, and found her coughing incessantly. The cough was hard and hoarse, almost croupy. She complained of pain about the larynx and trachea; the pulse was so rapid as almost to be uncountable. She was extremely hot, restless and uneasy. She once had a similar attack, for which she was leeched and blistered, and did not recover from it for six weeks. Thinking that it was not purely inflammatory we tried the effect of making passes over the face and throat, and in about fifteen minutes she was better and inclined to sleep. We gave her Aconite and left, but were re-summoned about three o'clock in the morning. This time we persevered more steadily in mesmerism, and had the gratification of seeing her fall fast asleep in about twenty minutes. We left her with injunctions to continue the Aconite should she awake. On calling about ten o'clock that day we found her much improved: she had slept for some hours, felt refreshed, and the cough although not gone was much abated. In the course of a few days she was restored to her usual state of health. The manifest benefit afforded by mesmerism induced us to repeat it regularly about twice a week, and she always slept soundly the night after it was done, and somewhat the following night. This in itself was an improvement. At this time the weakness in the back had increased to such an extent that she was constantly confined to bed, and unable to rise or even to turn herself without assistance. She had no power in her legs, and could not even move them. Being compelled to be absent from town for about six weeks, on our return we found her a very great deal worse. She had not known sleep during our absence; she was scarcely able to taste food, and the little she took she vomited; her pulse was small and quick; and she was so alarmingly weak that her friends expected her death. On re-commencing mesmerism the sleep was restored, and gradually the sickness subsided, and her appetite returned. By steadily persevering in it her general health gradually improved. She lost the excessive irritability which had been before most distressing,

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and as she herself expressed felt restored to a new life. In the course of about fifteen months she was able to walk a little with assistance, and felt much more vigorous than for years. We found that the severe spasms when they occurred could always be checked by mesmeric passes, and in short all the sudden dangerous attacks were under our control, and there was steady progress towards a certain measure of health.

One day while asleep she began to speak of something that was going on in the adjoining room, and upon our asking her a question she replied sensibly, although in a low and peculiarly modified tone of voice. Having thus discovered that she was in a state of clairvoyance, at each visit we put a series of questions to her about the state of her health, and what she saw in her body, and we shall now transcribe from notes taken on the spot some of these conversations.

Are you asleep? Yes.
How long will you sleep? Five minutes.
Do you see your back? Yes.
What is it like? It is white.
Is it all white? No; at one spot it is reddish.
Is it purple? Purply.
Where is that spot? An inch and a half from the bottom.
Is it the same colour as yesterday? Yes; how curious!—it is so smooth and full of little greyish spots.
Do you see my hands? Yes.
What do I hold? A book.
What is in the other? A little stick—(it was a pencil).

Second Examination.

Are you asleep? Yes.
Will you sleep for ten minutes? Yes.
Is your back better? Yes; a little better.
Do you see it? Yes.
What like is it? White and smooth.
Is it all white? No; when I see it close it is not; it is reddish at one spot.
Is it purple? Reddish-purple. I see little spots.

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Where? Further up. Grey.

Do you see the blood moving in it? Yes.

What like? Reddish-white. Oh! I see little things! I must see close threads like hairs from the side coming from the bone. Oh! what a number!

Do you see the brain? Yes;—big bone; curious fibre things.

Does the brain look different when awake or asleep? I think it does.

Patient awoke at expiry of ten minutes.

THIRD EXAMINATION.

Are you asleep? Yes.

Will you sleep for ten minutes? Yes.

Do you see your back? Yes.

What is it like? Smooth, white, quite white; reddish low down, nearly at the bottom.

Is it hot? Yes, hot.

Do you see what I have in my hand? A board with lines on it.

Do you see the colour of the lines? Yes, I must look close —close.

Can you count them? One, two, three—no, I can't.

Are there five? Yes.

Are any like your back? Yes.

She pointed out one of the colours on the board, and expressed herself over and over again that this was the one like her back. The board contained all the shades of purple, from red to blue.

FOURTH EXAMINATION.

Are you asleep? Yes.

Will you sleep for ten minutes? Yes.

Will you look at your back? Yes.

What do you see? The same, just the same; reddish purple down low; not better.

Do you see the blood in it? Yes.

Do you see the blood in other parts? Yes; little vessels,

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Do you see the blood in the little vessels? Yes, little threads, red and white.

Has the blood the same appearance in the red part as in the other? It is redder.

Does it go faster or slower? Faster.

How broad is the red spot? A little bit.

Half an inch? Longer, it rises from the back, lumpy.

Do you see all the way up the back? Yes.

Do you see the brain? I see a bone.

A large bone? Yes; curious, Oh curious!

Do you see anything on the outside of the bone? Blood.

Do you see anything quite outside?—Do you see your hair? Yes.

Fifth Examination.

Are you asleep? Yes.

Will you look at your back? Yes.

How is your back? Better.

Do you see it? Yes.

Do you see the red part? Yes.

Do you see a paper in my hands? Yes.

Do you see the strokes? Yes.

Do you see the colours? Yes.

Are any of them like your back?—She pointed out one.

Sixth Examination.

Are you asleep? Yes.

Will you sleep for five minutes? Yes.

How is your back? Very well.

Do you see it? Yes.

Is it less red? Yes, it is paler.

She pointed out the colour it resembled most.

attendance of many months we repeated our ex-
each visit, and we shall now give the general
arrived at on the matter, after a long series
s, and after reading the current literature

Seeing is not believing, but believing

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is seeing," he meant something better than a philosophical optical paradox. And the more we reflect upon vision, the more are we convinced that both memory and imagination have more to do with the process than we at first suppose. Ordinary vision implies two conditions, an external visible object and an internal seeing and conceiving faculty. So that it is well said we see what we bring with us, the faculty of seeing. The perception of an uneducated person on looking at some wholly new sight is quite different from that of one used to examine the object seen. Sight affords the materials, but the mind constructs the picture; and the picture varies with the mind.

The same holds good in clairvoyance. The person describes as he conceives he sees, but his conception depends upon many conditions. In the waking state the errors of sight may be corrected by the other senses or by changing the point of view. This is not possible in clairvoyance. So that at the outset we must expect great fallacies, and our observation has fully confirmed this anticipation. Of one thing, however, we are certain: that the images described by the clairvoyant are not derived from the waking person who puts the questions. Any one used to observe his own mind knows that there is a wide distinction between the active imaginative state and the passive recipient one. In the former it is full of images; in the latter there is none. Now we are quite sure that in the case we have just detailed the images described by the patient were not in our mind. Her mode of perception we do not even attempt to guess at, but we know that it was not derived from us, for we never had conceived, in her fashion, of the things she described.

In trying to settle for ourselves the important question of how far these descriptions were trustworthy, we became aware of certain important sources of fallacy. The most important is this: there may exist some kind of emotional sympathy between the mesmeriser and the person who is mesmerised. The emotions of hope or fear or anxiety which affect the waking person may be communicated to the sleeper. These emotions seem to act upon the imagination, and to mould to a great extent the sleeping vision. Hence we are inclined to disbelieve all

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descriptions which relate to subjects strongly affecting the feelings of the mesmeriser. Besides, there is the constant effort of imagination eking out what is seen, like a person peering through a mist at a dim object he is anxious to recognise.

After these enormous deductions we find a residue of pure observation, but we have no means of ascertaining how far even this is to be depended on unless we have independent means of verifying it, which of course supposes the subject to be one patent to our waking faculties, and this narrows still more the possible utility of the revelations of clairvoyance.

The practical conclusion we are inclined to come to is that mesmerism as a hypnotic agent is very valuable, that in certain rare cases the revelations of a clairvoyant may be of value in ascertaining the precise pathological condition of patients, but that it must be employed with extreme caution and reserve, as it is just as likely to mislead as to guide aright.

The cases we have described are the only ones in which we have found it necessary or expedient to employ this agent, after a pretty extensive practice of ten years' duration, and hence we are disposed to think that it is only required in rare and exceptional cases; but that there is a class for the cure of which it is indispensable, we have no doubt.

On the moral aspects of the subject we consider it out of place to enter, but we cannot refrain from making one observation, and it is this: that the relation of a physician to his patient is the most sacred, the most delicate, and the most responsible which can unite two persons in a professional point of view, and that any person fitted to discharge the high duties implied by this connection is worthy of the trust which must be reposed in one who is made the depository of the sleeping confidence of another. And let us add that we consider that the employment of mesmerism for the purpose of amusement is utterly disgraceful to all connected with such exhibitions.

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CASES OF UTERINE DISEASE,

WITH PRACTICAL OBSERVATIONS AND FURTHER ENQUIRIES.

By Thomas R. Leadam,

Surgeon-Accoucheur to the London Homœopathic Hospital, &c.

Cases.

No. 1. *Simple Congestion of the Uterus.*

J. H., aged 28, widow; no children living, has had one. Dark complexion, sanguineous temperament, quick disposition.

Was admitted into the hospital in February 1851, under Dr. Quin, suffering from *peritonitis*. During the convalescence, which was speedy, she had hysteria once, which makes me think the ovary or uterus, one or both, were in some degree involved in the peritoneal inflammation. On recovery and commencing to walk about the ward, she complained of great pain at the pubes, and sense of weight in the pelvis which prevented her standing. Difficulty of passing the water and bearing down, with constipation.

On examining the uterus, per vaginam and rectum, I found the body of the organ enlarged, doughy, and slightly prolapsed. The os was sensitive when touched, and the posterior wall tender.

Platina 12 was prescribed.

In a week she was so much relieved that she was discharged, and ordered to attend as an out-patient. She got Platina 30. She then appeared twice as an out-patient, and received Platina again, which completely cured her.

No. 2. *Hysteralgia, or Irritable Uterus.*

Decr. 11, 1850.—L. C., aged 44, single, sanguineous temperament, red hair, very fair complexion; of sedentary habits; dress maker. Has been ill now for 14 years; was always a sufferer from dysmenorrhœa. Chief complaints are as follow.—Cephalalgia, intense over the left eye; dull, heavy pain, with dimness of sight. Flushes of heat in the face. Noises in the ears like the rushing of water. Great depression of spirits; despair of recovery. Loss of appetite; nausea in the morning, with faintness. Sleep disturbed by frightful dreams. Has always a dread or apprehensiveness upon her. Her sufferings are intense. Catamenia were regular till the

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last six months; were then suspended, for a time, by the application of caustic to the neck of the womb by an accoucheur.

Sympathetic symptoms. — Intense pain on standing, causing a deadly faint feeling. Pressing agony in the sacrum and rectum. Nobody, she says, can tell what she suffers. The pain is only relieved somewhat in the recumbent posture. Constant desire to pass water; sense of swelling or fulness in the vagina. Bowels natural. No leucorrhœa. The pains in the sacrum or pubes on standing extend into the left hip and thigh, and shoot up to the head, chiefly on the left side.

Examination per vaginam.—Great sensitiveness of the vulva, with morbid heat. Os uteri and cervix rather tumid, especially at the junction of the latter with the body of the organ, and highly sensitive, so as to cause fainting when touched. Prolapse in the second degree. The os projected against the recto-vaginal septum. Appearance of the os quite healthy as seen through the speculum.

Prescribed Nux $^{3}/_{30}$, Sepia, $^{3}/_{12}$.

Jan. 8, 1851.—Is much better; has not so much pain, and can get about more. Pressure in the rectum less. Is always worse a week before the catamenia, and better a week after. Smell is morbidly acute, particularly while taking the medicine.

Platina $^{3}/_{12}$; Secale $^{3}/_{30}$.

Feb. 12.—Has been remarkably well the last fortnight, and without pain. Head relieved. Dyspeptic and nervous symptoms better. Catamenia have occurred six days prematurely, and to her surprise without pain as usual. Complains rather of the pressure at the rectum. Calcar. $^{3}/_{30}$; Plat. $^{6}/_{12}$.

26th.—Headache has kept away for a month, till to-day, and she has it now with acidity of the stomach, &c., from eating fat meat yesterday. Puls. $^{3}/_{12}$; Sulph. 5.

Mar. 19.—Bearing down much relieved. Nerves rather disturbed. Catamenia this week, and scanty.

Acon. 6.

April 2.—Nervous symptoms scarcely trouble her. Applied an ebony pawn-shaped pessary to support the uterus, as the morbid sensibility was so much dissipated.

Nux v. $^{3}/_{30}$.

16th.—Catamenia on, and more abundant. She feels relief from the pessary. Sepia $^{6}/_{30}$.

April. 30.—Has worn the pessary a month. Can walk much

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better. Has less weight and irritation. Says the spring weather affects her a good deal, making her very nervous, with headache and feeling of debility, bad appetite, noises in the ears, &c. Bowels confined. Ignat. $^{3}/_{12}$; Puls. $^{3}/_{30}$; Lachesis $^{3}/_{30}$.

The pessary was removed, as she preferred being without it.

Aug. 10.—After a long absence of three months, she states that her general health is much improved. Nerves not so distressed as they used to be. The bearing down and burning sensations are comparatively trifling. No leucorrhœa.

Ignatia $^{3}/_{12}$ occasionally.

No. 3. *Prolapsus Uteri.*

Feb. 27, 1851.—M. W., aged 28, married; mother of three children. Complains of burning pain at the vertex, great depression of spirits, weakness in the back and sacrum, constant bearing-down pains in the pelvis, dragging pains at the groins. Incontinence of urine. Painful intercourse. Can scarcely walk without increased falling of the womb, almost to procedentia. Copious bland leucorrhœa. Catamenia regular. These sufferings followed the last labour, when she had twins.

On examination per vaginam, the os uteri was felt only an inch within the passage, directed in the axis of the outlet. Cervix and walls of the uterus tender on pressure.

Nux vom. $^{6}/_{12}$.

Mar. 8.—Relieved. Has felt the burning heat and pain at the top of the head only twice since last report, when it lasted the whole day. Bearing down and leucorrhœa much better.

Sepia $^{3}/_{30}$; Bellad. $^{3}/_{30}$.

22nd.—Head continues better. Bearing down more again this week. Spirits depressed. Leucorrhœa again.

Calcarea $^{6}/_{30}$.

April 15.—Feels quite a different person, is so much better. Bearing down only trifling. Has quite lost the pain in the head.

Nux $^{6}/_{12}$; Sepia $^{6}/_{30}$. (At a week's interval.)

Was to return if not well, but she has not reappeared.

No. 4. *Procidentia Uteri.*

December 4, 1850.—J. H., aged 52; mother of six children. Six or seven years ago strained herself lifting a weight, which caused

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prolapsus uteri. This increased until it became converted or aggravated into a case of procidentia. The organ now protrudes beyond the vulva as large as an orange. It is retracted after sitting a certain time, but descends continually in the upright posture, with forcing pains. She has felt much worse the last six weeks. There is a discharge of a dirty brown colour. She complains of pain in the right hip and sacrum. On getting out of bed she seems to have lost almost the use of her hips at first; has burning pains in the loins at times; pressure at the rectum, and frequent desire to pass water, which she can scarcely hold. Ordered

Nux v. $^{3}/_{12}$; Bell. $^{2}/_{30}$. (With a week's interval.)

14th.—Less pain, and the protrusion less frequent. Bowels relaxed. The protruded surface exhibits an ulcer the size of a half-crown, from which a sanious discharge constantly issues.

Sepia $^{6}/_{30}$; Bell. $^{6}/_{12}$.

28th.—Much the same.

Calcar. 30. Lotio Calend.

January 11, 1851.—Feels greatly better. Can walk without distress. The womb still descends, however, and at times in consequence she cannot pass water at all. Discharge now and then yellowish. Complains of sometimes feeling a faint sensation at the epigastrium, as if going to die.

Nux v. $^{3}/_{12}$. A sponge tent was introduced, after replacing the uterus in situ.

Jan. 24.—The sponge has kept up and preserved the womb in its place, but an offensive discharge escapes. I removed the sponge with a little difficulty. It was most fetid.

Lotio Calend. for injection; Lycopod. $^{3}/_{30}$.

Feb. 22.—The uterus now only prolapses slightly. Ulceration is healed. The organ remains up nearly in its natural position, although the vagina is so unduly relaxed. She feels great relief, has scarcely any discharge. Has lost the faint sinking at the epigastrium. Good appetite. Bowels regular. She gains flesh. I applied a new sponge.

Hepar 30.

Mar. 8.—The womb keeps in situ satisfactorily. No discharge. She feels quite comfortable; occasionally the urine escapes after walking. Hepar 30.

April 30.—She has come to say that she has not been so well for many years.

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No. 5. *Procidentia Uteri.*

Mar. 13, 1851.—M. B., aged 38; single. Subject to epileptic fits for the last twelve years, and during the same period had complete procidentia, the womb protruding as large as a pint bladder, and being always guarded by a napkin. She has been in various hospitals. Has worn the globular pessary, &c., without any relief, for it never could be retained, and she has long been told that nothing could be done for her.

Her present condition is:—Descent of the womb, with inversion of the vaginal membrane, which is cuticular from constant extrusion. At the aperture of the os, the surface is ulcerated all around, the ulceration entering the opening. A serous and sanious discharge is constantly distilling from it. On passing the uterine sound it enters about an inch, and then appears to come in contact with the fundus. When she has been sitting some time, by moving about in the chair it will pop up with a jerk, but immediately descends on resuming the erect posture. There is incontinence of urine which dribbles constantly over the tumour. At other times, in order to pass it she is obliged to raise and press up the tumour. She says that she can do nothing scarcely, and that it is a great misery to her. Her general health is indifferent. Countenance haggard. I returned the uterus with some difficulty, and passed a sponge as high up as I could, to retain it in sitû, in hopes that some adhesion would be formed between the ulcerated surface and the walls of the vagina.

March 22.—The sponge has kept its place, except when evacuation of the bowels happens, then it is forced out. She is already much relieved by this. I re-adjusted it.

March 31.—Says she has felt the greatest comfort from the sponge. The womb has not once protruded since its first application.

April 15.—The sponge frequently comes down, but the uterus keeps up. The former happens during defæcation and micturition. The adhesion of the sponge, therefore, has not taken place as in the former case. I now applied an India Rubber egg-shaped pessary.

April 24.—She says she can walk, lift, or do anything. Is very grateful for the benefit. The ulcerations, as observed by means of the speculum, are healed.

May 14.—Has been working a good deal. The pessary comes down occasionally, but the womb does not. Her general appearance

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is much improved. She returned thanks, and was much pleased with her amended condition.

No. 6.—*Prolapsus and Antiversion of the Uterus, with excessive Nervous disorder.*

In January, 1850, I was requested to go into Oxfordshire to visit a young lady, who had suffered more or less from indescribable derangements of health all her life. She was 33 years of age. Seven years ago she went abroad for fifteen months, and went through a great deal of gaiety, dancing, &c., and climbing hills, though at the cost of great local suffering, sleeplessness, headache and sickness. Since that time has been almost entirely confined to the sofa, and under various allopathic treatment. Examination proved that the uterus was prolapsed low in the pelvis; the body of the organ had fallen forwards (antiverted), and was resting against the pubes, harder and larger than natural; the os being tilted up towards the sacrum, soft and tender. The uterus thus lying across the pelvic cavity. The hymen was perfect and gradually yielded to dilatation without rupture.

The catamenia were irregular, frequently happening at the end of five weeks, and then generally recurring on the eighth day after cessation for a day or so; the flow being very profuse, and with small coagula, the menstruation being painful. This lady was of an irascible temperament; highly excitable; not hysterical; never depressed from being alone, but soon upset by much talking. To describe all her general nervous symptoms would be out of the question, for she suffered from disturbance of every function of the body: dyspepsia, vomiting of food, and *excessive* nervous irritability, mobility and sensibility. She says that she feels every bone in the body ache to the very extremities, but has most pain in the loins even when lying extended; she has a sensation that she can count all her bones. There is a sort of meteorism about her. She could only write with her left hand and with a pencil, because working and writing with the same hand exhausted her. In summer she sometimes leaves her sofa to garden in a very light way for an hour or so; the fatigue of this, although half the time she is seated in a chair giving directions, lays her up and brings on the catamenia prematurely. There were varicose veins of one leg.

As she would not allow of any mechanical appliances, I could not

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use the sound to revert the uterus, and just pressing it up from the pubes with the finger, left her, and nothing has induced her to admit of a second examination.

I prescribed the Sitz bath, *cold*, and the following course:

Coffea at night; Bell. 30, 2; Calcar. 30; Nux 30; Sepia 30.

April.—In April she states, that "No. 1, Coffea, puts new vigour into me, and gives me good sleep whenever I take it.—No. 3, Nux v., has made me eat mutton chops, which I had not fancied for months. —The menses are more regular, and the extra flow in the interval does not return." Of *sepia* she says—"It is a very good medicine."

June.—This month the course of Bell., Calc., Nux and Sepia was repeated.

July.—In July she had a dose of Amm. carb., which, she writes, did her a world of good, and made her feel quite well.

Sept.—In September, having complained of severe facial neuralgia which traversed one side of the head, I prescribed Alumina 12. She wrote word that it acted like a charm, and said that there was "wonderful improvement." She had been to a wedding eight miles off; had borne the shaking of the carriage; stood as bridesmaid without feeling weak, or having the backache or bearing-down; was none the worse for it, and only turned sick at the smell of the soup.

In November she took Secale 12 for a fortnight, and she writes in December—"I have felt quite well and strong; get remarkably good, sound sleep; after taking a dose of *secale* there comes a very comfortable penetrating feeling at the pit of the stomach, which composes me to sleep."

After this the *secale* produced an aggravation, and affected the spirits with great despondency—dark, dismal and triste feelings; which were removed by Spirits of Camph. as an antidote.

She now walks about, to church and back, whereas she was always, until lately, conveyed in a chair, and laid out as an invalid. She is not naturally a robust person, therefore is obliged to take care of herself, but in all the main points is like another creature. She wrote in February, 1851—"That she had an excellent appetite; had taken several walks without fatigue, and felt so strong on her legs that she thought she could run or dance with pleasure."

The peculiar and exalted sensibilities of this irritable subject, will account for the warmth with which she described the relief

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she obtained at different times, but her sense of relief was great in proportion to the acuteness of her sufferings.

No. 7. *Subacute Metritis, with engorgement.*

May 7.—A. W., æt 24, married, one child, which is at the breast, 13 months old, complains of *aching pains* at the bottom of the back and in the hypogastrium. They are constant and burning. Heat in the vagina; ardor urinæ; dreadful bearing-down weight in the pelvis on standing; constipation. Hæmorrhoids; great pain on evacuating; the stools dark. Catamenia regular. No leucorrhœa. Coldness of the extremities. Lowness of spirits; faint sinking at the epigastrium. She has been accustomed to sit long, straining, over a water closet which is open and windy.

Per Vaginam.—Posterior wall of uterus very tender and enlarged.

Carbo veg. $^{3}/_{30}$; Secale $^{3}/_{12}$.

May 14.—Was relieved of the pains by the first powder after feeling much worse the first day. Has not felt the aching or burning pain since. Coldness of the extremities less. Has a bland, milky leucorrhœa. Hæmorrhoids also quite relieved. Has had no bearing-down since she has lost the pain. The posterior wall of the uterus is still tender. The chief symptoms now are the faint sinking at the epigastrium, want of appetite, and occasional low spirits. Has inflammatory swelling of the breast on weaning the child.

Bryon. $^{3}/_{12}$; Phosph. $^{3}/_{30}$.

May 21.—No return of the pain or bearing-down in the uterine region. No piles. Bowels regular. Uterus tender to pressure posteriorly. Puls. 3; Sepia $^{3}/_{30}$.

After this she considered herself well.

No. 8. *Induration of the Os, with ulceration.*

February 11, 1851.—M. S., æt 37, married fourteen years, one child,—leucophlegmatic temperament, sullen countenance, fair complexion, lax, flabby habit; has been under treatment for liver complaint and indigestion. Complains of pain in the right hypochondrium; sacral and bearing-down pains in the pelvis; leucorrhœa, which is thick and yellow, offensive and excoriating. Constipation. At times shooting and darting pains through the uterus, with excessive weight at the commencement of the catamenial period. Has constant aching in the back and inguinal regions.

Examination per Vaginam.—Os uteri very tumid, expanded and

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patulous; erosion of the anterior segment; chronic inflammation with ulceration of the cervical canal.

There is also an obscure feeling of enlargement in the region of the left ovary. Bellad. $^{6}/_{12}$; Lotio Calend.

Feb 22.—Feels much better, but has a dry, hacking cough from cold. Leucorrhœa less—not offensive or excoriating. Occasional sensation as though the contents of the pelvis would fall through. Still has the darting pains. Hæmorrhoids trouble her; there is some difficulty in retaining the water. Hepar 6.

March 8.—Cough troublesome. Leucorrhœa stopped. Faint sinking at the epigastrium. Tongue furred and blistered. Weight at sacrum on standing.

Examination shews—the erosion of the anterior lip quite healed. Os uteri very large and lax, open so as to admit the point of the finger. Posterior lip much swollen, and just in its centre within the channel of the cervix, a small granular body like a hard seed or shot is felt; the cervix itself much indurated; aperture of the cervical canal dark and patchy; ulceration just within, above and below. Lotio Calend.; Bellad. $^{6}/_{30}$; Merc. $^{6}/_{12}$.

March 22.—Cough relieved. Pain across the epigastrium and shooting pains in the uterus. Had pruriginous itching of the vulva, which was relieved by the Calendula lotion. Os less tumid and vascular. Ulceration much the same as at last report. Leucorrhœa milky. Lycop. $^{6}/_{30}$.

April 5.—No leucorrhœa. All pain disappeared, except at the heart. The os looks much paler and less tumid—is bathed in a glairy and white mucus, evidently two distinct secretions intermingled. Has had more aching pain in the sacral region, relieved by the supine posture. Repeat Lycopod. 30.

April 25.—Hæmorrhoids; dark and costive evacuations. Turbid urine. Os uteri feels indurated at one spot. Epithelium looks patchy just at the aperture of the os, but healed all but a very small healthy looking ulceration, which is superficial. Thick, glairy and whitish secretion about the os.

Sepia 12; Lachesis 30.

May 2.—Feels better. Shooting pains in the right side. Ulceration healed up. Os tumid and lax—looks patchy or spotty where the ulceration was; creamy secretion about the os.

Cannabis 30; Sepia 12; Lachesis 30.

May 16.—Much better. The craving and uneasy sensations at the hypogastrium are now relieved by the least thing. Os uteri con-

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tinues healed, but slightly blueish here and there, as if from a varicose state of the vessels of the part.

Puls. $^{3}/_{12}$; Lach. $^{3}/_{12}$; Sepia $^{3}/_{30}$.

Considered herself well and did not return.

No. 9.—*Carcinomatous Induration of the Os and Cervix, with Ulceration.*

Oct. 30, 1850.—A. S., aged 37; married; five children; nervous temperament; fair complexion; brown hair; spare habit; temper irritable. Has been eighteen months under allopathic treatment, caustics being used.

Complains of the following symptoms. Leucorrhœa corrosive, sometimes offensive; with heat and pruriginous itching of the vulva. The catamenia are regular, but scanty and pale, attended with much pain in the hypogastrium and rectum; at other times burning at the anus; heavy aching pressure with heat in the womb, aggravated by the action of the bowels, when the pain passes up to the back and chest, exciting nausea. Urine of strong odour, but light coloured.

Examination per Vaginam.—Posterior segment tumid and indurated; cervix much indurated and inelastic. Adhesion between the cervix and vaginal walls posteriorly. Os uteri vascular, and inflamed. Posterior segment partially destroyed by caustic or disease, but no ulceration is going on there now. Anterior segment tumid, and ulceration showing itself in several small spots where the disintegrating process is just commencing; the mucous membrane having given way in the form of pinhole ulcerations, which seem to be coalescing.

The general symptoms were:—Faint sinking at the epigastrium; continual craving, which food only satisfies for a short time. Palpitation. Headaches after breakfast. Dry burning heat in the mouth, with unpleasant taste after eating. Bowels irritable. Flatulence, at times causing great pain in the rectum. Pyrosis, with salt taste. Flushes of heat in the face. Heat and rash sometimes on the nose. Wakefulness, connected with uneasy irritation in the epigastric region. Cold sensation in the abdomen.

She got Pulsat. 30, Sepia 12, Sulph. 30, Kreosot. 12; after this, Conium and Hepar s.

This treatment lasted three months. On the 14th of Dec. the report being that the ulcerations had healed up, therefore a stop was put to the disintegrating process, and there was tenderness at the cervix.

Calendula was used in the form of injection.

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Jan. 14, 1851.—The report is: Catamenia at the right period, with less pain; bowels always relaxed just at the commencement of the function; drowsiness during the flow. Is much more comfortable as regards the heat and pain in the womb. Leucorrhœal discharge less offensive than formerly, and trifling. Great irritation in vagina at termination of the catamenia. Dyspeptic symptoms troublesome. Nerves irritable. Tongue generally furred.

Nux v. 12, Arsenic. 30.

Jan. 30.—The Nux produced aggravations, as headache and stiffness in the nose, while taking it.

Thuja 30, Calcar. 12, were given alternately every fourth day.

Feb. 19.—The burning and bearing down symptoms are much less. Catamenia last week two or three days over time; dark and thick; not offensive. Leucorrhœa diminished; not fetid. Urine frequent and painful; not much in quantity. Gastric symptoms with flatulence most troublesome.

Examined.—Anterior lip of os uteri very tumid, but pale, and firm to the touch; with a few enlarged but not inflamed follicles. Posterior lip small; a little deficient from previous ulceration, but none going on now; no erosion or abrasion to be seen. Channel of the cervix a little red. The os uteri gives the sensation to the finger as if it were unequally indurated, without the distinct feeling of septa.

Thuja and Calcarea alternately.

March 20.—Had an intercurrent dose of Mercurius and Pulsat. since last report, and immediately after taking the Merc. her mouth and gums became swollen and painful, and diarrhœa occurred for a week; it was the catamenial period. She is low spirited. The eyelids puffy.

Examined.—Os uteri quite free from ulceration. Anterior lip softer; looks pale and shining, in patches, as the knuckles do when the hand is clenched. Posterior lip has the same appearance, but it is deficient and smaller. The former feels rucky, or unequal in hardness.

Kali c. 12, Conium 30, alternately every four days.

May 15.—The report is that she has felt much relief since taking the last medicines, locally and generally. Has not felt the necessity of lying in bed to breakfast, as she always did. Has had a fine rash out about the loins and chin.

Examined.—The os feels much less indurated; the cervix much the same as before. Surface of the os looks quite smooth and healthy. Aperture rather open, with a slight slimy discharge from it. The lips of the os have lost that pearly or gristly look, and are softer.

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There is a small spot of induration at one part of the anterior segment. A dose of Sulphur 30, after an interval Conium 30 and Kali c. 12.

June 17.—Dyspeptic symptoms have been troublesome lately. There is a little oozing from the cervical canal, but no other change. Flatulence considerable.

Ordered Lycopod. 30, to be followed after an interval by Mercur. $^3/_{12}$ and Hepar 18 and 200.

Aug 14.—Has come over, looking quite fat and well. Has been much better in every way. The extreme heat this week makes her languid.

I have no expectation that this will terminate the case, as I fear that the malignant action must sooner or later explode again in the form of destructive ulceration, probably when the catamenia, which are now evidently diminishing, shall cease altogether.

No. 10.—*Follicular or Granular Inflammation of the Os, and of the Cervical Canal.*

Mar. 29, 1851.—A. S., aged 39; married; no children; spare habit; sallow or waxy complexion; cachectic aspect. Had abscesses on the shoulder a few months ago, having been for a long time much out of health. Suffered all her life from dysmenorrhœa. Catamenia recur every fortnight or three weeks, and leave a draining. Complains of shooting pains through the uterus, worse at night. Excoriation and heat about the vulva. Weight in the loins and bearing down, worse standing than walking. Leucorrhœa at times, yellow, but not much of it.

Examination per Vaginam.—Inflammation of the entrance of the cervical canal, with a circle of elevated granules or inflamed follicles surrounding the aperture. No inflammatory redness of the contiguous parts of the os. Induration of the cervix.

The general symptoms were: Confused headache during the day. Sleepless nights, or else frequent wakings from dreams of water and horrid objects. Dyspeptic symptoms, such as sour taste and breath. Tongue furred, and red at the tip and edges. Faint sinking at the epigastrium. Confined bowels. Urine sometimes pale and clear, at others thick and red. Great debility and emaciation. Occasional faintings. Lotio. Calend.; Calcar 30.

April 11.—Feels stronger; less of the epigastric faintness. The

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circle of follicular inflammation around the os looks red and blistery. A transparent glairy mucus exudes from the aperture of the os. Posterior lip very tumid. Prurigo of the vulva.

Hepar 30.

April 25.—*Examination per Vaginam.*—Os rather red, but the circle of follicular inflammation has disappeared. A quantity of white starchy discharge comes from the vicinity of the os and cervix, but clear and transparent mucus from the aperture.

Lycopod. 30.

May 16.—Had a fright. More pain since. Leucorrhœa greenish. Darting pains in the uterus. Pruriginous irritation with thirst and feverishness. Morning weariness. Os uteri looks inflammatory.

Aconit. $^{3}/_{6}$, Sepia 30.

31.—Os considerably less tender; anterior lip has a crop of raised follicles, since last report, like minute grains, but of the same colour as surrounding membrane, which is not red. These I consider enlargement of the follicles from an unhealthy state of the mucous membrane, such as congestion, &c., similar to what occurs at times within the lip or cheek from disordered stomach.

Her general health is much improved.

Cham. 3 for the catamenial period, Conium 30.

June 20.—During the catamenia, occasional pain in right iliac fossa, with faintness and weakness. Headache and frequent micturition.

Examined.—Os uteri feels soft; a few follicles appear on the surrounding membrane rather enlarged. Prurigo vulvæ greatly better.

Conium 30, Kali c. 12.

August 1.—The report is: The os uteri quite smooth and healed; is paler. Creamy or starch-water secretion about the exterior of the cervix; clear, translucent mucus from the uterine cavity. She looks quite fat and well, and is in every respect better than she has been for years.

The cases which have just been narrated may serve to establish the superior efficacy of the homœopathic treatment in diseases of the womb, and consequently to get rid of the necessity for using those painful local applications known under the general term of escharotics, which are the main reliance of the allœopathic school of medicine.

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If we can do this we shall undoubtedly confer a great benefit on womankind, and rescue the practice of medicine from the unphilosophical mode of treating some diseases as local only, simply because they exist on the surface of the body, or what approximates to it, in one or other of the passages which form the outlets.

In consequence of the little attention which was formerly paid to the minute investigation of uterine diseases, the special pathology of the unimpregnated uterus was but imperfectly known, and it was only when Recamier had re-introduced the use of the speculum that an impulse was given to the enquiry into these special affections, and uterine pathology kept pace with the pathology of the rest of the body.

Although it was during this progressive period of advancement in the diagnosis of these diseases that our great teacher Hahnemann was occupied in his experimental enquiries into the medicinal powers of drugs, and in the formation of the *Materia medica pura*, there are so many contingent circumstances—which scarcely need be related, since they are sufficiently obvious, and must occur to every mind—which would naturally operate to prevent the sexual organs of the female being comprised in the minute examination to which other organs were subjected, and in the cases of accidental or suicidal poisonings the same low standard of uterine pathology would help to draw the attention away from those organs.

Thus it is that the provings of the materia medica contain so few observations which are calculated to assist us in respect of those symptoms which are unfolded by a visual examination of uterine disease,—so few which bear upon the objective, although there is an abundance to correspond with the subjective or general symptoms. But these, as will presently be shewn, are of comparatively little use to us, and as there is not much probability, from the peculiar nature of the circumstances above alluded to, that the deficiency in the local observations will be supplied by future provers, at least to any satisfactory extent, it behoves us to seek out some other guides which shall indicate more precisely the relations that exist between the pathological conditions of the uterine organs and those remedial agents to be homœopathically applied.

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Hahnemann, in the 183rd paragraph of the *Organon* (4th edition), after having defined local diseases, declares the period when the dynamic action of homœopathic remedies are called for to accomplish the cure, and in the 184th paragraph states, "But it is very different with the changes and maladies which occur on the surface of the body, not originating from any external violence, or merely from the consequences of some slight external injury. They owe their source to an internal affection. It is, therefore, equally absurd and dangerous to regard these diseases as symptoms that are purely local, and to treat them exclusively or nearly so by topical applications, as if they were surgical cases, in which manner they have been treated till the present day."

Again at § 193. "It might be supposed that these diseases would be cured more promptly if the remedy known to be homœopathic to the totality of the symptoms was employed not only internally, but likewise externally, and that a medicine applied to the spot itself that is diseased ought then to produce a more rapid change.

"But this method should be rejected. . . . . For the simultaneous application of a remedy internally and externally in a disease whose principal symptom is a permanent local evil brings one serious disadvantage with it—the external affection usually disappears faster than the internal malady, which gives rise to an erroneous impression that the cure is complete, or at least it becomes difficult, and sometimes impossible, to judge whether the entire disease has been destroyed or not by the internal remedy."

Again, § 195. "If we confine ourselves to the suppression of the local symptoms, an impenetrable obscurity is then spread over the treatment which is necessary to the perfect establishment of health: the principal symptom of the local affection is removed, and there only remain the others, which are much less important and certain, and which are often not sufficiently characterized to furnish a clear and perfect image of the disease.

"§ 196. If the local symptom was destroyed by cauterization, excision, or desiccatives, the case becomes still more embarrassing on account of the uncertainty and inconstancy of the symptoms that remain. And this difficulty is inevitable, because the external symptom which would have been the best guide in

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the choice of a remedy, and have pointed out the proper time of using it internally, is removed from our observation."

If the doctrines of Hahnemann are true at all, they are true in this, and indeed the constitutional origin of local affections, it is well known, was not an observation confined to him; the temporizing expedient, then, of cauterizing ulcerations of the os and cervix uteri cannot be the most permanent and satisfactory method of curing them. But since the provings of the materia medica offer to us only the four following remedies which give any special indications of affections of the uterus, as quoted in the *British Journal of Homœopathy* for January 1851, namely,

1. *Cantharis*, which produces "*swelling of the cervix*," in connection with burning at the neck of the bladder, and other symptoms of inflammation of that organ;
2. *Natrum carbonicum*, reported by Noack and Trinks as producing "*irregularity of the os uteri*;"
3. *Opium*, also reported by Noack and Trinks as producing "*softness of the uterus*";
4. *Secale cornutum*, which produces "*metritis*";

I conceive it to be much safer to depend upon the analogy of tissues, as the basis of our researches in the *Materia medica pura*, than to have recourse to the unsound and allopathic practice of local treatment. With the above scanty supply of useful information as regards the objective symptoms of diseases of the uterus, it certainly cannot be expected that we should make much progress, unless we can find some other means of comparison between the disease and the remedy; the basis is too contracted, the information a great deal too limited.

The attempt to treat those diseases by remedies which correspond with the general or symptomatic phenomena must likewise fail, in consequence of the extraordinary similarity which exists between the general symptoms of very different pathological conditions. For instance, it may be observed in the detail of the cases above related, that the general symptoms, such as nervous headache, faint sinking at the epigastrium, cravings in the stomach which are not relieved by food—or only for a short period if at all,—aching pain in the back, loins and sacrum,

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pain and weight in the hypogastrium, bearing down and burning pains internally, leucorrhœa and hemorrhoids, appear to be equally common and equally intense in hysteralgia, prolapsus, inflammatory induration, congestion, and ulceration of the os and cervix uteri, and afford not the slightest indication of the special character of the local disease with which the organ is affected.

Just as formerly a certain group of symptoms was said to indicate *morbus cordis*, or a diseased heart, without at all pointing out the character, extent, or precise situation of the lesion referred to, until Laennec and the stethoscope enabled us to do it, so do these sympathetic phenomena, which undoubtedly form a part of the disease, merely draw our attention to the pelvic cavity, and inform us that some disease or other of the uterine apparatus is going on, without assisting us in the least in diagnosing what the lesion is, until we explore by other means within our reach, as by the speculum, the touch, or the uterine sound.

No class of diseases offers so large a group of analogous and sympathetic symptoms corresponding with each other in almost perfect similitude, which on closer examination are found to be dependent on very different pathological states. It is probably this circumstance which has led to these diseases being so long regarded as local, an idea which has guided the treatment, and established the cauterizing process so generally adopted, but which, as we have seen by the quotations we have made from the *Organon*, Hahnemann considered must necessitate a failure.

We will now enquire by what means we are most likely to meet with some less fallible guide in our homœopathic treatment than that which points to the correspondence of the general symptoms, on the one hand, and the objective, so far as the uterine organ is concerned, on the other.

There are two sets of observations which appear to afford ample indications to assist us out of the difficulty, but which have not heretofore been looked upon as of any importance, but which I think will ultimately prove to be the point of view from which we shall more clearly recognise a just and useful correspondence between the disease and the remedy. These are the

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symptoms of the skin—under which head are included ulcers—and the character of the discharges.

A few preliminary observations on the anatomical relations of the parts affected will be necessary before we draw attention to the therapeutical enquiry.

The analogy which exists between the skin and mucous membrane, and the mutual influence of the one upon the other, is so great that it is not unreasonable to expect that they should individually or in conjunction give similar therapeutic indications; it is this analogy which forms the basis of our investigation, and in order to establish it more clearly we will refer to its descriptive anatomy.

* "The tegumentary membranes, as their name implies, encase the whole surface of the body, and are also prolonged into its interior, so as to line all those cavities and passages which are in contact with external agencies. This gives rise to a very natural division of them into external and internal, or, in other words, into skin and mucous membrane.

"The structure of the internal tegumentary membrane resembles that of the external or true skin so far as that it consists of a corium or dermis, and an epidermis, which is here called epithelium, for when traced inwards from the margin of the lips, it is found to cover the papillæ on the surface of the tongue. A rete mucosum cannot be demonstrated in any part of it. The corium or true skin which forms the basis or principal part of the skin is much thicker than the others, and gives them support, as it is subjacent to them. In the internal tegumentary derangement it is soft, cellular and spongy, varying in thickness and density in different parts of its long course. The epidermis is prolonged upon its surface for some way, and may be traced as far as the union of the œsophagus with the stomach. The vagina also is similarly coated *as far as the neck of the uterus;* but the deeper seated parts appear to be protected, not by an insensible epidermis, but by the mucous secretion poured out on the surface.

"Immediately beneath the mucous membrane are small follicles or shut sacs, which appear to be merely depressions into or

* Quain's Anatomy.

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inversions of the mucous membrane, and whose minute orifices open upon the surface of the membrane; they are called mucous follicles, and vary in size and arrangement in different parts. It is supposed that these follicles give rise to different and distinct secretions, according to their situation and arrangement, while the protective mucus is produced by the whole surface of the membrane. The secretion of the prostate gland appears to differ as much from that of the tonsils as the cerumen of the ear does from the sebaceous matter exuded upon the glans penis or clitoris."

The analogy between the skin and mucous membrane is further shewn by the fact, that if we invert the polypus the mucous membrane gradually assumes the characters of the skin, and the same circumstance is observed in habitual descents of the rectum and uterus.

"In the cervix uteri, especially towards its lower part, there are several mucous follicles. There are also occasionally found in the same situation some small vesicular bodies, which from an erroneous impression as to their nature, have been named *ova nabothi*. They appear to be mucous follicles altered by diseased action."

"The structure of the neck of the uterus," as pointed out by Dr. Bennett, is less compact than that of the body of the organ, but it is also much more freely supplied with bloodvessels, a circumstance which greatly increases its vitality." Again: "The structure of the cervix uteri is fundamentally the same as that of the body of the organ, inasmuch as it contains muscular fibres, but it differs by the presence of a certain amount of *cellular* tissue of which the uterus is devoid, and which causes it to be less dense."

The nervous supply to the uterus and its neck being, as demonstrated by Dr. Robert Lee, almost entirely from the sympathetic, by filaments passing from the spermatic, aortic and hypogastric plexuses, with the addition of a few filaments from the sacral plexus of the cerebro-spinal system, is sufficient to account for the great similarity of the general symptoms under the different diseases to which the organ is liable, and their extension by sympathy to all the organs of organic life.

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The greater frequency of inflammation passing to the posterior wall of the uterus from the cervix is referred by Dr. Bennett to the arrangement of the muscular fibres. The circular fibres of the uterus and neck being distinct, whilst the longitudinal fibres, which are found only at the middle posterior region of the neck, are the continuation of the posterior longitudinal layer of the uterus, the anterior region of the cervix being less intimately connected with the body of the uterus.

It is then by taking into consideration the anatomical and physiological as well as the pathological analogies that exist between the mucous membranes and the skin, and the genito-urinary portion of it in particular, that we give to our inquirers a larger field of observation, and a more extended basis.

By this view we are enabled to draw within the focus of comparison a considerable number of remedies whose pathogenetic relations might otherwise be supposed to have little in common with uterine disease, but which may be found applicable to ulcerations of the mucous membrane covering the os uteri, and to other morbid states of the organ itself; for we may include all those remedies which in any manner affect the glandular apparatus, the exhalant surface, and the tegumentary tissue, with its vascular supply. For example: we find one form of inflammation of the vagina and os uteri to be characterized by the development of minute papulæ or vesicles like the miliaria of the skin; another disease of the uterus to be marked by varicose distention of the vessels of the os and cervix, and accompanied, sooner or later, by ulceration precisely similar to the varicose ulcer of the leg; a third condition of inflammatory induration resulting from infiltration into the loose cellular structure which has been shown to exist in the os and cervix, similar to what often takes place in the integuments of the extremities from chronic inflammation, or from erysipelas, or erythema, or varicose congestion. Inflammation both acute and chronic, varicose congestion of the vessels beneath the skin, terminating frequently in ulceration, are thus analagous conditions to those which have been referred to as existing in the os uteri, and the remedies which are found most applicable to the one order, are those which I would suggest as the most homœopathic for the cure of the other. So that instead of

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limiting our researches after analogous symptoms and physiological or pathological conditions to the four remedies mentioned in the former part of this paper as alone having specific, pathogenetic relations with the external manifestations of uterine disease, and being tied down to this barren supply by so restricted a view of the physiological bearing of the organs whose diseases we are commenting upon, we can extend our view to the whole tegumentary tissue and find ample scope for patient and remunerative research, which will compensate in some measure for the want of assistance to be derived from a study of the general or sympathetic symptoms.

Thus, we have the various remedies which are applicable to the cutaneous and mucous surface, equally suitable to the tegumentary covering of the os and cervix uteri, and lining of the vagina. The varied sensations of temperature and sensibility; eruptive conditions to a certain extent; eczematous and erysipelatous inflammations; chaps and fissures; tubercles of the skin—such as also occur in the uterus; tumours; herpetic conditions; indurations in consequence of inflammation; scabs and incrustations; thickenings of the skin; ulcers in all their varieties — their form and quality, colour, appearance, and degrees of sensibility—the quality of their secretions—their odour and accompanying conditions; all these constitute so many elements, out of which a rational and successful treatment can be perfected upon strictly homœopathic principles. Or, to be more precise, suppose that we take the ulcer as the first and most prominent indication, with the discharges as the second, and the general symptoms, diathesis, and constitutional tendencies as the third, we have the ulcer, with all its characteristics, as shewn in the following programme, to compare with the leucorrhœa, and any indications it may afford; and if the remedies which are indicated by these two sets of symptoms are then compared with those indicated by the general state of the patient, and any peculiarities or idiosyncrancies taken into the account, we have a concordance of remedies, out of which we can select such as bear the most perfect similitude to the entire state of the patient, and this will involve likewise the true pathological and physiological conditions.

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Ulcers distinguished by their

Colour.
- Bluish.
- Blackish.
- Black at bottom.
- Spotted.
- With white spots.

By certain kinds of pain and sensation.
- Sensitive, painful.
- Insensible, indolent.
- With throbbing.
- With the pain of a bruise.
- Burning.
- With shocks or jerks in the interior.
- With smarting, itching.
- „ itching.
- „ shooting pain.
- „ pain as from excoriation.
- „ digging pain.
- Which are attended with a prurient and crawling sensation.
- With sensation of cold.
- „ aching.
- „ gnawing pains.
- „ cutting pains.
- „ pains as from suppuration.

&c.

Form and quality.
- Atonic.
- As if burnt.
- Cancerous.
- Which re-open after having cicatrised.
- Scabby, crustaceous.
- Hard.
- Fistulous.
- Gangrenous.
- Swollen, tumefied.
- Difficult to heal.
- Inflammatory.
- Lardaceous.
- „ at the bottom.
- Lupus vorax.
- Luxuriant.
- Flat.
- Deep.
- Putrid.
- Bleeding.
- Sphacelous.
- Spongy.
- Varicose.

&c.

Circumference may be characterized by
- Phlyctenæ, or vesicles.
- Pimples.
- Hardness.
- Redness.
- Swelling.
- Tension.

The secretion from the ulcer may be
- Pus.
- Watery, serous.
- Whitish.
- Brownish.
- Copious.
- Gelatinous.
- Yellowish.
- Fetid.
- Of peculiar odour.

&c.

The attendant Leucorrhœa may be,

As to colour,
- Yellow.
- Brown.
- Green.

„ odour—Fetid.

Causing a sensation of
- Burning.
- Itchiness.
- Corrosion (corrosive).

As to its nature.
- Watery.
- Thick.
- Milky.
- Purulent.
- Mucous.
- Bloody.
- Viscous.

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Since all these conditions are recognisable as well at the os uteri as in any other part of the body, and since they are all drawn from the pathogenetic symptomatology of the materia medica, it appears to me that the absence of the more precise local data is of less importance than has been imagined, and if we add the two other important elements of practice, namely, the temperament and the diathesis, which not unfrequently form the closing link in the chain of concordance, the homœopathicity of a remedy may be pretty well established, while we shall be working upon a safe foundation, and most probably be conducted to a successful issue.

If I have been fortunate enough to make myself understood, the purport of my observations has been to draw attention to an analogical survey of the symptoms of disease and of the therapeutic indications, whenever the state of the organ itself or the character of the general symptoms precludes a direct comparison, and as this especially holds good with respect to the diseases of the uterus, I have made them the subject of my remarks, because it is quite evident that the general symptoms offer little or no assistance in finding a corresponding remedy for the disease, and we cannot strive too hard to supersede the use of such fallible auxiliaries as the application of caustics.*

* In the October number of the *British Journal of Homœopathy*, the reviewer of "Homœopathy as applied to the Diseases of Females, &c.," has, among other objections, commented on the subject of hysteralgia and the "bare enumeration of seventeen remedies without one single definite indication, &c." I would only observe that hysteralgia partakes most prominently of the obscurity and indefinite character of the general symptoms which appertain to the diseases of the uterus generally, and which give no clue by which to unravel this from any other form of uterine disease; besides these, the only salient points, unless some idiosyncracy prevails, are the occasional absence of leucorrhœa, the aggravated periodic pain, and the local tenderness. Again at page 665, the cases referred to in the work and critically handled by the reviewer were described as exhibiting superficial pinhole ulcerations, coalescing and so extending, of which I have now given an illustration, the ulcerations were said to heal up kindly, although the malignant induration remained, and I consider this a positive gain in the treatment, as the tendency of such ulcerations is to spread, but I never said that the malignant disease was cured.

[Note.—We have received with much pleasure the foregoing interesting paper of our esteemed contributor, and think nothing but practical good can

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FACTS AND THOUGHTS IN RELATION TO SCURVY, HÆMORRHAGE, AND THE HOMŒOPATHIC LAW.

By Dr. Hayle, of Newcastle.

The fact that lemon juice may be so used as to produce scurvy was denied by Dr. Wood in his attack on homœopathy, and the only authority (Stevens) produced by its defenders was rejected by him—without justice, as would appear from the closing remarks in the *British Journal of Homœopathy*. Since that I have met with the following extract from the *Penny Cyclopædia*, vol. xxi, p. 143, in the *Journal of Health and Disease*, vol. ii, p. 168:—"Dr. Henderson, a naval surgeon, recently stated in a medical periodical, that he has seen scurvy

eventually issue from a subject being canvassed in all its different bearings: but we cannot help remarking that Mr. Leadam's cases are treated in direct opposition to the principles of Hahnemann, which, oddly enough, he quotes in this very paper. Hahnemann disapproves of healing the local disease by any means, even by the local application of the same homœopathic remedy as is given by the mouth (except in a single case, the application of Thuja to condylomata.) At other places, as is well known, Hahnemann lays it down as a fundamental principle that only one remedy is to be used at once; again, no remedy should be chosen whose pure symptoms do not correspond with those of the disease. Now all these principles are directly violated by the use of Calendula as a local application while other remedies are used internally. Here we have two medicines used simultaneously, and one of them for the purpose of healing up the local disease, and moreover it is a remedy whose pure symptoms relating to the uterus and vagina are not known, and it is therefore used quite empirically. We do not object to the publication of such cases, on the contrary we are glad to receive all additions to the field of practical knowledge and resources; but we cannot help noticing the remarkable inconsistency displayed by Mr. Leadam while criticising the practice of Dr. Madden as displayed in his paper in our first number of last year. For our own part we think that the practice of both these gentlemen is inconsistent with the strict letter of the *Organon*, but of the two that of Mr. Leadam is incomparably the most inconsistent. The use of an occasional escharotic is only a surgical operation which removes a thin layer of morbid tissue without any medicinal action, and leaves free play to the homœopathic treatment; whereas the simultaneous use of a local homœopathic medicine may be a disturbing cause of the other homœopathic medicine that is given inwardly.—Eds.]

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occur in persons who were taking daily doses of lemon juice as a prophylactic (preventive) against the disease."

I have not met with any more evidence of this kind in my reading, and therefore hope that the following particulars will be interesting to your readers.

A ship's crew of about seventeen hands left a port in England for Madras on the 15th December, 1849. A tablespoonful of lemon juice daily and half a pint of vinegar weekly were allowed to and taken by each man during the whole voyage out. After having been in port at Madras seven weeks, they set sail for England on the same allowance of acids. Having been a month at sea, the scurvy broke out severely in several, and almost all were touched in the gums. They arrived at an English port (I believe North Shields, at least my patient presented himself to me there) on the 3rd of November, 1850. He came under my care on the 27th of November, was 23 years of age, well-built.

His first symptom of indisposition, he said, was night blindness: as soon as the sun went down, and before it got dark, he became blind. Shortly afterwards the scurvy appeared. He had it very severely. His left thigh became extensively discoloured, and a boil came out on the left foot. He discontinued his lemon juice, and took raw potatoes sliced like cucumbers with his vinegar, about half a dozen a day, and with benefit.

When I saw him the night blindness had left him, the only symptoms being redness and œdematous swelling, worse towards night, of the left foot. He rapidly improved under Sulphur, a pilule of the 12th attenuation every morning. He was improving before, and would probably have got well at any rate.

It is now some time since lemon juice has become popular among the practitioners of the old school as a remedy in rheumatic fever, and I am convinced, from the perusal of several cases, that it is often of great service. Accounting to myself for its good effects on chemical principles, and believing that it acted by increasing the fluidity of the blood, and thus removing obstructions in the minute capillaries, I thought that I might try similar agents in conjunction with homœopathic remedies. The latter would alter the nervous actions of the system, while the

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former might make the fluid it had to do with, the blood, more manageable. The two cases of rheumatic fever in which I have on this reasoning allowed either lemon-juice or oranges, have certainly been very speedily relieved of pain, much sooner than is usual in my experience. Of course the subject requires a fuller investigation. In these cases there was a great thirst for acids, (and, if I recollect right, this is generally the case in rheumatic fever) a circumstance that encouraged me in the course I pursued. Both patients took Aconite while they were taking oranges or lemon-juice, without the good effects of the former being neutralized. In one of the cases in which I gave a small quantity of lemon-juice and at the same time gave Belladonna, I observed a very remarkable aggravation of pain, on which account I gave up for a time both the Belladonna and the lemon-juice. Every homœopath is of course aware of the relation of vegetable acids to Belladonna. After the subsidence of this aggravation, the patient continued free of pain, or nearly so.

A remarkable circumstance in this case was the appearance of petechiæ over both ankles, but especially, I think, on the left, during the convalescence, without, however, any general symptoms. Now every day for three weeks had this patient taken two oranges, and my knowledge that scurvy might be produced by vegetable acids suggested the thought that the petechiæ *might be* due to the use of the oranges.

Another case in relation to this subject presents itself to my mind. A man who about seven years ago was snatched, I may say, from the very jaws of death, when sinking under a profuse discharge of pus from a large abscess in his right lung, by Aconite, Phosphorus and China, was seized (about two years ago) with violent hæmorrhage from the lungs. On two consecutive nights he spat up about a pint and a half of blood each night. On enquiry I found he had been in the habit for some months of drinking large quantities of lemonade daily. On discontinuing the lemonade he had no return of the hemorrhage. I gave him a few doses of China, if I recollect right.

On mentioning some of the facts in this article to an intelligent and conscientious friend last night, he told me that for many years he never could eat an apple without producing

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hæmorrhage from the nose; that this happened not merely once or twice, but at least a hundred times. The same thing happened on partaking of many other kinds of fruit, effervescing draughts, or any acid, and also from soda. He found, however, by accident, for it was in his allopathic days, that a few drops of the tincture of Bark enabled him for some time to take fruit with impunity.

When we recollect the free use of dilute acids by the old school for the purpose of checking hæmorrhages, and the practice now universal of giving lemon juice for the prevention of scurvy in long voyages, the fact that medicines produce alternating and opposite actions under different circumstances cannot but be suggested to the mind.

It would appear that the coloured oozings from the blood-vessels in scurvy depend on a disorganization of the red particles whereby their colouring matter is released and enabled to escape into the surrounding textures. Now observation has established that this state may arise out of very different causes.

The most common, and for a long time the only cause known, is the long-continued use of salted provisions without an admixture of vegetables. The use of a proper proportion of lemon juice with this kind of food has been shewn by long experience to prevent its injurious effects. It has been found, moreover, that a diet restricted to fresh meat and bread will produce scurvy (Williams, *Principles of Medicine*, paragraph 63), and evidence has, I think, been adduced above to shew that an excess of acid in the diet will be followed on some occasions by a similar effect.

We have here then to do with the death of certain living structures or organisms, the red particles, and a certain physical effect resulting from their death and disorganization, I mean the infiltration into the surrounding textures of the colouring matter. We have not to do with the alternating or oscillatory action of a nervous system still alive and to be influenced by homœopathic agents. The red particles in great numbers have been killed by an excess long continued of a certain element in the diet in one case; in the other, by an absence of that which in the former case proved noxious only

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from its excess in quantity. I think the occasions stated above upon which scurvy has been found to be produced are fairly resolvable into the two cases I have mentioned. Salt provisions it is true are said to produce scurvy, but it is highly probable that the scurvy in this case is due to the absence of vegetable acids, and not to the use of salt, for it is curable during a persistence in the use of salted provisions, if vegetable acids are administered.

Now it appears to me that such cases as these are clearly beyond the limits of the homœopathic law, which, as I have endeavoured in another place to shew, has to do with the oscillatory movements of the nervous system, and not with such cases as these. The treatment is here to be one of causes, not of effects; it is to be etiological, not therapeutical. The conditions under which the red particles have been destroyed are to be removed, and those necessary for the growth of new ones to be supplied. In one case vegetable acids have to be supplied; in the other they must be greatly reduced in quantity, or altered in kind, according as the absence or superabundance of them have given rise to the disease. In this there is nothing more than in affording food to a man sinking for want of it, or removing it from the stomach of one apoplectic from repletion. The case, however, is widely different in hæmorrhage: here we have to do not with an altered state of the blood merely, but with the alternating or oscillating actions of the nervous system; for hæmorrhage, it appears to me, must be produced by a constriction of the capillaries of a part impeding the flow of blood, and thus producing turgescence and rupture of the vessels between the obstruction and the heart. The rupture, too, may not always be produced in a mere passive way by a yielding of the walls of the vessels to a distending force, a bursting as it were, but also in a more active way by the contractions of the walls of the vessels on their contents in an irregular way, and thus rupturing themselves. This would account, perhaps, for the peculiar thrill of the pulse in hæmorrhages. A rupture, as Dr. Williams remarks, must take place, for "considering the size of the red particles of the blood, and the absence of any visible pores in the walls of the bloodvessels, even under the

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highest magnifying powers, it does not appear possible that the particles can escape from the vessels without rupture either of the particles or of the vessels."—*Principles of Medicine*, paragraph 359.

The phenomena of blushing reveal to us the fact that the capillaries are under the control of the nervous system, as also the bilious attacks, diarrhœas, flows of urine and palpitations of the heart which follow certain mental states. The determinations of blood which take place at particular periods of life to different organs, must be explained, it appears to me, in the same way.

How vascular tubes may be contracted by a stimulus such as that of the nervous influence is easily intelligible, but how they can be expanded is not so clear; and I believe this difficulty has been the chief reason of the denial of the nervous influence as controlling the state of the capillaries. (*Principles of Medicine*, p. 204, in note.) The following supposition, however, will, as it appears to me, make all clear. Suppose the blood-vessels are held at a medium tension, somewhere between their extremest relaxation and their extremest contraction, and you explain all the phenomena, even those of expansion, which occur in consequence of the variations in the nervous power. It is well known that two consecutive, but opposite actions take place whenever a force acts on the nervous system—the first the direct effect of the force to which the nervous system yields, the second the reaction of the nervous system—after which there is a gradual return to the normal or medium state. Now this is beautifully exemplified with regard to the capillaries in an experiment of Dr. Williams. Speaking of the frog's web he says (note to paragraph 326), "When a weak infusion of Capsicum is applied by a camel's hair pencil to the web, there is a momentary retardation of the current in the veins, and the artery distinctly shrinks in size. But in a few seconds the reverse takes place: the artery swells to beyond its former size, and reaches the utmost line of its channel; the flow of blood through it is too rapid to be distinguished, and all the capillaries present a scene of busy motion; in some the particles passing in numbers and speed greater than the eye can appre-

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ciate; in others, before invisible, single files force their way in more deliberate but continuous motion; whilst in the veins the motion is again more rapid. This motion soon begins to flag, and becomes remittent or oscillatory in some capillaries; and it is seen that the arteries have already begun to shrink in size, and the chanelled lines (a sort of high water or rather high blood mark) reappear." This is but an exemplification of what takes place whenever a force acts on the nervous system. Take for instance the phenomena of blushing. Some words spoken affect through the medium of the air the membrana tympani of some young girl, and through the medium of the auditory apparatus certain ideas are excited which produce a vivid emotion; the feeling associated with the act of blushing is the reaction against this impression, and is that step in the process which is analagous to the dilatation of the vessels after the contraction produced by the Capsicum. The contraction of the capillaries it is true, is not generally perceived previously to blushing, but this is probably owing to its being slighter and its not having been looked for; in cases of violent emotion the face first gets very pale and then very red.

On the supposition then that the bloodvessels are held in a medium state of contraction by the nervous power, their alternate contraction and dilatation and gradual return to the normal state under the influence of a stimulus, indicate a corresponding oscillation in the part of the nervous system supplying them, due first to the immediate action of the stimulant, secondly to the reaction of the nervous power, and thirdly to the tendency towards an equilibrium. Hæmorrhage then, if due to a rupture of the vessels produced by their sudden and violent contractions on their contents, presupposes violent and sudden alternations in the state of the nerves supplying the part, similar to that which takes place in convulsion. The only difference would seem to be that the parts supplied are bloodvessels and not muscles.

I had written thus far, when it occurred to me that the dilatation of the bloodvessels could not be due to the reaction of the nervous power, for it was a passive effect due to the abstraction of a power. At least if the supposition that the normal state

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of the bloodvessels was due to their being kept in a medium state of contraction by the nerves supplying them is correct, a further contraction would be owing to an increase of nervous power and a dilatation to a diminution, the oscillation being between plus and minus degrees of the same, and not successions of different powers. The fullest expansion according to this view would result from a state of paralysis, and every state of less calibre than this to the contraction of the circular fibres under the stimulus of the nervous influence. An increased calibre would result from diminution of power.

The only mode in which I can imagine circular fibres capable of increasing their diameters by the influence of any other power than that of a power from within physically expanding them by distension, is by the elongation of their molecules in the direction of the circle of which they form a part. This might take place either by semi-rotation on their axes, so that their short or peripheral diameter should be exchanged for their long or radial diameter, or by a general swelling caused by an absorption of the circumambient fluid. The view, however, that their dilatation is merely passive and due to a diminution in a constrictive power, is much more probable, much more congruous with their structure and with analogy.

If the explanation above offered of the oscillation of the bloodvessels be correct, it is doubtless the correct explanation of the phenomena of the homœopathic law. Disease, then, would be the paralytic or temporally or permanently weakened state of the nerves supplying a part in consequence of exhaustion after a stimulus, excessive or very frequently applied; and a homœopathic agent would act as a stimulus closely allied to the one which had caused the preliminary excitement which had led to the exhaustion. The closer the analogy between the two agents, the morbific and the curative, the greater the susceptibility, the more ready the excitement of the weakened part, and it is easy to see that under these circumstances a judicious use of even an isopathic agent, or of the same which caused the disease, might tend to a cure.

I must own that I now think the explanation just offered more likely to be correct than the one 'ectures in

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answer to Dr. Glover. It approximates very closely to it; the difference being merely this.—In the one case the result is said to be due to exhaustion from over-excitement. Certain substances it is presumed have the power of causing a greater development than usual of nervous energy, so much so that after their use a corresponding amount of weakness ensues. If the stimulation have been excessive, the weakness resulting may amount to palsy, and every degree of weakness may be rendered permanent by frequent repetitions of the original stimulus. In the other case two forces are supposed, one inherent in the medicament or in the morbific cause, another in the nervous system, and the phenomena are explained on the supposition of the prevalence now of one, now of the other of these forces. Now the great objection against this is that one does not see how a reaction of the nervous power can dilate a blood-vessel, which is one of the instances we have to explain, and therefore the former explanation is much the more probable. Both hypotheses, however, suppose a natural readiness, but inability, in the nerves of the part, to return to the normal state, so that the smallness of the stimulus necessary is accounted for in the same way in both. Both, too, suppose an oscillatory power, actual or potential, which is weakened or destroyed in disease.

I trust that this important question will be taken up by our best thinkers and thoroughly reasoned out. In anything I have written on the subject I have merely meant to contribute some thoughts towards the great end of the explanation of the homœopathic law. I pin my faith to no opinion which afterthoughts, either of others or of myself, may tend to discountenance.

All lovers of truth will stand like a company of friends gazing at some distant but approaching object. Is it this, or that?—of this colour, or that?—does it run, or walk? &c. &c., are questions freely discussed, and this or that opinion is advanced or given up in turn by each as longer or nearer observation suggests, until probabilities end in certainty, and differing opinions unite in one.*

* [We beg to direct Dr. Hayle's attention to Fletcher's Pathology, a work

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ON THE HOMŒOPATHIC COLLEGE QUESTION.

In our last number we expressed our gratification at the flourishing condition of the Homœopathic Medical College of Pennsylvania, and gave large extracts from the last Report, to which we now recur for a different purpose. Regarding this as the first extensive independent homœopathic college which has been established, it very naturally suggests to us the inquiry how far and in what circumstances such institutions are to be desired. We have no wish to be understood as raising doubts of the expediency of the Pennsylvanian College; the circumstances of our transatlantic brethren being in many important respects so greatly different from our own, the remarks which apply to institutions in Great Britain may be inapplicable to similar institutions in America.

In thus calling attention to this vital question, on the right answer to which the future position of homœopathy in this country may in a great measure depend, we desire rather to throw out some reflections for the consideration of others than to undertake at the present stage of the inquiry to give final judgment in the matter. Very naturally, finding new obstructions on the recognised familiar roads to graduation and practice, the cry is raised to have a road of our own, and for our exclusive use; and, in the flush of triumphs which the very rapid advance of homœopathy in this country may have justified, the cry is accepted and eagerly repeated, without our having paused to consider maturely, whether in truth there may not be some way of removing the recent obstructions, or of bridging them over, so as to make the old roads still serve our purpose better than any new ones which we have at present the means of forming.

We may put in order the few remarks to be now made on

which we have repeatedly recommended to the readers of our Journal. Dr. Hayle will there find the subject of the relation of homœopathic remedies to the action of the capillaries fully thought out and discussed. We would hint to Dr. Hayle, as we once formerly did to another esteemed contributor, that if he had taken the trouble to read Dr. Fletcher's work before writing the above, it would have saved him some considerable amount of intellectual labour.—Eds.]

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this interesting subject, by considering in succession the two objects which such institutions contemplate, and for which they are valued; and by then comparing the advantages in each respect to be looked for in any new homœopathic medical college with those possessed by existing establishments.

The objects of such institutions are, *first*, to afford the means of valuable medical instruction; and, *secondly*, to grant some honorary title, such as a degree or a diploma, which shall be accepted by the public as legally or socially entitling the holder of it to a certain status or consideration.

These two objects are not always united; there may be valuable instruction given by private teachers who have no power of granting honours; and there may be honorary titles bestowed by an institution (the University of St. Andrews for example) which has no provision for medical teaching of any considerable value.

We have now to compare the probable means of instruction attainable to students in any new homœopathic medical college which it would be at present possible to establish, with the opportunities afforded by the existing medical schools.

I. As regards the *teachers*.

We of course assume that in the particular department of *therapeutics*, and in whatever directly relates to it, the teachers in such a college will have the material advantage of being in possession of the homœopathic law of cure, the value of which we will not be supposed likely to underrate. Now in any liberal course of medical instruction, it is but a very moderate proportion which will be considerably influenced by the homœopathic doctrine; a sixth, or a fifth perhaps; certainly not a fourth part. In the University of Edinburgh, for example, there are fourteen chairs connected with the faculty of medicine, nine of which have no necessary reference at all to the homœopathic law, while of the remaining five some are only very partially affected by it. In regard then to some four or five chairs, it may be deemed of importance that they should be taught by homœopathists, and to that extent there would be an advantage *cæteris paribus* on the side of the proposed homœopathic college; but no further. On the other side, let us fairly look at the disadvantages

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necessarily attaching to any such college as regards its teachers. Even in the best of the old universities, with their endowments, privileges and high reputation, the inducements offered to physicians in any considerable practice to become professors are by no means overpowering. In any sectarian institution they will be even less cogent; there will be connected with the office less emolument, less influence, and no public estimation. While thus we have only an inferior price to offer for the required services, we have also unhappily to purchase in a smaller market. Making all due allowance for what general superiority may, on the most extravagant estimate, be claimed for Hahnemann's followers, there will still remain a large balance against us. While these are counted by units or tens, the others are still counted by hundreds; and it is out of all probability that we shall be able to secure, among the units or tens, teachers in the respective independent branches of science equal to those who are to be had among the hundreds. Again: even had we ample supplies and a sufficient corps of ablest men out of whom to choose teachers, there is every reason to anticipate that the preponderance of *one idea* throughout the whole college would operate unfavourably alike on teachers and students. There would be wanting the free collision of minds, out of which so much light has often come, if not to the disputants, yet to less partial on-lookers; and there would be a continual tendency on the one hand to exaggerate and extend beyond its true limits the law of cure on which the institution was founded, and on the other to neglect or misrepresent other historically important and possibly complementary doctrines. It is difficult to overvalue the importance to students of having teachers so variously gifted that they present facts under different aspects and in new lights; and with all their faults the old universities have this advantage, that they teach no exclusive system, are ruled by no single idea. It is mentioned by an historian of the University of Edinburgh,* that when Cullen and Gregory were professors respectively of the institutes and of the practice of medicine, by their own request it was arranged that they should teach each

* *Bower's History of the University of Edinburgh*, vol. ii, p. 385.

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class alternately. It is added that this was done "in consequence of the different theories they had espoused upon some leading medical doctrines, which both professors could not avoid mentioning in their lectures." We have no doubt that this unusually reasonable arrangement was greatly for the benefit of the students.

One word more only on this head. It is obviously true that the views of the related sciences which a professor believing in homœopathy is most likely to take, are precisely those which would naturally occur to intelligent students otherwise disposed in its favour, and therefore the views which it will be least necessary to suggest or illustrate to them. It is thus a loss, not a gain to them to have a teacher so like-minded.

II.—As regards the *students.*

Under present circumstances those who ultimately become practitioners according to the homœopathic law are drawn from the general body of medical students by a fuller appreciation of, or what may be termed a greater affinity for the homœopathic law. They have chosen it in preference to all the others submitted to them, as the truest, the best, by which they are prepared to stand or fall as professional men. Their faith is thus put to a severe test; and their choice is seldom made until they have become acquainted through their teachers with all other usual means of cure. Notwithstanding a contrary teaching they have embraced the young faith, of which they are therefore most valuable confessors; and having already come into collision with the other older forms of belief, and mastered them, they are not likely to be easily overthrown in any subsequent conflicts. To a great extent they may thus be regarded as the *élite* of the students of medicine.

The students reared in a homœopathic college will have no such claims to respect. Being predestined homœopathists from their very entrance upon professional studies, their remaining such can indicate no strong convictions, and gives no security for the future. Profess to believe homœopathy they must, as the condition of graduation; for while to impose any creed is inconsistent with the right administration of universities in which no exclusive creed has ever been acknowledged,

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such a step would be quite compatible with a college founded solely and publicly upon the homœopathic doctrine; but for their real abiding faith in it there can be no such guarantee as now exists. On the other hand there can be no doubt that the establishment of a college for their education, with power to grant diplomas, will greatly facilitate the rearing of practitioners of homœopathy; and if their number is to be more regarded than their quality, of the expediency of its immediate establishment in this view there can be no question.

We have next to consider how the proposed homœopathic college will stand comparison with existing universities as respects its degrees or diplomas.

Our first remark is, that there is a fundamental incongruity between a university degree and any exclusive system. On this ground we have always held the conduct of the medical faculty of the Edinburgh University, in rejecting Mr. Pope, to be criminal, not only as an unauthorized infraction of established practice, but as involving a radical misconception of the nature of university degrees. If anything of the character of a university can be held to belong to an institution properly based upon an exclusive system, the medical faculty referred to are not so much to blame; for if we think we may well exclude *all systems but one*, they may more reasonably exclude *one* system. According to our conception of it, a university is the highest school for science, and under right government will approximately represent the successive stages of science in all departments. It has indeed been so uniformly found that such institutions have been slow to receive the impression of each new step in advance, that we are probably justified in supposing that in their very nature there is some strong conservative bias; still, sooner or later, and greatly sooner now than during earlier times, the advancing novelty meets with acceptance also there, and is then fully received and authoritatively taught. We may have to wait many years before the homœopathic law shall have so firmly established itself as to acquire such a position, yet its time too will come; and we cannot but regard the establishment of any separate college as likely to retard a consummation so devoutly to be wished. From the moment that homœopathy

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has schools of its own, its powerful present claims to be duly represented in the universities can be no longer pleaded. It will be justly said, it has made its election, has assumed a sectarian position, and must abide the consequences.

Any degrees, then, or diplomas to be conferred by such proposed college will not have the virtue and value of a university degree. To the public they will only import that the graduates have studied a system called the homœopathic, and have been pronounced proficients in it; but as to what their position may be on the general scale of medical attainments, nothing will be known; and however ample may be the required *curriculum*, and however able the teachers, it will be sadly in the power of our opponents to represent the education as defective and the teachers as mere fanatics in medicine; there being few independent witnesses, or none, by whose testimony effectually to silence such slanders. Even now calumny sedulously attempts to represent the practitioners of the homœopathic method as inferior to others; but so long as they hold degrees from the same universities, an effectual answer is at hand, and we are entitled to claim for them an undoubted superiority, inasmuch as all that is peculiar to them has been purely an additional acquisition. When they shall have studied and graduated at an independent sectarian college, what reply to such accusations will remain? and if it is said that their degree has no greater extent than the homœopathic system, for the practice of which alone their education has qualified them, and that they ought to be termed *medicinæ doctores homœopathicæ*, it will be difficult to make the contrary believed.

Indeed, to found an educational institution on a partial truth is a grand mistake; and in any large view what more can be claimed for the homœopathic law? Allow Hahnemann's great discovery what prominence we may, the homœopathic law can never be justly regarded as being more than the highest generalization yet attained, and the best existing formula of doctrine and practice, in the region to which it belongs; we cannot claim finality for that or any other practical rule. What may be yet in reserve for us we know not; but it may be safely predicted that if the science of medicine is destined to attain a

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greater altitude and stability, in order thereto its foundations must be extended.

Whatever influence tends to confine its votaries within narrow inelastic limits, must in this view be injurious. If, without the profound and various knowledge and the wisdom which an extended philosophical and scientific culture had brought to unusual maturity, Hahnemann's endeavours must probably have been ineffectual, how can it be expected that without the same aids greater heights are to be reached and richer harvests gathered by his successors?

We have already adverted to some of the considerations by which we come to the conclusion that no such sectarian college has any reasonable prospect of affording to its *alumni* opportunities of general cultivation at all equal to those possessed by the old universities. We have farther expressed our opinion that on principle such institutions are seriously objectionable. We may add that they are altogether unprecedented; the most uncompromising partizans in medicine having never yet pressed their differences to so disastrous a schism. If it be only begun here, it may be asked, where is it to end? Shall we have hydropathic, mesmeric, and kinesipathic colleges; not for the laudable purpose of affording supplementary instruction, each according to its own principles, to those who have elsewhere studied medicine, but with the ambitious aim of undertaking the whole course of teaching? In a different domain it is true we are familiar enough with conflicting sectarian colleges, each holding doctrines exclusive of all the rest; and certainly by uniform experience such divisions must be judged a great calamity, if yet an inevitable one; and there will be little wisdom shewn by importing into practical science the evils and divisions which seem inseparable from theological and ecclesiastical systems. There is in truth no analogy between these two regions of thought and action which can justify such an imitation. In one grand feature they stand distinctly opposed: inductive science shews a constant progress towards unity, and, *if in the right*, we may confidently assure ourselves that the children of our sternest opponents will be at one with us; it is not so in theology,—each system claiming infallibility, and therefore per-

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manence. No one supposes that the next Bishop of London can by any possibility be a Baptist or an Independent; but there is nothing whatever in the constitution of our universities to forbid the immediate appointment of believers in the homœopathic system as professors of the theory and practice of medicine. And it is this view which most distinctly exhibits the absurd position into which we may be brought by the establishment of a separate college; we may be drawing away from an able and friendly teacher the very students who would be his best support, and the salt to season his class. Already in the University of Edinburgh we have one such teacher, we may soon have more; and how infinitely stronger shall we be in the end, by thus silently and slowly taking possession of the old strongholds of medicine, than by hastily entrenching ourselves in what mud or brick fortresses in our present circumstances we can build?

The conclusion to which we come then is, that unless absolutely necessary, the establishment of a homœopathic college, affording a full course of instruction, and granting degrees in medicine is not at present desirable. There remains, however, still to be considered the question, how far such a step may be necessary. Should ample means of education not be otherwise afforded, or should insuperable impediments be opposed to qualified students desiring to obtain degrees or diplomas from the established schools, then at whatever cost of inconvenience we *must have* a College.

In the event of the universities still continuing to grant degrees to all attending students possessing the requisite knowledge, the supplementary instruction necessary to prepare them for homœopathic practice will seem to be sufficiently provided for by the establishment of hospitals and lectureships, which are already in existence or in contemplation. The only other question then we have to consider is the matter of fact, how far are the established schools open—how far closed—to our students?

Except in Scotland, no university has yet pronounced against us. In Scotland, however, it has been formally announced by the University of *St. Andrew's*, that the examinations are in-

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tended to be in future so conducted that believers and intending practitioners of homœopathy will be excluded; and the same thing is whispered of one of the two Universities at *Aberdeen*, and of the University of *Glasgow*. It is otherwise however in the University of Edinburgh, by far the most distinguished and important of the Scottish medical schools. There the matter stands thus. During the examinations for the present year, by the consent of the medical faculty, questions regarding homœopathy were put to *one* student (Mr. Pope), which had the effect of preventing him from receiving a degree, although otherwise qualified. On the other hand, several students were passed, who have since made profession of their belief in homœopathy, without being subject to such questionings, although there is reason to believe that in at least one instance the leaning to homœopathy could not be unknown to the examiners. Among these students was Dr. G. E. Stewart, now house-surgeon to the Edinburgh Homœopathic Dispensary. Further, it is to be observed that the novel steps taken by the medical faculty in reference to Mr. Pope never has received, and it is believed never will receive, the sanction of the authorities of the University. In the most unfavourable view, therefore, the question as to the Edinburgh University is still *sub judice*.*

In regard to the other Scottish Universities which may have given an adverse judgment, it is to be remarked that the step was taken hastily, under external influence, and that there has not yet been time for reconsideration and retreat. It is thus not improbable that were measures now to be adopted with a view to the establishment of a homœopathic college, all occasion for it might have ceased long before the Institution could possibly be in operation. At present we can see no sufficiently urgent necessity for a course of proceeding attended with so many evils; but should the threatened persecution be insisted in and increase, we are quite prepared, when we think the time has

* As this was passing through the press, the following important paragraph was published by authority.

"That the Council of the Royal College of Surgeons of England have attentively and repeatedly considered the various communications which have been received on the subject of homœopathy; and after mature deliberation have resolved, that *it is not expedient for this College to interfere in the matter*."

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come, to lend our whole strength to the agitation, which in the meantime we should be glad to see suspended.

One of the chief objects in the view of the advocates for a separate college or a chartered board of examiners may be referred to more particularly. It is urged that thus the public will be protected from the danger of being subjected to duly licensed practitioners, using the homœopathic method while mainly ignorant of it. We at once concede that there is much ground to regret that the homœopathic system is not more taught (which it ought to be at least as historically important and *sub judice* as to its merits) in all our medical schools; and we have suggested that by means of hospitals and lectureships this defect may be in part and in the meantime supplied. Still we do not think the other proposed remedy necessary or efficient, or even at all practicable. It has been often stated that something of the kind already exists in Germany. This is altogether a mistake; the examining boards there having been instituted for the purpose of protecting apothecaries, who were supposed to be injured by physicians dispensing their own medicines, under the pretext of practising homœopathically, and being unable to obtain the required medicines from the ordinary druggists. In the large towns, such as Berlin, Dresden, and Leipzig, where there are homœopathic chemists, no such difficulty can occur; but in order to provide for the cases of practitioners in less populous localities, where there are no chemists who provide homœopathic medicines, the law prohibiting physicians from dispensing was so far relaxed as to allow of certain exceptions. With this object the examining boards were established, which consist generally of three examiners; one on chemistry, one on botany (allopathic), and one on homœopathy. Any physician wishing to dispense medicines must obtain a license from the board, after examination; and the immediate purpose of the examination on homœopathy is to secure *bona fides*, and prevent the apothecaries from being defrauded. This statement (which we can make with the greater confidence, that we had lately an opportunity of conversing on the subject with a member of one of these German boards,) will at once shew how utterly dissimilar they are in

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character and objects to what it is proposed to institute in this country.

It seems to us that the danger of practitioners who have never made a study of homœopathy professing themselves adherents, and attempting to treat accordingly, is greatly over-rated. There are no great inducements for them to do so; few large prizes, great opposition, and obloquy.* Again, detection and disgrace are imminent, much more so than under other systems, both because there is greater unanimity of opinion, and also because homœopathic patients have in general so much acquaintance with its practice that they will not be long of discovering any *ignoramus* who may pretend to a knowledge of it. Further, in order to make the proposed measures effectual, *all* practitioners of homœopathy would have to be under the necessity of obtaining a license from the board, under the compulsion of fine or imprisonment. Now this would be altogether intolerable. Even the College of Physicians does not venture to prosecute physicians practising without the license, nor are the privileges of the Society of Apothecaries almost ever insisted on; and how could it be endured that a new upstart board or college should be less lenient? Then, who is a practitioner of homœopathy—one who gives Aconite in fever, and uses Arnica and Belladonna? or must he use six homœopathic remedies; or twelve; or how many? If he uses any other means does he avoid the penalty? In short, the perplexities will be altogether inextricable, when any attempt is made to enforce on all practitioners such an examination; and if not enforced it will not be effectual. But even if at all possible, it would be eminently inexpedient. At present we are daily adding to our ranks converts of high reputation and of experience as physicians. To them it would prove a great discouragement were any such humiliating examition and license made a preliminary condition of their practising homœopathy. Few of them would submit to it. Either they would turn away from us in disgust, or practise homœopathy

* From his former associates,

"Honour, love, obedience, troops of friends,
He must not look to have, but in their stead
Curses."

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without making a formal profession of it; neither a result at all to be desired.

Such are a few of the difficulties in the way of any such college or examining board. Altogether we are satisfied that they are at present quite insuperable; that even if attainable they are undesirable; and that by agitating for either of them we shall only expose ourselves to ridicule and certain failure.

On the other hand, our aim should be by all possible means to extend the basis of medicine, and to establish its foundations. We are in constant peril of allowing ourselves to be confined within too narrow limits; of learning to regard the homœopathic law as the sum of medical knowledge. Beyond the administration of drugs, there is much, much to be regulated. The inspired air, food and drink, the use of water (hydropathy), of movements (kinesipathy), of electricity, the whole mode of life, —in short, all the influences that may conduce to the continuance or restoration of health. As we have already said, it is the policy of our opponents to drive us into an isolated sectarian position; let it be ours by all means to maintain a wide catholicity; to welcome new truths from every quarter, and embrace them, even should our old doctrines be thereby modified or even abolished; for thus shall we not only be adding continually to our resources, but we shall also have the best security for the genuineness and efficacy of our remedial means.

MY CONVERSION TO HOMŒOPATHY,

By Dr. E. Acworth, *of Cheltenham.*

I HAVE been asked for my Confession—not of Homœopathic faith, but that which operated my conversion to it. At first, I was unwilling to accede to this request, and if I now venture to write of myself, I do so in the hope it will be only in so far as that self is connected with a cause that I would serve, for it strikes me that if I can simply shew how the truth of homœopathy was forced upon me, I shall haply furnish a better answer to its assailants than if I were to answer their invectives more directly.

It is now a good many years ago since Homœopathy first crossed my path. It was then a much smaller thing to me than

now, and did not long arrest my attention. I let it go its way. Years passed on, and it had grown to something larger; but what will not imagination make things grow to? Had I not seen what Nature can do—especially when the physician himself does nothing but—give her *leave* to do? Had I not myself received credit for cures in which I had no concern? Had I not had occasion ere now to see the error of my Allopathic ways—and now, instead of thwarting Nature, did I not virtuously follow her suggestions, and find how Homœopathic cures might be owing to what was left undone? The diet and regimen of the patient did it all. It was all nonsense!

But still the years succeeded one another, and homœopathy had grown with each till it grew at last into something like a Bugbear that frightened my moral sense from its propriety. What if there should be something in it, after all? What if its results were not purely *negative?* What if it turned out *positively* superior to the system of treatment I had hitherto employed? How if it should really prove the art of healing *cito, tuto, et jucunde?* I began to think I would investigate the matter. There was enough to challenge examination, if there was not enough to enforce belief. In the first place, there was the *steady* progress it had made—not in a single country, but in many—throughout all Europe—throughout the world. This in itself was a *presumption* of its truth. Then there was the constant accession to its ranks, not only of patients but physicians too. Some of these I had a slight acquaintance with. And here lay the point. *Character* is much more transparent than *opinion*—or rather—than matters of opinion. It may be hard to find if a thing be true or false, but not if a man believe in it or not. The *man* is seen through much sooner than the *thing*. I knew of homœopathic physicians about whose earnestness I could have no doubt. That *they* were convinced I felt assured. I had every reason to believe them to be—as honest—as enlightened—as observant as myself—and as little disposed to take things on trust. They had examined the matter. I had not. Were they not likely to know better than myself? Was not *their* belief a presumption of its truth?

There was still another. And that was the abuse which the *Lancet* lavished on it. I began to have most strange misgivings.

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Surely there *must* be something good in it—something not opposed to truth. Had I not seen the *British Medical Review* attacked with similar coarseness and vulgarity, only because of its elevated tone—because it would raise the character of medicine—and of medical men too—above the *Lancet* level. I would certainly investigate the matter for myself. If I were to think or feel by proxy, Orthodox as I then was, there were those of the pestilent heresy itself I would rather have had for my proxy, even then than that "defender of the faith," the *Lancet*. If my thinking, like my washing, must be *done out* for me (as a friend of mine affirms to be the case with the majority even of educated men), yet still it was not at the office of the *Lancet* I should have wished to get mine done. Whatever the *mangling* or *getting up* might be, I should doubt if either the thinking or the washing would have much to do with the purifying element in which Truth is said to dwell. Doubtless, those who conduct that Journal were in possession of faculties far superior to mine, or how could they so intuitively see, not only into what was true or false, but into the dishonesty of those who saw not with them? But still the use of my own poor brains was better for me than the usufruct of theirs. I would certainly look into homœopathy myself. There was nothing in its *principle* I knew of to object to—nothing to stagger one in the homœopathic law—but—the infinitesimals! Yet even then I could not help saying—Surely everything is wonderful, or there is nothing so! Is there anything more marvellous in one fact than another, except in its less frequent presentation to the mind? That a millionth part of a grain of anything should cure, was not *in itself* a jot more extraordinary than that one grain, or five grains, or ten grains, should! It was simply hitherto opposed to my experience. No! not *opposed*—I should rather say—it came not within the *range* of my experience. It certainly was not a jot more extraordinary than that men whom I believed to be honest and observant—men without any motive to deceive—men who had put the matter to the proof, and challenged the proof or disproof of what they stated—should unite to maintain it would, if it would not. It was a question only to be decided by experiment. Was it not an experiment I ought to make?

But perhaps I might not have reasoned quite in this way,

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if it had not been I was already a believer in that which had made me resolve, henceforth, to be careful of ridiculing even the ridiculous: I mean—in the truth of Mesmerism. Of this I had no doubt. I had passed through different phases of opinion before arriving at a conviction of its truth, but now it had firm possession of my mind. And, doubtless, this had made me all the readier to admit the possibility of Homœopathy being true. What, if it were so? What, if the same process had to be gone through with regard to *it* as in regard to Mesmerism—laughed at—explained away—enquired into—believed in?

At last I could not put the subject from my mind so that it should not infect my quiet. Like another, in a matter of greater moment, I deferred it to "a more convenient season," but, like that other, in the mean while trembled. I began to *fear* it might be true. And if it were true there was cause for fear. Did I not know what its belief would cost me? Had I not publicly defended Mesmerism, and had I not had to pay for that defence? If there was the same to do for homœopathy! And if with the same results! And then the thought flashed across me—You are a coward!—you dare not face the light! And then, I whispered to myself—How base! You are caring nothing for the interests of Truth—You are caring only for your own! And then, too, I recollected the obligation I was under to do the best I could for suffering humanity, and I knew that the *best* involved *comparison*, and I felt that if I said I had done my best, there was something might tell me, it was false! I would not have borne this from anybody else. I would not bear it from myself. Whatever it might cost, I would set my mind at rest. Moreover, at this time came before me such well-authenticated cures by homœopathy as made it a duty there was no escape from, to test its therapeutic power.

I put myself into the hands of a physician near me, who had been an Apostle of homœopathy for years, and whose Apostleship was placed above suspicion; for the benefits it conferred were on others, not himself. It was "the blessing of him that was ready to perish," but not the fees of the rich, "that came upon him." Homœopathy, like virtue, was to him its own reward. This gentleman kindly procured me books and medicines. I read, resolving what I read to *prove*.

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At this time, amongst other patients of mine was a lady of about sixty years of age, of very infirm health, and subject to laryngeal and bronchial attacks of so severe a kind as to demand most active treatment. In the intervals between these she suffered besides from various symptoms of indigestion, and still more fearfully from violent neuralgia, flying from one part of the body to another, but settling most frequently in the index-finger of one hand, and shewing, as it would seem, its gouty origin by a considerable node it left behind it there. This neuralgia returned with all the more violence after any depletory measures that might be used to subdue the bronchitic attacks. In other words, the treatment of one complaint was incompatible with the treatment of the other. I had therefore in the last bronchitic attack, for which at the time I speak of I was attending her, avoided, as far as possible, depletion, and trusted mainly to the use of Tartar emetic. But Tartar emetic after a while (after the acuter symptoms were relieved) became in senses more than one, *intolerable*. The patient was still suffering from incessant cough—from difficult and hurried breathing—and from constant wheezing in the chest, which was attended, but unrelieved, by expectoration. Though of a mild disposition and phlegmatic temperament, she was agitated and restless in the extreme, and declared that, if I did not soon relieve her, she must die. It struck me here was a case for homœopathy, and, as she would not have other advice, that I would try it. I went home and got some Pulsatilla, in the selection of which remedy there was haply more of chance than of my own discrimination. The first dose of it I administered myself, sitting by the patient's side the while. In twenty minutes' time she felt so much relieved that she wished to know what medicine I had given her—for, to use her own words—*she felt herself in heaven!* She seemed disposed to sleep, and so I left her, promising to return in the course of two or three hours. On my return I found she had had some sleep, which she had hardly had for several nights—the pulse was much less quick—the cough less frequent—the wheezing not so marked—the breathing easier. Altogether, the patient was much better, and in forty-eight hours I might say that she was well.

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The case struck me. It was the first I had ever treated, or *seen* treated, homœopathically. But might it not, after all, be a *coincidence*—what looked so very like the *cause* of the amendment? Ought one to generalize from a single fact? But my wonder did not stop here. Day after day, I looked for the neuralgia that followed convalescence from these attacks, but the neuralgia *did not* return. But more than this, the dyspepsia too had left her. I could not make it out any better than the patient. But what was my surprise to find, on referring to the action of Pulsatilla, that whilst merely treatment of one complaint was thought of, I had actually treated the others without knowing it. The medicine was applicable not only to a single set of symptoms, but to many. And here it was that the great superiority of Homœopathic treatment forced itself upon my attention. I could not stop here. I could not, *and feel myself an honest man.*

The next case I saw was one of Pneumonia—one of the very gravest kind—that was treated with Phosphorus and Belladonna, and that, to me, with the most remarkable results. The Belladonna was given on account of the delirium, and it was marvellous how quickly it controlled symptoms that Phosphorus alone could not control. I recollect well when the first dose was given, at five o'clock in the afternoon, that the pulse was more than 130—at twelve o'clock the following day it had fallen to 78. All the other symptoms showed equally improvement.

This case, too, made a deep impression on me. Moreover, at this time, in my own dyspeptic person, I was feeling the benefit of homœopathic treatment. But all this did not satisfy me. I resolved to see what Hospitals could show me, and so repaired to town. And although they had no acute cases there, yet what I saw was sufficient to convince me, with what I had already seen, that the new therapeutics were better than the old. My mind was made up. I was advised to go abroad and study homœopathy at Paris and Vienna. Before many days had passed away, the resignation of my medical appointment was in the hands of our Hospital Board—my comfortable establishment was broken up—leave was taken of friends and patients—and I had fairly started for the Continent. Of what I saw in France and Germany

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during my some months residence abroad, I must speak, if at all, in another place. Enough that the object I had in view was gained, and felt to be worth any sacrifice that had been made. Yet this was more than a pecuniary one. I had counted the costs of my change of faith and knew them to consist in something else than money. I returned to England to share in the abuse so lavishly poured on the Homœopathic body—to be classed amongst a set of impostors, because I could not impose upon myself—to be banned and outlawed by "honourable men" amongst whom *I* might have been received as one, if only I had paid the price—dishonesty! Yes! if I had only been dishonest—if I had only stifled my convictions—if I had made myself a living lie—I might have qualified myself for the society of *gentlemen*, who could meet me *then* in consultation "without derogating from their own high honour or the honour of the Profession" to which they belonged. Thank God, I was ineligible. This honour was declined. It was better to lie under the charge of imposition—for "Why should honour outlive honesty? Let it go all." Let me be a charlatan—quack—anything—except a candidate for such fellowship as this. Let them bring any charge against me but that of being worthy of admission to their meetings. It was something not to deserve *this*. Imposture was a charge much easier to bear. The grounds on which it rested were so new and strange. Instead of riding with Falsehood in a carriage, to be trying to walk hand in hand with Truth—to keep one's conscience, though no nicer than it should be, not exactly in the same pocket with one's fees! to pay, and willingly, with loss of income, for gain of greater therapeutic skill! Were not these strange grounds for it to rest on? But when were ever grounds too strange to build an accusation on, when the object was not to judge, but to condemn? How has it ever been in this respect? How in the days of Him whose whole life was doing good? For, not to seem guilty of profane comparison, was not *He*—the great healer of Disease—who prescribed not after the manner of the Scribes—denounced as nothing better than an Arch-Impostor? Were not the cures which he effected—not being wrought secundum artem, or according to the formulas of Pharisaic medicine—ascribed to the Author of

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Evil, not of Good? When this is remembered, it is perhaps a little difficult not to feel almost unduly elevated by the obloquy one meets with for "proving all things, and holding fast to that which is good"—for acting up to what one believes is morally as well as medically right. And it is well to feel this elevation, within bounds. Those who are standing on the vantage-ground of truth, can afford to be magnanimously forbearing to their opponents. It is not by bandying taunts and accusations—it is not by exchanging terms of scurrility—it is not by crimination and recrimination—that the cause of homœopathy is to be fought and won. Let its disciples recognize their dignified position. We have all the advantage of truth upon our side. Let our assailants have that which viturperation gives. Who would put himself on a level with the *Lancet*? It may call those who practise homœopathy, impostors, but who feels libelled by its coarse and clumsy calumny, or would lower himself by calling *it* names? Let our language be such as may show our opponents we know what is due to ourselves as well as them. If we must reply to the resolutions of Societies that refuse to meet us in consultation, let it be in the calm and self-respectful tone of the counter-resolutions of the Homœopathic Association. A quiet, dignified, gentlemanlike bearing will only show our consciousness of strength; for where there is consciousness of strength, there is repose. For me, I confess, that as far as I can see, there is much less to fear from others than ourselves. I laugh at the idea of Halls and Colleges coercing opinion in the present day—coercing opinion on matters, too, of medicine—of medicine, that never yet has had a fixed belief—that is, *or ought to be*, a thing of progress—and that only in the present year of grace has framed its Athanasian creed, to place beyond the pale of mercy those who might think of saving life in ways its conventional Orthodoxy lays not down! I laugh at the idea of Halls and Colleges prescribing to their Alumni *how* they are to prescribe—at the idea of their making a clinical Procrustes of the practice that will not adjust itself to theirs! All this is only too ridiculous. They may say to medical enquiry—Stop!—to the onward course of science—Thou shalt go no further!—but the tide of truth still is rolling on and sweeping past the Chairs of our

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Esculapian Canutes,* rising and rising even now above their feet, although it may haply never reach their heads. The earth turns round,—*e pur si muove*—although the anti-Galileos of the day—the Inquisition of a Senatus Medicus—will have it, it is standing still. The smallest part of a grain of Hellebore *will* cure, although not learned Professors of their folly. They may refuse examination to Homœopathic students, as they have hitherto refused it to Homœopathic practice, but *their own* examination is going on the while. They may make their diplomas a license for untruth, as well as for any other breach of the Commandments, but they will not make the world believe (the world that will very soon come to understand that taking such degrees is not "*taking honours*") that these will qualify for the *Practice* of Physic, whatever they may do for the *Profession*. Let them make what arbitrary laws they please—there is one they cannot overrule—and that is—public and intelligent opinion. This it is that legislates even to our legislators, and that now-a-days rules and regulates their Councils. And this will teach teachers, too, their duty to the taught—that it is not to stunt and dwarf their mental growth by forbidding them any other kind of aliment than beliefs prepared and potted for their use—to arrest the development of their intellectual manhood by crushing it, as the Chinese lady does her foot, in the vice made for it by traditional opinion—to make them figure like stuffed birds in a Museum—or, instead of living, breathing men, mere fossil specimens of this or that formation. All this it will correct in the course of time. It will make them impose not Confessions of Faith, but conditions necessary to a faith worth having. And pronouncing in favour of Homœopathy itself, it will make that a matter soon of *interest* to Professors, that is not yet a matter of enquiry. To that public and intelligent opinion we may leave them. They have so discovered their lamentable weakness by the injury they would do us, but have done themselves, that ... they have justified, they have hardly rendered necessary ... an a passive attitude on our part. "Our strength is to ... Aye! and study Hahnemann. Let us only be true

... lling Canute so to call them, for centuries ago *he unsaid* ... the present day, *they say in solemn earnest.*

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to ourselves and our high calling, and we may leave Halls and Colleges to do their worst. "In quiet and confidence shall be your strength." For me, I have such faith in the Omnipotence of Truth, and in the self-correction of the evils we most fear, that I can only say to my Alma Mater what poor Lear says to his unnatural daughter:—"Mend when thou canst!—Be better at thy leisure!—I can be patient."

THE ODOMETER AND THE MAGNETOSCOPE.

It was early in the last year (1851) that Dr. Herbert Mayo sent out a supplementary chapter to the second edition of his book concerning the Truths contained in Popular Superstitions.* That new last chapter, or flying appendix, was circulated among the purchasers of this edition; but it also fell into many other hands. It purported to be no ordinary missive. Slight though it was, being no more than a flying sheet as has just been said, it brought no everyday message to the scientific world. Full of the sense of its importance, it dealt in details as careful and minute as Mrs. Quickly's parcel-gilt goblet and other items. It bore how the learned doctor, who is a valetudinary resident at Boppard on the Rhine, was taking lessons in the mathematical science or sciences at the hands of one Caspari, belonging to the Boppard gymnasium; and how the mathematician told the physician on the evening of the 31st December, 1850, the last night of the old year, that he had something to show him. Caspari then hung a gold ring by a thread, held between the finger and thumb of his right hand, over a silver teaspoon; and, sure enough, the ring began and continued to swing like a pendulum, until a maid-servant was summoned and told to take hold of the Italian's left hand—when the ring first came to a pause and then swung away as before, but in the opposite direction. In short, it swung from him when untouched, and even when touched by Mayo; but it swung across him so soon as a woman was brought to bear upon him!

* Letters on the Truths, &c. 1850.

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Such was the Boppard mathematician's part in this famous investigation. He merely showed our countryman what he had himself been shewn a hundred times. In fact, the feat comes from mediæval times, when the black arts were both more in vogue and better understood than now. It is just one of many modifications of a familiar nursery experiment. Suspend a shilling inside a tumbler, and it will librate wider and wider till it strike against the glass, when it will proceed to strike the hour and then swing less and less widely till it fall to rest. Fasten the head of a poker in a loop about the middle of a yard of whipcord, grasp the ends of the cord in your hands, press your hands against your ears so as to make yourself deaf, bend so as to let the suspended poker hang within three or four inches of the fender, and it will not only play the pendulum but also strike the hour quite as faithfully as the shilling. The divining ring, however, has always been the favourite toy, and that with both old and young, doubtless on account of the added element of mystery in the effect of a woman; perhaps also owing to a sense of the humour of the thing. There is something at once weird and comic (a combination always dear to children, whether grown or ungrown) in the spectacle of a wedding-ring restlessly swaying to and from a man until some "not impossible she" lay her finger on him, coming to short and troubled rest, and then proceeding to sway as lustily as it did before—but now across him. What a slyboots is the little Ariel of the ring!

But notwithstanding that Caspari (as being bound over to the cultivation of the mathematical sciences) knew no more of this exceeding mystery than his mother before him, nor aspired to know, the English doctor of Boppard was fired with the sacred rage of scientific curiosity at the sight of these balancings this way and that. He had been a professor of anatomy in London University College, had made discoveries in the brain, had studied all the natural sciences, had even explored some of the non-natural ones or ancient black arts, had wielded the divining rod with success and explained its action in a set form of words, quite as intelligible but not nearly so mysterious as the geomantic itself; and, to sum up all, what was to hinder him finding

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out the real nature of these marvellous librations! Nor was a mental initiative far to seek. The intellectual clew was in his hand already. Providence had thrown Von Reichenbach's experiments * in his way, he had become convinced of the existence of a new imponderable or dynamide of the name of Odyle, he knew that the human body (especially at the fingertips) is one of the sources of the novel fluid, and therefore (!) that new and novel creature must be the cause of the movements in question. Odyle runs down the thread and does it. It is proved by experiment, for other light things (almost anything in fact) do as well as the ring, and almost anything does as well as the silver spoon; but Von Reichenbach has shewn that odyle emanates from, and reacts upon, literally every body in nature; and therefore (!) the antique divining-ring is nothing less than an odometer. So the old plaything becomes a noble implement in the hand of British science!

To speak seriously. Mayo made a number of experiments on this odometer of his; substituting chips of silver, lead, zinc, iron, copper, coal, bone, horn, dry wood, charcoal, cinder, glass, soap, sealing wax, shell-lac, brimstone, and even earthenware, for the more classical gold ring; and using gold, glass and many other kinds of matter instead of the original silver spoon. The suspended chips he called odometers; the underlying objects, od-subjects; and one might almost say it was no matter what kind of matter either the meter or the subject was made of, but Von Reichenbach's odyle streams out of all manner of substances under the sun and moon, as well as from these luminaries themselves. Assisted then by the unfortunate Caspari, Dr. Mayo suspended his chips over their od-subjects, nothing doubting. For two or three days, in good sooth, they would not move with anything like regularity; but scientific patience had its reward, and after a little training they swung about with the most satisfactory certainty. Nay, in ten days the invalid and his mathematical friend "succeded in disentangling the confused results which attended their first results." And the scientific leader of the investigation duly wrote down, for publi-

* Researches on Magnetism, &c. in their relation to the Vital Force. By Karl, Baron Von Reichenbach. Translated by William Gregory, M.D. 1850.

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cation to all England and the whole world, thirty experiments in which odometers moved directly to and fro, transversely, obliquely or half-and-half, and also circularly or round-and-round, the attendant circumstances and conditions being also faithfully chronicled; whereupon the discovery of a physical proof of odyle rushes into print, and constitutes the subject-matter of the supplementary chapter set forth and described in this historical notice.

Let the ingenuous and happy reader peruse a specimen of the proof. Here are eight choice experiments; the odometer being just an elongated little bit of shell-lac or the like, suspended by six or seven inches of thread, suspended from the forefinger of the operator.

"I. Odometer (we will suppose armed with shell-lac) held over three sovereigns heaped loosely together to form the od-subject; the odometer suspended from the forefinger of a person of either sex. *Result.*—Longitudinal oscillations.

II. Let the experimenter, continuing experiment I, take with his or her unengaged hand the hand of a person of the opposite sex. *Result.*—Transverse oscillations of the odometer.

III. Then, the experiment being continued, let a person of the sex of the experimenter take and hold the unengaged hand of the second party. *Result.*—Longitudinal oscillations of the odometer.

IV. Repeat experiment I, and, the longitudinal oscillations being established, touch the forefinger which is engaged in the odometer, with the forefinger of your other hand. *Result.*—The oscillations become transverse.

V. Repeat experiment I, and, the longitudinal oscillations being established, bring the thumb of the same hand into contact with the finger implicated in the odometer. *Result.*—The oscillations become transverse.

VI. Then, continuing experiment V, let a person of the same sex take and hold your unengaged hand. *Result.*—The oscillations become again longitudinal.

VII. Experiment I. being repeated, take and hold in your disengaged hand two or three sovereigns. *Result.*—The oscillations become transverse.

VIII. Continuing experiment VII, let a person of the same sex

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take and hold your hand which holds the sovereigns. *Result.*—The oscillations become longitudinal."

And so on through other twenty-two experiments; the last three being made with a glass odometer.

Such and such-like are the notable experiments, which illustrated the beginning of this second half of the nineteenth century at Boppard, gave a physical demonstration of Odyle, and originated a new science—let us rather say, a new kind of science! They were made more widely known by Chambers' *Edinburgh Journal*,* a popular organ always on the alert for some new thing in the region of physical marvel, and that with much good faith and simplicity. A writer in the *North British Review*† likewise described them, at the conclusion of an article on Von Reichenbach's *Researches*, and endeavoured to show their utter futility. Nor can we do better, at this point of our narrative, than quote some of that sportive yet cutting reviewer's observations on the practical part of the matter in hand.

"It is quite possible, before-hand, that these thirty experiments may be as genuine in their essence, as they are undoubtedly true in the report of them; and, before criticising them, we shall relate other three experiments of our own.

"I. Being men of firm nerves, and perfectly self-possessed in so far as the body is concerned, having never suffered from any neuropathic disease in our lives; always having failed in getting hypnotized or mesmerized, though ever so willing; not to be swayed by the suggestion of circumstances or of other folk; but strongly mesmeric, if there be such a quality, we repeated Caspari and Mayo's preliminary experiment. We hung a good gold ring from the first joint of our right forefinger, by a white silk thread, over a silver spoon; holding the so-called odometer half-an-inch apart from the odylic subject. After its first vague movements were brought to rest, the ring stood still; it never budged. This looks like a mere negative experiment at first sight, and negatives go for nothing: but it is not; it is the positive experiment in this case. Owing to the unsteadiness of most hands, owing also to the pulsative movements and nervous twitchings of most fingers, the difficult thing to do is to hold any object still. Our ring will sway to and fro at the end of its thread, in fact, when hanging from nine fingers out of ten. If, however, a tenth one be

* No. 375, March 8, 1851, p. 155. † No. 29, May, 1851.

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found which is able to hold it suspended in perfect stillness, there is then discovered a positive proof that the movements in the other nine cases must have been owing to nothing that is 'physical and objective.' Considering the matter as a question of motion or no motion, Caspari's experiment is negative although it affirms, and ours is positive although it denies. If there be such a motive force, free to operate its effects in such circumstances, as Dr. Mayo asserts, then no property of ours could interfere with its action. We could as easily hinder the ring from falling to the extent of its tether, in obedience to terrestrial gravity, as control the odylic impulsion, if there were such a thing at work within, through, and upon the so-called odometer. Any properly qualified person can repeat our experiments.

* * * * *

"III. We suspended the odometer from a fixed point by its thread, and let it fall to rest. We then held a silver spoon, a plate of porcelain, sealing-wax, and several other odylic subjects under it in the air, half-an-inch from it, a quarter, a twelfth, but all in vain: no motions ensued; no phenomenon of any sort took place. Now we think that this is precisely the same experiment as Caspari's, considered as 'physical and objective;' and it is strange to think that an English doctor did not at once reverse it in this style. If odyle go down the thread, it goes through the spoon. It cannot matter whether the odometer or the odylic subject be in the hand of course, else the experiment is neither objective nor physical. This is certainly a crucial test, and it needs no ghost to predict that not one of all the doctor's variations of his mathematician's geomantic performance will bear its application.

"At the same time, the regularity and reckonable certainty which attended these Boppard experiments, after a few days (be it always observed) of contradiction and caprice, is very interesting, when considered from the right point of view. It is as clear as crystal that the results become expected things. Many of the experiments indicate a foregone conclusion. All of them would become such after the first satisfactory trial. Now we have seen that the most minute and invisible movements of the hand communicate certain oscillatory motions to the suspended body; and we also know something of the power of expectant attention and extrinsic suggestion over certain nervous systems, especially the hypnotizable. It appears that Dr. Mayo is the subject of the mesmerizable diathesis or habit of body:

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the disease under which he labours is almost a completed proof of it. Nor would any one venture to speak in this manner of his condition, but that he has adduced himself as the instrument of a scientific investigation, as well as its author. That instrument, although it is the sick body of a most excellent and valuable man, must therefore be judged as freely as if it were a sympiesometer or an electric clock. Be it understood, then, that a mesmerizable nervous system holds a thread with a light body at the other end of it; that the most infinitesimal movements of the suspensive point of that nervous system are able to institute librations of the light figure suspended; that the direction of these librations is under the control of the will of a wholly self-possessed experimentalist; that the expectant attention of another sort of nervous system in the operator is calculated to bring about its own results in the matter of direction—and this letter on the truth contained in popular superstitions is both refuted and explained."

Being quite of opinion, with the author now quoted, that Dr. Mayo's odylic views were visionary, and his experiments exactly equal to nothing, in so far as the now notorious Supplementary Chapter had done them justice, it was not without interest that we took up the third edition of his book, lately published. There we soon found the whole question given up. After three several paragraphs, containing extended experiments, he comes to the gist of the matter at last.

"IV. But by what cause then, through what mechanism, so to speak, are the movements of the odometer immediately produced? Early in the inquiry I made this experiment. Instead of winding the free end of the silk round my finger, I wound it round a cedar-pencil, and laid the latter upon the backs of two books, which were made to stand on their edges, four inches apart, with the od-subject on the table between them, the ring being suspended half an inch above it. The ring, of course, remained stationary. Then I took hold of the pencil with my finger and thumb, at the point where the silk was wound round it; my finger and thumb rested on the silk; but no motion of the odometer ensued. Hence it follows that the odometer is, after all, always set in motion *by the play of my own muscles.* I venture then to suppose that my sentient nerves, unknown to me, detect on these occasions certain relations of matter—let me call them currents of force—which determine in me *reflexly* certain sympathetic motions of the very lightest, and even of an unconscious character. This idea, which I am [illegible] the just solution of

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the matter, is highly consistent with some observations which I have before recounted. It explains how the primary delicate impression should yield to the coarser influence of a strong conception in the mind, that this or that other motion of the ring is about to follow, or even to that of a vivid and, so to say, abstract conception of another motion. It explains what I have several times verified, that on certain days a person standing behind me with his hand on my ear, or on my shoulder, can by an effort of his will (mine not resisting) make the odometer which I am holding move whichever way he happens strongly to imagine to himself, without communicating the same to me. It explains to me ——" Dear Herbert Mayo, what does it not explain *to thee?*

So much for the physical demonstration of odyle. It ends in a smoke of physiological mysticism. Its author performs a single rational experiment, and it is gone!

But alas! we have not done with this fantastic topic yet. Early in spring, Mr. Rutter, the director of the Brighton gas-works, and well known to the stockholders of sundry metropolitan and provincial gasworks by his gas-pamphlets, had unhappily read Chambers' account of Mayo's odometer, and had even described them in a lecture at a Brighton institution, adding "several illustrations devised by himself."

Improved by his inventiveness during the summer, the poor odometer became transformed into a brass-mounted magnetoscope, and in that shape it gave out strange responses. The movements of the chip (now always made of sealing wax) were found to be far more various than Mayo ever dreamed. They were discovered to be modified by the manner in which the experimentalist was touched by a second party, whether male or female; by substances, metallic, saline, elementary or organic, held in his other hand; by the minutest fragments of such substances; and indeed by homœopathic globules quite as effectually as by ounce weights of medicinal matters. The pendulum, rotating under the influence of an untouched man, stopt as soon as a globule of Belladonna was put on his palm. A dead fly was as potent in the same way. A hair from the head of a woman did as well as a woman. A mass, a particle, or a globule of gold reversed the rotation in similar circumstances, making the pendulum go round in the opposite direc-

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tion. Nay, antidotal globules could be shewn to be antidotal by this marvellous odyloscope. Yet Mr. Rutter is no homœopathist. But Dr. Madden had enjoyed the privilege of witnessing his experiments on very small particles of matter, and easily rose to the trial of infinitesimal quantities. The same idea occurred to the Earl of Belfast, when accompanied to Brighton by Dr. Quin to see the new wonder. Dr. Madden wrote a letter on the subject, which was inserted in the last number of this journal. As things have turned out, and indeed might have been foreseen, it is a thousand pities that letter was published; but it reached us soon before our going to press, and, knowing its author to have been a chemist, we inferred he must also be something of a critic in electro-dynamics and such things. At all events it cannot be denied that we published his account, and expressed our trust that the matter would be pursued—*hinc illæ lachrymæ*, tears struggling with laughter. After Dr. Madden's enthusiastic letter came Dr. Quin's dashing lecture at the Homœopathic Hospital, duly backed by his noble friend of Belfast, and reported (with jubilation) in the *Homœopathic Times*. Then came Dr. Madden's lecture, claiming the discovery all to himself, the homœopathic portion only of course, followed by Quin's reclamation of it for the real, original inventor, Mr. Rutter. There ensued meanwhile a medley of letters to the *Homœopathic Times*, some doubting, some rejoicing, some denying, some suggesting, and all a little excited. In short, no insignificant proportion of our world went into a state of entusymusy on the subject. But the demurrers soon prevailed. Dr. Madden retraced his steps with singular rapidity, and has ended in giving the thing up. Like the unhappy Mayo, he finds the movements all produced by the play of his muscles, and then he rides off in a cloud of learned words, well calculated to "darken counsel." Dr. Quin has not yet pronounced himself since Dr. Madden's recantation. In the mean time Mr. Rutter has published his own account of the matter, and that is the last point of this queer little history. Never were trumpets so sounded before the coming of a pamphlet, to be sure; and here it is at last.*

* Magnetoid Currents, &c., with a Description of the Magnetoscope, &c., by J. O. N. Rutter, F.R.A.S. To which is subjoined a Letter from William King, M.D., Cantab.

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Well, the first thing that arrests the attention of the reader of this production is its profession of being "only a register of facts." To believe the worthy author, he has nothing to do with opinions. He eschews all theory. Theory will come by and bye—and so forth. Why then, in the name of science, is this pamphlet entitled *Magnetoid Currents*, &c.? Are there not two hypotheses involved in these two words? Do they not assume that currents are the causes of the phenomena described, and that these currents are magnetoid? Is not the very word Magnetoscope a foregone conclusion? Animal-magnetic fluid, odyle, magnetoid currents, are kindred creatures. Even if they have any counterparts in nature, they are nothing but hypothetical existences in the mean time.

As for the experiments themselves, the reader is already familiar with them. Drs. Madden and Quin's descriptions really almost exhaust the list. The only difference between this so-called magnetoscope and Mayo's odometer is that the wax pendulum is suspended from the point of a slender brass arm, projecting from a knob on the top of a fixed wooden stand, instead of hanging from the finger and thumb of the experimentalist. The operator lays hold of the knob between his finger and thumb, however, keeping his hand open; and then ensue the movements of the pendulum. Beneath the pendulum lies a sort of paper dial, with a circle and certain lines and letters on it, to help the eye of the observer; and there is also a glass shade to protect the sealing wax and its thread from aërial currents.

There is one tragi-comic circumstance attendant on these experiments, even in the best of hands, which transpires again and again in the course of this narrative. Not only does Mr. Rutter disclaim enerything like theory (the word Magnetoscope notwithstanding), but he tells the reader gravely that the experiments often fail. They often failed with himself at first. Some people cannot get up the currents at all, it would almost appear. But then, practice brings perfection. "It is not to be expected that a person who sees and takes hold of an ordinary tool for the first time, should be able to use it with the facility acquired by long practice." Give it a fair trial. Half an hour's practice will sometimes do wonders. A few hours

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will certainly bring out something. If not, have patience. "Try for a few minutes at a time, three or four times a day, and for several weeks in succession. This is what I mean by a fair trial" (p. 15, note, et passim).

Doubtless this is intended as a piece of frank pleading, but it is also strange nonsense. Since all that the operator has to do is to touch the knob, to grasp it kindly between his forefinger and thumb, perseverance and effort are put out of the question. If there be any motiferous fluid in him, whether magnetoid or odylic, it will run along the arm and down the thread, whether he will or not. Otherwise all pretensions to a physical character in the experiments must be given over. You might as well tell oxygen not to be discouraged if it find it cannot combine with hydrogen at its first trial, but to persevere until patience prevail over every obstacle to their union. Why, in these experiments the operator is also the subject-matter of experiment. As soon as he has laid hold on the knob he ceases to be an experimentalist and becomes one of the re-agents. To adjure him to perseverance is to mock him. It is to assure Sir John Falstaff that, if he will only not be discouraged, but have patience and try the thing a few minutes every day for three or four weeks, he wont be a whit heavier than Romeo's lean Apothecary. O Reader of mine, says this inventor, no magnetoid fluid comes out of you when you touch my knob; but try again and again, keep always trying, and it will come in good time. O Reader of ours, say we, is there any need of further refuting these experimentations? After Dr. Mayo's confession, Dr. Madden's recantation, and Mr. Rutter's exhortations to the virtue of perseverance, to say nothing of counter-experiments, we may safely leave the matter to take its course. The probability is that the inventor or rather the improver, for Mayo is the inventor (borrowing from the old black arts), will stand by his magnetoscope till the end of the chapter.

It would not be difficult to prove that such movements as are described by Mayo and Rutter could not possibly be produced by any dynamidal currents whatever, even were there any such currents in play; but mathematico-physical discussions were perhaps unsuitable to the pages of a medical journal, and they had better be reserved for some more serious occasion. It is

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more to our purpose to observe that, if this instrument had been real, homœopathy could hardly have been true, in so far as the medicinal action of infinitesimal quantities of matter is concerned. Why, no homœopathist ever supposed that a globule (say of aconite) can produce, invariably and unconditionally, sensible effects on a healthy frame. It cannot act at all indeed unless the specific sensibility to the action of that kind of matter (aconite namely) be sufficiently developed when it is exhibited. That is the express and irremissible condition of its exerting any influence whatever. Otherwise it falls as effectless into the organism as a bead of dew into a river. How then should it work all those strange things which have just been alluded to and in part described, through the body of the healthy upon this brazen instrument, and that while all sorts of such irrespective infinitesimals must have been in action, at one and the same moment, upon both the experimentalist and the instrument? Even to make such an experiment with any hope, the instrument would require to be in a *vacuum*, and the operator, clean-shaven all over after a Turkish bath, should be in a *vacuum* too; whereas, in these Brighton experiments on infinitesimals, the *vacua* were all in the observers, the necessary conditions of such trials having been exactly reversed! But even if it were possible to perform the experiment properly (*videlicet*, in a *vacuum*), homœopathy might have predicted the result. An infinitesimal quantity cannot produce sensible phenomena on a healthy experimentalist, much less on a dead instrument through the intermedium of his body. It is not because a man is the subject of chemical forces and dynamidal currents, but because he is alive, that a rightly chosen globule can make him well when he is ill. Let us hold to our purely vital dynamics, and leave the physical forces to those who understand them.

At the same time we must not forget that this business did by no means originate with homœopathists. Dr. Mayo is not a Hahnemannian; neither is Mr. Rutter, and he is careful to say as much in his pamphlet; and neither is Dr. King, the principal abetter of Mr. Rutter, and conjoined with him in the authorship of his pamphlet. The fountain-heads of the tasmagorial stream are as orthodox as could be. Our

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colleagues indeed, Drs. Madden and Quin, were too easily satisfied; and it is not wonderful that such leaders should at once have had a large following. People are apt to forget that a great physician, such as Dr. Quin undoubtedly is, is not necessarily a better critic in magneto-dynamics than a great physicist, such as Faraday, would be held to be in medicine! On the other hand the *North British* reviewer, who smashed the odometer as soon as it came on British ground, is a homœopathist of ten years' standing, being indeed a contributor to our own pages; and the later numbers of the *Homœopathic Times* afford the most satisfactory evidence that we were far from unanimous from the very first, witness (among other things) Mr. Wilkinson's calling our attention to Braid's researches as the antidote to all danger from over-marvellous experiments on the human body. In fact, it is competent to our personal knowledge that very few of our brethren ever gave in to the fond hopes entertained and promulgated by the originators regarding the homœopathic illustrations of the magnetoscope; and it is greatly to the credit of Dr. Madden that he no sooner discovered his mistake than he made it known.

Postscript.—Since these few pages were written, Dr. Madden has given another lecture before the Hahnemann Society, and exemplified by experiments the manner in which, as he now conceives, the Mayo-Rutterian pendulations are produced, namely (as Mayo himself is now free to confess), by slight mechanical impulsions unconsciously or half-consciously conveyed to the instrument by the luckless experimentalist. This is as it should be, and we cannot help congratulating our colleague on his frank confession of error. If his sagacity has been tardy, his honesty has not halted. If he has burnt his own fingers, he has lost no time in warning others that the thing is too hot to touch. Altogether, in short, considering the infinite seductions of a great apparent discovery, and the amount of courage necessary for the recantation of a vaunted delusion, his connection with this affair redounds to his honour as a man, if not to his credit as a physicist; while, as a matter of course, it does not touch his good name as a physician.

On the other hand, although Mayo and Madden have found out their mistake, Dr. Quin has reaffirmed his original belief in a lecture of still later date than the latter's experimental illustrations. He is still of opinion that Mr. Rutter will one day silence all the clamour of opposition by the invention of some altogether unexceptionable apparatus or experiments. Nothing can be put over against this opinion of course. For Dr. Quin's sake, and indeed for the sake of science, we shall be but too happy if Mr. Rutter yet make a discovery; but as critics we have nothing to do with the future. Willing to be as lavish of our fair fame in scientific prophecy as our distinguished condiscipulus, however, we venture to predict that Mr. Rutter will never make out the

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movements of his wax pellet to be the effects of any magnetoid or other current. At the same time, the art of experiment is ever fortunate; and the Brighton experimentalist may possibly come upon some rich ore or other, capable of passing current not only with himself and Dr. Quin, but also with the whole world. We heartily wish him some such great success; but, pending its arrival, we beg him to unlearn all that old coinage of animal-magnetic, odylic and magnetoid fluids, of odometers and magnetoscopes, for it is the vocabulary of mere hypothesis, unworthy of currency among men of observation. The discoverer has nothing to do with such vague conjectural conceptions. Let him hold by fact; visible, naked, firm-footed, unassailable, divine fact: and leave its literary or historical drapery to other times and other hands.

It further appears that a Dr. Leger (a French gentleman we presume, probably a *cadet* of the old and honoured house, *de Main*, at this present moment in the very highest honour at Paris) is making a weekly exhibition of the Magnetoscope at Hungerford Hall; and that, as a matter of course, to crowds of good judges, doubtless the admiring pupils of Professor Anderson, of the North. This is as it should be too, for it restores the good old divining-ring to its original honours. It places it in the right hand, before the right eyes; and it is welcome to swing there in peace till doomsday.

CASES OF PUERPERAL METRO-PERITONITIS, ASCITES, &c.

By Dr. Ozanne.

Case I.—Metro-Peritonitis.

A lady, aged 24, was delivered at 4 A. M. on the 23rd of December, 1850, of her fourth child. The labour was short and easy; but the night was cold, and her nurse was seized with sudden indisposition whilst attending on her. Not being so carefully nursed as she ought to have been, she *felt cold* for some time. She was however very well during the whole of that day and the following; in the intervening night she slept well.

At midnight on the 24th (forty-four hours after the accouchment), she awoke from her sleep feeling very unwell.

As it is a rare thing to meet with patients sufficiently intelligent or careful in their observation to give accurate descriptions of their sensations in acute disease, the physician is thus reduced to the necessity of discarding many of the *subjective* symptoms and of directing his attention chiefly to the *objective* for his guidance in the selection of the requisite remedial agents. I will give a minute description of the sensations experienced by this patient, as they may be of much service to us in our choice of a suitable homœopathic remedy for the earliest stage of metro-peritonitis; her descriptions, given to me after her recovery being so accurate, full and satisfactory.

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The first sensation experienced on awaking was a shivering or rather a sort of trembling which could not be controlled; then a general shuddering with violent chattering of the teeth and icy coldness, together with intense thirst. She desired some tea to be made, and drank copiously of it, which however did not allay the thirst. Soon after she began to suffer from excessive pain in the abdomen; the pain compelled her to remain immovable, although she was in an uncomfortable position. It seemed to her as if the uterus were swollen and hard, and as if, upon the slightest movement, the surrounding parts with which it came in contact contained numerous small spikes which wounded it on all sides.

About half-past 6 o'clock I was requested to go to her assistance, which I immediately did.

I found her lying upon her back, unable to move on account of excessive abdominal tenderness. She could not bear the slightest touch upon the hypogastric or even upon the umbilical region. The abdomen was moreover swollen and tense.

The skin was hot, the pulse contracted and weak; beating at least 120 strokes per minute (not having my watch with me I could not count it). I raised her a little higher up, and placed her in a more convenient position. This afforded great relief.

℞ Tinct. Aconiti napelli, 1st dil., gtt. viij; aquæ fontis ℥iv;
one dessert spoonful to be taken every hour.

In the evening she was better, but durst not move in the least, as the slightest muscular exertion brought on unbearable pain.

The Aconite was repeated.

In the night she slept about two hours, and one hour more in the morning of the next day. She was then quite well and able to move a little.

Although, as she stated subsequently, she thought herself quite recovered at the end of twelve hours, from the first spoonful of Aconite, the dread of moving was so great that she remained exactly in the position in which I placed her until the following morning, not moving in the least.

After the 26th she progressed as favourably as she had done in her former confinements.*

This case is interesting to the homœopathic practitioner for different reasons.

[* We confess to doubt about the real character of this attack; there is a sad deficiency of objective symptoms; nothing is said about the nature of the 'ochia, the state of the mammæ, &c. Was there no hysteria in it?—Eds.]

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It presents to him, in the first place, an instance of the rapid cure produced by a well-selected medicine, if. given at the earliest stage of an inflammatory disease.

It is moreover interestiug with reference to the pathogenesis and curative powers of Aconite—the sole curative agent.

On this account I think it proper to offer a few remarks, which may be of some service to beginners who are obliged to adopt as their sole guides works on the practice of homœopathy which are as yet neither complete nor entirely trustworthy.

It is difficult for the homœopathist bred in the ideas of the old school so thoroughly to divest his mind of all theory in connection with questions of therapeutics as to avoid in his practice the *classification* of therapeutic agencies. Thus, his idea of Aconite is that it is an *antiphlogistic*, a substitute for bleeding and leeching. Now this may be true, but it is clearly against the spirit of Hahnemann's doctrines to think or to speak in this way. Certainly Aconite may be an antiphlogistic, but it is not necessarily so in all cases. I will add that it is only so when its symptomatology is in close correspondence with that of the case under treatment.

These remarks lead me to a very interesting question mooted some two or three years ago in the British Homœopathic Society. The precise words of the question I do not recollect; I therefore refer the reader to the reports of the proceedings, which are recorded in a former number of this Journal. It was asked how it was that Hahnemann had discovered the antiphlogistic properties of Aconite? Many interesting remarks were made by the president and members of the Society upon this question; these I do not wish at present to discuss: my intention is simply to guard the beginner in homœopathic practice against a source of error which may lead to difficulty and disappointment in his treatment of cases of febrile or inflammatory diseases.

It is so natural for one bred with the notions current in our schools to look upon the medicine which is curative of the inflammatory process as an *antiphlogistic*—that is, a substance capable of subduing or otherwise removing the *entity* inflammation—that this error is almost inevitable.

Now, this view should not be adopted by homœopathists. It

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is clearly in contradiction with the spirit of the doctrines of Hahnemann. We should ever bear in mind that if Aconite is capable of curing certain fevers and inflammations, it does not follow that it is capable of removing, as such, the *entity* fever or inflammation. But Aconite is curative of fevers and inflammations under given circumstances; namely, when the symptoms observed in these diseases correspond with those produced by Aconite upon the healthy subject. We must not, falling into our former allopathic habits, abstract this property, namely, the power of curing certain inflammations, and apply it to the whole class of inflammations. Were we to do so we should be open to the charge recently advanced by a writer in the *Medical Times*—Dr. Routh—who says that we have a "tendency to universalize from a few non-conclusive experiments." He is greatly mistaken: our tendency is to individualize cases as much as possible. We may, for the sake of convenience and to avoid confusion in our books, classify diseases, but in practice we individualize them, and only draw inferences from the results of treatment in cases similar in their origin and in their appearance as an aid in the application of our law.

To return to the original question, I should say that Hahnemann was guided in his selection of Aconite in the treatment of certain inflammations and fevers, *solely* by its pathogenesis. The object of these remarks is to point out to the beginner the necessity of always referring to that guide in his practice; without it he will never understand the *sphere* of action of Aconite. I believe I am not far wrong in advancing that the greater number of medical men are in the habit of looking upon the general characteristic phenomena of fever and inflammation as if they consisted in an increased action of the heart, shewing itself in increased strength or fulness and greater frequency of the arterial pulsations, and in an increased development of the general temperature. When we meet with these we at once infer that there is fever or inflammation. In the former case a disease which will run its course in accordance with certain general rules which govern it; in the latter, a process presenting well-defined phenomena, both local and general. But if we view the symptomatology as we should, if we are the true disciples of Hahnemann, setting aside all no-

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tions of pathology for the time, we form a different idea of the case before us: we perceive indeed that there is considerable development of heat, great activity of the heart, but we also find that these have been preceded by reverse conditions; there have been rigors and feeble, almost failing action of the heart. Without taking into consideration these elements of the febrile or inflammatory condition into our view, we do not form a complete picture of it; one, such as is required if we would select the most appropriate remedy. Let us now turn to the pathogenesis of Aconite.

The account published in the *Austrian Homœopathic Journal* for 1844 of the re-proving of Aconite, and re-published in the American edition of *Jahr's Manual*, gives, in accordance with these principles, the solution of the question propounded. The careful reader of these beautiful provings in which the febrile and inflammatory symptoms are exceedingly well marked, cannot fail to be struck by the fact that these are fully equalled by symptoms exactly similar to the *rigors* observed in inflammations arising from natural causes. The chills, the "shivering with gooseflesh," the blueness of the fingers and finger-nails, the feeling of chilliness and coldness, together with actual heat of the surface and redness of the skin—all of which are amongst the pathogenetic symptoms characteristic of Aconite, are likewise, when followed or accompanied as they are in the Aconite provings, with hardness, fulness and acceleration of the pulse, characteristic of inflammatory disease, and more especially so of inflammations of serous membranes.

I have for some time carefully watched the action of Aconite upon disease, and could in given cases prognosticate its effects with tolerable accuracy. I believe I have formed an idea sufficiently correct for practical purposes of what the Germans would call its *sphere of activity*. This result I owe to a careful comparison of its symptomatology with that of febrile or inflammatory diseases.*

Since the marked character of the rigors in the pathogenesis

* I would also add that I usually prescribe the 1st or 2nd dilution of Aconite. Given in recent or incipient cases I prefer the lowest dilutions. In other cases I use higher dilutions. It is a medicine from which I do not recollect having experienced any unpleasant results in the way of aggravation.

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of Aconite is also observed in the inflammation of the serous membranes lining the great cavities of the body, and since, on the other hand, continued fevers present on the whole, chills or shiverings which are less marked, it would follow from the homœopathic law that Aconite would be especially indicated in the early stage of the inflammations of the serous membranes lining the thoracic and abdominal cavities, and rarely or only temporarily or incidentally indicated in continued fever, which differs from serous inflammation in this respect. This inference is, I believe, borne out by the observations of homœopathic practitioners in general. It is certainly borne out by my own.

Whatever may be thought of these remarks by the more experienced of our body;—whether they look upon them as inappropriate or uncalled for, they will at least allow that this view of the properties of Aconite can only be conducive to good. The only result, if any, will be that the beginner in homœopathic practice will feel still more impressed with the necessity of diligently studying his materia medica, and of comparing the pathogenesis of Aconite with every stage of the inflammatory febrile disease under treatment.

Although, in general, inflammatory diseases run through a more favourable and more tractable course if influenced by Aconite from an early period of their development, we may look upon it as an established fact, that in some of these it is only at the earliest stage of their progress that Aconite can be productive of good, and that to administer it at a later period can be productive of nothing but a loss of time, which in some cases may be fatal to the patient. Thus, in pneumonia, it is doubtful whether Aconite can be productive of good beyond the first or second day of *the disease*, in fact, beyond the period of rigors or of heat immediately following them, or of *congestion* of the lung, or of the first stage of the most recent writers. In the first or second stage of Laennec, it is doubtful whether to give Aconite is not incurring a great risk. Upon this point I am not prepared to speak authoritively.* My experience is neither sufficiently extensive nor sufficiently exact to allow of the assumption of such a tone.

[* We refer our readers to p. 135, vol. ix, of this Journal for the satisfaction of their doubts.—Eds.]

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On the other hand, the inflammations of some of the serous and likewise of the synovial membranes seem to be so far under the control of Aconite that alone it is able to lead them, in most cases, to a happy termination if administered sufficiently early, that is, before the various morbid products of inflammatory action—namely: serous, albuminous, or fibrinous exudations have so far modified the circumstances of the case as almost to transform it into a new disease.

I now leave these remarks to the thoughtful and careful observer of disease and painstaking reader of the materia medica, fully convinced that they can only be productive of that kind of study which will establish homœopathy upon a truly scientific basis.

It may not be unnecessary to remind the reader that the fact which originated the above reflections, was the *intense feeling of coldness*, followed by heat, which was experienced in this case. These two phenomena taken together I was anxious to point out as characteristic of Aconite. In one of the following cases the same symptoms were observed, but in a less marked degree.

CASE II.

Mrs. Ed. B—, St. Andrew's, was delivered of her first child in the evening of the 31st October, 1851, by Mr. Bellamy. The labour was of average duration and did not present any unusual circumstance.

On the 2nd of November I took charge of her. The mammæ were rather swollen, hard and painful, the milk flowing freely; pulse 92. She informed me that for the last three months her sleep had been very bad.

Pr.—℞ Tinct. Aconit. napelli, 1æ. dil., gtt. iv; aquæ ʒ iv;
one dessertspoonful to be taken every four hours.

On the 3rd.—Pulse 108 and full; had slept very well; no action of the bowels since her accouchment; no abdominal pains or tenderness on pressure. Repeat the Aconite.

On the 4th.—No action of the bowels; pulse the same; milk abundant; the child took the breast well. The Aconite was continued. In the evening the bowels were freely relieved, after which she slept some time.

At 2 A.M. on the 5th,—I was sent for, as she was in great pain

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and very ill indeed. I found her lying upon her left side, complaining of intense pain and of extreme coldness. She was unable to move from this position. I found on attempting to press upon the umbilical and hypogastric regions that there was excessive tenderness in these parts, but the pain was greatest lower down in the left side. In addition to the tenderness there were now and then acute pains across the hypogastric region. Although the room was quite warm and she was thickly covered with bed-clothes she was shivering with cold; at the same time the skin was hot; the pulse, which was not counted, was hard, and so far as I could judge, above 108. Since these symptoms had set in she had another movement of the bowels, the fæces, like the first time, being of natural consistence.

I prepared a mixture with eight drops of the 1st dil. of Belladonna, of which I ordered one dessertspoonful to be given every hour.

At noon on the same day;—I found my patient better; I was informed that by 8 A. M. a manifest improvement had taken place, and that since that hour she had slept a little.

The pains across the hypogastric region were less violent and less frequent, but the tenderness on pressure continued just as before, being greatest in the left iliac region. She still lay upon her left side and could not move in the least from that position; the tenderness likewise impeded her respiration, not allowing her to take a deep inspiration.

The external coldness had given way to a feeling of great heat; pulse 98. Continue the Belladonna.

At 5 P. M.—She still remained in the same position, lying on the left side, but she felt better generally. In fact she felt considerably better, provided she did not move in the least or take a deep inspiration, as the slightest muscular exertion brought on intolerable pain; pulse 108, full and strong.

Two drops of Tinct. of Aconite, 1st dil., were dropped into eight spoonfuls of water; one spoonful of the mixture to be taken every hour.

After my visit she had three soft evacuations without pain; she slept a part of the night and was considerably better in the morning of the 6th; when I called upon her I found her lying upon her back, she was able to turn, although with some difficulty; a deep inspiration still caused a little pain in the left iliac region; on pressure there was still considerable tenderness in the latter region, less in the umbilical, and none whatever in the right iliac; pulse 104; the lochia scanty, (they had never entirely ceased).

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I ordered a spoonful of the mixture of Belladonna previously prepared, to be given every two hours.

On the 7th,—All the abdominal tenderness had disappeared, excepting perhaps a very slight degree of it in the left iliac region, where she could not bear so much pressure as elsewhere; pulse 84; appetite tolerably good.

Pr.—Mercurii solubilis Hahnemanni 3ss. trit., gr. xij; Sacchari lactis q. s. div. in chart. xij; one of these powders to be taken every four hours.

She sat up a short time on the 9th; on the 11th, at my last visit, I found her quite well.

In this case, Aconite was not given when the patient was visited in the night of the 4th, although, according to what has been previously said of the properties of this medicine, it ought to have been administered. For this omission there were three different reasons: the first and the most cogent was, that the Aconite bottle in my medicine chest happened to be empty; the second, that Aconite had been taken all day; the third, that there were certain pains which indicated more endo-metritis, or inflammation of the parenchyma of the organ, than peritonitis as in the first case.

These various reasons taken together made me decide upon giving Belladonna until the morning. Finding at my next visit that a decided improvement had taken place, I thought it proper to continue it. With regard to the use of Mercury, I refer the reader to a former paper in this Journal on the treatment of acute peritonitis.

It is remarkable that the Aconite did not act more as a preventive of inflammation than the famous antiphlogistic of the old school—bloodletting—is known to do.

Case III.

Mrs. H., Pollet-street, sent for me at 9 P.M. on Monday the 27th of January, 1851. She had engaged a surgeon for her confinement, but was not attended by him. She was first seized with labour pains in the evening of the Wednesday preceding my first visit. As she was then only seven months gone in her pregnancy, she did not think these pains were the preludes of her accouchment; however, she suffered much throughout the night, and did not sleep at all. The ne-

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morning her husband went to the surgeon, who lived close by; he did not think it necessary to visit her, but sent her some medicine, which was immediately vomited: a short time after, as the pains did not abate, he went again to the surgeon, who said it was not necessary to see her, but wished to repeat the medicine. This the husband would not consent to, as both himself and his wife were by this time convinced (this not being her first accouchment) that a premature labour was inevitable. In the meantime a midwife was sent for; but about, or before the time she arrived, the child was born; it, however, only survived its birth by two hours. I mention all these circumstances, because they fully account for the serious illness which followed. In the confusion and hurry which inevitably accompanied her labour, this woman was not properly attended and *took cold.*

She had uterine pains as in her former confinements until the Saturday, when they greatly increased. On the Sunday she was still worse. From the Wednesday evening to the day of my first visit (the Monday) she had not slept one moment; she was rather delirious by night, and even in the daytime, fancying she saw strange figures before her.

I found the abdomen tumid, and much tenderness on pressure in the hypogastric and iliac regions; the tenderness was most acute on the right side.

Pr.—℞ Tinct. Belladonnæ 1æ dil., gtt. vi; aquæ fontis ʒ iij; take one-sixth part every hour.

She slept from 5 A. M. until 20 minutes to 7, the first sleep since the Wednesday previous; until then she was rather excited, and at times a little delirious. At 11 A. M. on the 28th, pulse 96; cheeks flushed; excessive tenderness in the regions already mentioned, the slightest touch making her cry out; abdomen very tumid; lochia almost suppressed, consisting of a very little slightly coloured watery fluid.

Pr.—℞ Tinct. Aconiti napelli 1æ dil., gtt. xij; aquæ ʒ vj; a dessertspoonful every two hours.

29th.—A very restless and almost sleepless night; the tenderness on pressure seems to be a little diminished.

There was diarrhœa, not previously noted, but which had existed for two months before her accouchment, as I was subsequently informed (on 7th February). Pulse 96.

Pr.—℞ Tinct. Belladonnæ 1æ dil., gtt. vj; aquæ ʒ vj; a dessertspoonful every two hours.

30th.—Has had a very restless nigh[illegible] [illegible]dominal pains.

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The pain of which she most complains arises at the centre of the ilio-pubic region, and extends to the lumbar region on the left side; this pain is very acute, and renders it difficult for her to move her leg on that side.

The hypogastric pains are rather better; the tenderness on pressure not so great; the spasmodic, cramp-like pains (not previously noted down) are less frequent. Burning and smarting in the urethra when passing water. Pulse 100.

The lochia are completely suppressed.

℞ Tinct. Belladonnæ 2æ dil., gtt. vj; aquæ fontis ʒ vj;
one dessertspooonful to be taken every two hours.

31st.—The medicine has not been taken regularly; more than half of the 2nd dil. and nearly half of the 1st dil. remain.

She has had a very good night, and has slept well. Pulse 88. The tenderness on pressure continues; she cannot bear the slightest pressure in the left inguinal region; the spasmodic pains are better; she cannot yet move the leg without pain or difficulty.

The diarrhœa continues as usual.

℞ Mercurii solubilis 3æ trit., gr. ß; sacch. lactis q. s., f. pulvis; four powders as above were ordered, to be taken at intervals of three hours.

Feb. 1st.—No sleep until 5 A. M. Pulse 86. A moderate pressure in the centre of the hypogastric region causes her to cry out; she cannot bear the slightest pressure in the left inguinal region. No alvine evacuation this morning; there has been a little yellowish uterine discharge.

Take the Belladonna as above.

2nd.—She is much better, although she has had three or four loose stools this morning.

At 2 P. M., I find her sitting up in her bed, quite comfortable and cheerful. She says that the pains are all gone; but on making her lie down, and on pressing pretty firmly, a pain is felt in the hypogastric region. Yesterday one-tenth part of this pressure made her scream. Pulse 120 when sitting up; slower when lying down. She has taken the Belladonna, and finished what remained of both dilutions.

She is requested to take beef-tea and arrow-root.

℞ Tinct. Mercurii subl. corr. 2æ dil. gtt. vj; aquæ fontis ʒ vj;
take one dessertspoonful every three hours.

3rd.—On calling at 5 P. M. I find her in intense pain and dreadfully ill. (The cause of this change will be stated lower down.)

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She is lying upon her left side, and cannot move from that position; the countenance is altered, flushed, anxious; the breathing is short, the inspirations partly suppressed; she has been in intense suffering with cutting pains across the abdomen since 2 P. M.; there is extreme tenderness of the abdomen, extending from the hypogastrium to above the umbilicus; also diarrhœa and flatulency. Pulse hard and contracted, beating 140 strokes per minute.

When seized with these pains at two o'clock, a neighbour of her's, thinking her case was one of flatulent colic, gave her a little brandy and water, which enabled her to expel some flatus but gave no relief.

℞ Tinct. Aconiti napelli 1æ dil., gtt. xij; aquæ fontis ℥ vj;
take one dessertspoonful every half hour.

At 11 P. M. she is rather better; she is able to lie upon her back. There is extreme tenderness of the whole of the abdomen, with strong cutting pains at times. She has had one loose motion. Pulse 112.

Take the Aconite every hour only.

4th.—At 10 A. M. she is better; there was no sleep until this morning, when she slept two hours.

There is less heat of the skin (symptom not noted previously). There is still much abdominal tenderness, and acute cutting pains now and then; when these pains come on she is compelled to keep the thighs and knees bent.

Although the abdominal tenderness is still great, and the breathing short and suppressed in consequence, the countenance is nevertheless much improved. Pulse soft, 88.

Continue the Aconite (some of which still remains).

At 6 P. M. pulse 84, in other respects no change; the diarrhœa continues.

Return to the Mercurius, of which one dessertspoonful is to be taken every two hours.

5th.—With the exception of the diarrhœa, which still continues, she is considerably better in every respect. She is sitting up in her bed; in this posture the pulse is 108; she slept about two hours this morning; she could not sleep in the night; she can bear a considerable degree of pressure on the hypogastrium without experiencing much pain. Yesterday she passed, per vaginam, a thick ropy mucus tinged with blood, and again this morning a larger quantity of it: this is the first discharge of the sort since she was first seized.

Continue the Mercurius, one dessertspoonful every two hours; beef-tea; calves'-feet jelly.

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6th.—She continues to improve. The uterine discharge has increased and is more coloured; the tenderness on pressure is still great, but is limited to the inguinal region and left side of the hypogastric region; she did not sleep until this morning; pulse 84; three alvine evacuations a day.

℞ Tinct. Belladonnæ 1æ dil., gtt. vj; aquæ fontis ʒ vj;
take one dessertspoonful every three hours.

7th.—Scarcely any abdominal tenderness; two motions only; she has had a comfortable night, and slept well; pulse 72.

Continue the Belladonna; take some chicken and bread.

8th.—Quite well. She can bear a great deal of pressure without feeling any pain; the discharge is now very free; only two motions; she now sleeps very well; pulse 92 (sitting up in bed).

℞ Tinct. Mercurii sublimati corr. 3æ dil., gtt. vj; aquæ fontis ʒ vj;
take one dessertspoonful every four hours; meat and bread.

10th.—She is dressed and sitting up. Pulse 92.

Continue the Mercurius.

12th.—Pulse 84 (sitting up).

℞ Tinct. Bryoniæ 2æ dil., gtt. iv; aquæ fontis ʒ iv;
take one dessertspoonful every four hours.

14th.—Bowels much the same; in other respects she is quite well.

℞ Mercurii solubilis 3æ trit., gr. j; sacch. lactis q. s., f. pulvis;
take a powder as above twice a day.

18th.—She is quite well, excepting that the bowels are still relaxed. Continue the Mercury as above.

22nd.—The bowels have been quite well since the 20th.

I may here state that the relapse, for I may truly call it such, was brought on, as I was subsequently informed by my patient, by changing her linen and her sheets on the 2nd Feb. They were damp and cold, and so chilled her that she shivered, and was nearly two hours getting warm again. This relapse seems to have consisted in an extension of the disease towards the peritoneum, or perhaps more truly from the peritoneum investing the uterus to that of the pelvis and the other viscera.

The total cessation of the lochia and the appearance of the first discharge after the inflammation, point out the internal surface of the uterus as the first seat of the inflammatory process.

Case IV.

The notes taken in this case are meagre in the extreme, but

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in publishing a *series* of cases of puerperal inflammation I am not at liberty to omit a single one, however unimportant it may appear.

Mrs. L., the wife of a labourer residing in the Rue Roland, St. Sampson's, had engaged to attend her in her confinement the same surgeon who had been engaged by Mrs. H. (whose case has been reported.) Mr. Bellamy called upon me on the 27th of March, 1851, to consult with me respecting this woman. When at his dispensary at St. Sampson's, he had been requested by the husband to see her. He found her in a state of great debility, owing to considerable uterine hæmorrhage which had been going on a few days. He felt sure that the child was dead, and that the only course to be adopted was to administer ergot of rye, in order to bring on labour as soon as possible. I coincided in his view of the case, and approved of the course proposed. The husband, who had promised to call upon Mr. Bellamy at 10 P. M. that same evening, did not do so. Nothing more was heard of the case until the Wednesday following.

Mr. Bellamy was then informed that through the fear of incurring additional expense, as a surgeon had already been engaged, they had again applied to the same, who however did not think it necessary to interfere. The hæmorrhage nevertheless continued until the morning of the Sunday, the 30th March, when labour came on. Mrs. L. not being satisfied with this surgeon on account of his want of attention to her case, sent for a midwife in the neighbourhood. After some time, the midwife finding that surgical assistance was indispensable, sent a pressing message to town requesting the immediate attendance of the surgeon engaged, and with the further request that he should bring instruments with him, as she thought they would be needed. He however proceeded to St. Sampson's without any instruments. After much trouble this woman was at last delivered of a child in a state of incipient putrefaction, with the help of a pair of pincers procured from the nearest cobbler!

Judging from the description of the symptoms given by the husband, and with the above facts before us, we deemed it right that Mr. Bellamy, who had several patients in daily expectation of their accouchment, should not attend this woman, fearing that there might be something of a contagious character in her disease. I therefore agreed to take charge of her.

I first saw her in the morning of the 2nd of April. The following is a copy of my notes of her case.

2nd.—Much pain and great tenderness to the touch in the hypo-

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gastrium and in the left side of the abdomen; the lochia are completely suppressed. Pulse 128.

℞ Tincturæ Aconiti, 1æ dil.

At 9 P, M.—Pulse 136. Continue the Aconite.

3rd.—Pulse 126; she has slept three hours.

℞ Tinct. Belladonnæ, 1æ dil.

4th.—Less abdominal tenderness; pulse 118. No sleep on account of a bad cough. Repeat the Belladonna.

5th.—Pulse 110. Has slept very well. Repeat the Belladonna.

6th.—Pulse 96. Continue the Belladonna.

When I first visited this woman on the 2nd I was struck by the very fetid smell which tainted the air of her room. This circumstance, together with the complete suppression of the lochia, the debility resulting from the hemorrhage, and the other antecedents of her case, made me apprehensive of one of the worst forms of puerperal fever.

Nevertheless, notwithstanding my fears, she quickly improved under the use of Aconite and Belladonna, as the state of the pulse, carefully recorded day by day, fully testifies.

After the 6th, her treatment was continued by Mr. Bellamy, who received reports of her state at his dispensary, whilst I visited her occasionally. The inflammatory symptoms had then all subsided, but she continued for many days in a state of great debility, with want of appetite. By means of China, Ferrum and other medicines she returned by degrees to her usual state of health.

It was stated on the 3rd that she had slept three hours, which was noted because she had not slept at all previously, from the first appearance of the inflammatory symptoms.

The abdominal tenderness was great, but there were neither excruciating pains nor intolerance of pressure, as in two of the preceding cases. Here the violence of the inflammatory symptoms was less dreaded than their malignancy—uterine phlebitis more so than peritonitis.

Such a case as this, whilst it illustrates one of the advantages of the homœopathic mode of treatment, namely, that by it we are enabled to subdue inflammatory action without wasting either the patient's blood or her strength, also shews that the main point in the selection of the medicine is the *character* of the symptoms, and not of the *circumstances* under which they arise.

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In giving this series of cases it is proper to state that they are the only instances of puerperal metro-peritonitis I have met with since I first began to record series of acute cases, as stated in my preface to the cases of pleuritis and pneumonia published in this Journal last year.

I may also add that in the eight years I have practised in this island, although I have had several cases of metro-peritonitis after parturition, not one has terminated otherwise than favourably.

Case V.—Ascites.

Edward M—, 43, Glatney Esplanade, was admitted at the homœopathic dispensary on the 20th of October, 1851. He had been ill one month. At first there was diarrhœa only. He took some medicine supplied by a druggist which stopped it; the abdomen soon began to enlarge.

This boy, who is now 10 years old, is small for his age and very thin; his pulse is above 100.

The abdomen is very large; there is distinct fluctuation; he passes but little urine, the quantity has not been ascertained.

℞ Tinct. Hellebori, 2æ dil., gtt, vj; aquæ fontis, ℥ vj;
one dessertspoonful every four hours.

22nd.—When visited the abdomen seems to be smaller. The quantity of urine passed since yesterday has been measured by my directions: it amounts to one pint and a half, whilst his drink since the same time has not exceeded one quarter of a pint.

Continue the medicine.

23rd.—He continues to pass much more water than he drinks; the urine amounts to one pint and a half, the drink to one half-pint.

Repeat the medicine.

24th.—He has been measured by my request: the abdomen has diminished by one-half inch in circumference since yesterday; urine two and a quarter pints, drink one-half pint; pulse 104 (when visited, and perfectly quiet); he is better in health and looks better.

Continue the Hellebore.

25th.—A further diminution of one-quarter inch in circumference; urine one quart, drink one pint.

Repeat the Hellebore.

27th.—Yesterday one pint and three quarters urine, this day one

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pint and a half; drink about half that quantity. Each day the circumference has diminished by half-an-inch.

Repeat the Hellebore.

30th.—Up to yesterday the abdomen decreased still further in size, but since then it has *increased;* nevertheless he passes a quart of urine a day, his drinks amounting to about half that quantity; pulse 104—108; appetite much improved.

℞ Tinct. Arsenici albi, 3æ dil., gtt, vj; aquæ, ʒ vj;
one dessertspoonful every three hours.

Nov. 1st.—He is again diminishing in size.

Repeat the Arsenic.

3rd.—The diminution in circumference has continued; the abdomen is now almost reduced to the lowest point it had reached a few days ago; he passes about a quart of urine a day; scarcely takes any drink, in fact "he takes all his food nearly dry;" his appetite is now very good. Before the homœopathic treatment was commenced it was very poor, and had been so since his illness began. He is still very thin, which may be due to the excess of the secretions over the drink.

℞ Tinct. Hellebori, 2æ dil., gtt, vj; aquæ fontis ʒ vj;
one dessertspoonful four times a day.

5th.—He continues to pass one quart of urine a day; his mother has not measured him, as she thinks the dropsy is removed.

℞ Tinct. Arsenici albi, 3 dil., gtt, vj; aquæ fontis, ʒ vj;
one dessertspoonful four times a day.

7th.—He is more lively and has a very good appetite.

Repeat the Arsenic.

11th.—He passes about as much fluid as he drinks; his appetite is very good.

℞ Arsenici albi, 6æ att., glob. iij; sacch. lacti. q. s., misce, F. P.
a powder every morning.

15th.—He is brought to the dispensary; he is quite well, and is all day long playing on the Esplanade, although the weather is very cold.

There is no sign of the presence of fluid in the abdomen, but this part is rather stiff and firm, which makes me fear that one part of my diagnosis may be justified. His appetite is very good; pulse 104, after being seated some minutes.

℞ Mercurii solubilis, 3æ trit., gr. iij; aquæ fontis ʒ vj, solve;
one dessertspoonful three times a day.

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18th.—Much about the same.

℞ Tinct. Mercurii subl. corr. 4th dil., gtt, vj ; aquæ ℥ vj ;
to be taken as the last.

21st.—Tongue good ; appetite good ; bowels regular ; abdomen soft ; in fact he is quite well of the abdominal disease.

This boy, although well of the abdominal complaint, is now suffering from pains in one of his thighs and probably in the hip-joint. He is rather lame, and therefore unable to come to the dispensary. This affection of the limb is probably due to exposure to cold during the very cold weather of the early part of November.

This case is interesting, as it shews day by day the marked action of the 2nd dilution of Hellebore. I believe this medicine will generally produce good effects when the dropsy is not the result of a mechanical obstruction to the venous circulation, either in the liver or in the heart. I have had within the last two years numerous cases of scarlatina-dropsy, some with marked symptoms of kidney disease, both congestive and inflammatory ; others without. In those cases in which there is no fever nor much pain in the kidney, Hellebore is decidedly of service. Usually the 2nd dilution, given as in this case, brings on a marked increase in the urinary secretions in two or three days, after which the anasarca and ascites quickly disappear. In some cases the kidney symptoms have required the use of *cantharides* and *aconitum*. In one case the appearance of the urine after inflammatory symptoms in the kidneys, and after Aconite had brought down the fever, required *antimonium crudum*, the 3rd trituration of which brought the urinary secretion to its normal appearance in less than 48 hours. The results of this treatment is most satisfactory ; for, although I have seen one patient die of scarlatina-dropsy under homœopathic treatment, all the patients treated by *me*, both in this epidemic and in that of 1844, in this island, have recovered from it.

It often happens that the 2nd dilution of Helleborus is not sufficient, I would then advise the 1st dilution.

In the treatment of scarlatina-dropsy Hellebore is generally always sufficient. But the patient must be carefully watched. The anasarca is not a serious symptom, and therefore does not

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require any very close attention; neither does the accumulation of fluid in the abdominal cavity. But the state of the respiratory functions must be closely watched day by day. Moreover, if the slightest acceleration of the respiration be observed, the chest must be carefully percussed and auscultated every day. I say *auscultated* as well as percussed, for there may be found œdema of the lung as well as fluid in the thoracic cavity. In the epidemic of 1844 I used *digitalis* in such cases, but I must confess that I have more confidence in *arsenic* in hydrothorax. In accumulations of serous fluid in the chest, whether the result of the arrest of the urinary secretion, as in the sequelæ of scarlatina, or the result of inflammation of the pleura, Arsenic is always of use. The 3rd dil. may first be tried, but if at the end of some hours no improvement be observed in the respiration, the 2nd dilution should be given. I usually prescribe one dessertspoonful every two hours, of a mixture containing one drop of the tincture to each ounce of water. In some cases the dose may be doubled.

The Arsenic must not be looked upon only as a stimulant of absorption in the serous membranes. It must not be forgotten that it exerts a direct action upon the kidney, a more powerful action perhaps than Hellebore.

Whilst I had this little patient under treatment at the dispensary I had another patient at the Vale affected with anasarca and ascites, the sequelæ of scarlatina. Previous, however, to the development of the dropsy and during the primary fever, this patient, a little girl four years old, had lobular pneumonia. This was removed by Phosphorus and Aconitum. Although the parents were warned of the danger attending the dropsy, they neglected the child during 24 hours at least. Finding that after the Hellebore had been taken two days the urine continued very scanty and that there was some difficulty of breathing, I determined upon changing the medicine. The urine did not amount to more than one-half or two-thirds of a wine glass in 24 hours. Its appearance was very remarkable: it was thick and of an ashy-grey colour; it resembled a mixture of coal-ash and water; when I first saw it, it struck me at once that Hellebore would not do. The "dark urine" mentioned in the

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pathogenesis of Hellebore does not evidently imply urine of this description. The "excessively turbid, greenish dark-brown" urine, "turbid when leaving the bladder," in the symptomatology of Arsenic bore evidently as close a resemblance as possible to that passed by this child. There was an additional reason for administering Arsenic: there was a bad cough, described as violent and suffocating; I feared œdema of the lung as there had been lobular pneumonia. The 2nd dil. was given: in the course of the first 24 hours one small tumbler of urine was passed; in the next period of 24 hours, three quarters of a pint; and in the third period of 24 hours, two pints of healthy-looking urine.

This case, and the careful study I had made of the action of Arsenic upon the kidneys, led me to prescribe Arsenic 3rd dil., when, as reported on the 30th of October, the bulk of the abdomen had increased. This increase seemed to be the effect of undue exposure to the cold air.

Subsequently Mercurius solubilis was prescribed by me, and Mercurius corrosivus by Mr. Bellamy during my absence; it will be observed that the symptom which in my opinion required the use of Mercurius, was a certain degree of hardness of the abdomen. Some allusion has already been made to the diagnosis of this case. It was as follows: "Ascites, possibly dependent upon tubercular peritonitis." The event has shewn that the fears to which the general appearance of this boy, the emaciation and quick pulse, had given rise, were groundless.

Case VI.

Miss Ann de M—, aged about 14 years, the daughter of a farmer residing on the high ground in the parish of St. Andrew, was first seen by me on the 29th of May, 1851.

She was weak, and very thin; the tongue red; the pulse considerably above 100; her appetite very bad. Her figure was remarkable, —there was considerable development of the abdomen, which contrasted greatly with the want of flesh in other parts; she was therefore undressed and made to lie upon a sofa, when it was found that the distension was caused by the presence of fluid in the abdomen.

Although the quantity of fluid was moderate, amounting at the most to five or six pints, there was sufficient reason to fear the worst,

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as there was considerable loss of flesh, a quick pulse, bad digestion, and last, though not least, this patient was at an age when tubercular disease of the peritoneum is not rare; moreover, a sister of hers had died some years before of the same complaint.

No notes of this case were taken until the commencement of August, but each prescription was carefully noted down. Although no notes were taken, the facts were so simple that I may state them from memory. I believe I may safely say that the dropsy had disappeared in less than one month from the commencement of the course of treatment. This was continued, however, until she became perfectly healthy and strong.

On the 29th of May, Arsenic 3rd dil. was prescribed, in the proportion of one drop to each ounce of water; one dessertspoonful to be taken every four hours. It was repeated on the 1st of June, and ordered to be taken four times a day. On the 4th the Tincture of Mercur. corr., and on the 9th Arsenic, in the same proportions and doses. Arsenic again on the 13th, to be followed by Tinct. Hellebori 1st dil., in the proportion of two drops to each ounce of water. On the 25th, Hellebore 1st dil. again. On the 25th, Arsenic 3rd dil. On the 1st July, Mercurius solubilis 3rd trit., a grain twice a day; on the 8th, one grain of the same once a day; on the 26th, the same again.

August 6th.—She is much stronger; her appetite good. Arsenic 6th, three globules every day on six consecutive days, to be followed by six doses of Mercurius solubilis 6th, one to be taken every day.

20th.—Pulse natural; tongue good; she has gained flesh, and is much stronger; she eats considerably more than she did; she is in fact as well as before her illness. The abdomen is however too large, but does not present the slightest indication of the existence of a fluid. On six successive days take one grain of Mercurius solubilis 3rd trit.; on the six next three globules of the 6th att. of Iodium.

Sept. 10th.—Much improved in appearance; the enlargement of the abdomen has disappeared. She is ordered to take on six successive days a grain of Calcarea carbonica 3rd trit.; to be followed by a grain of Mercurius solubilis 3rd trit. on other six days.

30th.—She is perfectly well. Take Iodium, then Sulphur, then Iodium again, of each three globules of the 6th attenuation.

She has continued quite well since the above report.

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This case is so very similar to the last reported, that the same remarks may apply to both.

CASE VII.—CONTINUED FEVER; NEPHRITIS; ANGIOLEUCITIS.

W. R., St. John-street, was seized with fever on the 5th of August, 1851, The disease, of a highly inflammatory character at first, became milder after a few days of homœopathic treatment. At one time there was some appearance of typhoid symptoms. He was thoroughly convalescent at the end of about a fortnight, and sat up for the first time on the 23rd; he was then taking the 1st dil. of Chininum sulphuricum.

On the 24th he took a drive in a close carriage; the same day he partook freely of duck and other indigestible food, and eat several apples.

The next morning at six o'clock, after a good night's rest, he was seized with shiverings and pains in the right side. I was requested to see him; I called about 1 P. M. I found him lying upon his left side, his countenance much altered, and suffering most acutely in the right lumbar region. Having been informed of the nature of his food on the preceding day, I felt inclined to ascribe these pains to indigestion; perhaps to a loaded state of the bowels. I therefore at once gave him Nux vomica. He complained much of difficulty of breathing; the pain would allow only of a very imperfect inspiration; the pulse was very feeble, not to be counted, being irregular, partly on account of his writhing with the pain; the surface cold. At one moment I feared that there might be perforation of the intestine, as his case, although diagnosed "gastro-enteritic fever," might have been typhoid, and a perforating ulcer might have existed in the right side of the abdomen. At my second visit I found him in the same state, as he complained that he could not draw his breath I examined his chest but found no signs of pleurisy. It occurred to me that there might be peritoneal inflammation. This was possible, as there was excessive tenderness on pressure in one spot between the ribs and the crest of the ilium; in addition to this pain there were acute pains coming on by paroxysms. The skin was more hot; the pulse firm and frequent.

℞ Tinct. Aconiti napelli, 1æ dil., gtt. iv; aquæ ℥iv;
take a teaspoonful every two hours.

26th.—In the morning pulse 92, contracted and hard; rather less

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pain, but excessive tenderness in the spot already mentioned. He still lay upon his left side, from which he could not move.

℞ Tinct. Belladonnæ, 1st dil.; gtt. xij; aquæ ʒiv;
one dessertspoonful every hour.

In the evening the pains seemed on the whole less acute, but the tenderness continued. He lay in the same position, and could not lie either upon the right side or the back. The urine was quite clear and healthy.

℞ Tinct. Canthar., 2nd dil., gtt. vj; aquæ ʒvj;
one dessertspoonful every hour.

27th.—Pulse stronger and fuller, 96. The pains are on the whole easier. He is able to describe them a little, which he could not do hitherto, owing to the intensity of his sufferings. These pains extend from the renal region downwards in the direction of the ureter. There has not been any sleep whatever since the morning of the 25th. No urine has been passed as yet since last evening.

Cont. the Canthar.

In the evening. His pain is better by a good deal than it was, when he keeps perfectly still, but every time he coughs (he has had a chronic cough for a few years) the pain is almost unbearable. There is excessive tenderness in the right flank, to touch which makes him scream. He has slept a little since this morning. Pulse 108. He has passed some urine, which is quite red, as if it contained a good deal of blood.

Take Tinct. Canthar. 2, in alternation with Tinct. Aconit. 1.

28th.—The tenderness in the right side continues; the abdomen is decidedly tympanitic since yesterday, and tense. The urine is copious, of a red colour, and presents a very plentiful sediment. It is passed with pain and difficulty. He leans more on his back, but cannot help remaining on his left side. Pulse 92. He slept a good deal in the night.

℞ Tinct. Canthar., 2nd dil., gtts. vj; Aquæ ʒiv;
take one dessertspoonful every two hours.

29th.—Still lying upon his left side, the position in which there is least pain; when perfectly quiet he is free from pain, but every time he coughs it is felt acutely; has slept well. Pulse 92. A little perspiration for the first time since his illness.

Continue the Canthar.

N.B. It may be observed that the mixture of Cantharis could not have lasted longer than the 24 hours; the fact is that it was

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alternated now and then with the Tinct. Aconit. 1. This was not noted in my note-book.

30th.—Very much better. Pulse 80. The urine last evening was less turbid; none has been passed since.

There has been no action of the bowels since the 24th. Had there not been so much pain I should have ordered some remedy before, but it would have been impossible for him to move to get his bowels relieved whilst the pains were so intense.

℞ Tinct. Opii, 2nd dil., gtt. j.

In the evening I was informed that he had a healthy motion a few hours after the Opium. He was much better in every way.

℞ Tinct. Canthar., 2nd dil., gtt. vj; aquæ ℥iv;
one dessertspoonful every two hours.

31st visit; no entry in my note-book.

Sept 1st.—Quite well in every respect of the renal complaint; urine healthy. Complains of acute pains in the left leg and thigh, which are supposed to be rheumatic. Pulse 96.

Continue the Cantharides.

In the evening Tinct. Aconiti was ordered.

2nd.—Pulse 84—88. The limb is less painful; he cannot however bear the least pressure upon his leg. He is in other respects quite well. Repeat the Aconite.

3rd.—Yesterday afternoon he sat up. Has had his bowels comfortably relieved. Much tenderness on pressure in the thigh and leg; pulse too frequent.

℞ Tinct. Bryoniæ, 2nd dil., gts. iv; aquæ ℥ iv;
take one teaspoonful every three hours.

4th.—Pulse 96.—The calf of the leg is swollen; the tenderness has increased; it extends from the tibia along the inner part of the thigh to the inguinal region (along the course of the lymphatic vessels); evidently this is inflammation of the lymphatics.

Take Bryonia and afterwards 2nd trit. of Mercurius 2,
every two hours.

5th.—A little fever; pains rather less, excepting in the groin, where they are acute and the tenderness great.

Continue the Mercurius.

6th.—Better on the whole; but the whole of the limb is swollen.

Take one grain of the 2nd trit. of Mercurius solubilis,
every three hours.

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In the evening, pulse 96, soft. Perspires freely. Tenderness less; it is greatest at the groin; the thigh is more swollen, the leg less so. ℞ Tinct. Aconiti, 1st dil., gts. iv; aquæ ʒ iv;

a teaspoonful every two hours.

7th.—Much better; appetite returning; the swelling and pain have greatly diminished.

Take Mercur. sol. as before by day, and Aconite by night.

8th.—Appetite and sleep good; yesterday evening there was some acute pain in the leg; the limb is now pale (the other days it had a rosy, not a red colour) and puffy, but not painful when touched.

Take the Mercurius alone.

9th.—Improving. Continue the Mercurius.

10th.—There is scarcely any swelling left; now that the swelling is going off, reddish cords, which may be felt with the finger, are perceived along the course of the lymphatics.

Discontinue the medicine.

11th.—The swelling is quite gone. There is a feeling of numbness in the leg, and considerable stiffness, so that he cannot stand.

Mercurius sol., 3rd trit., one grain three times a day.

19th.—He is now able to walk a little; after having been up some time, the leg swells; the swelling subsides in the course of the night. The limb is slightly painful when used.

℞ Tinct. Bryoniæ, 2nd dil., gts. vj; aquæ ʒ iv;

one teaspoonful four times a day.

22nd.—His general health is very good. The leg is rather stiff and slightly swelled after being up some time; but he manages to hobble along pretty well, and to attend to his business.

Mercur. sol., 3rd trit., one grain twice a day for six days; to be followed by Calcar. carb., 3rd trit., in the same manner.

By degrees the stiffness of the limb and the tendency to swell disappeared. He is now quite well.

This is the only case of very severe renal inflammation that I have had under my charge during the eight years I have practised in this island. I have had comparatively slight cases; all have recovered.

A little incident occurred whilst I was attending this patient, which, whilst it shews that his sufferings were severe, offers a striking example of the manner in which *medical ethics* are viewed and practised by our allopathic brethren. No less than

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two members of the medical profession called upon the wife of this man, and urged in the most forcible manner the propriety of his relinquishing the homœopathic treatment. They asserted that he could not recover unless he had recourse to *them*. This woman, however, although as the wife of a tradesman she was compelled to listen to language which was most painful to her, had too much confidence in homœopathy to attempt to prevail upon her husband to relinquish it.

This case is a further proof—that of Mrs. L., already reported, being also one—of the fact that although the blood may be impoverished by hæmorrhage or by an exhausting disease like fever, inflammation is not thereby prevented. But it also shews that with homœopathic remedies, which do not waste the vital fluids, inflammation may be easily cured in subjects weakened by previous disease.

It will be perceived by the reader that on the first day the diagnosis of the case as one of nephritis was not made out. On the 26th this disease was suspected. It was supposed that there was inflammation of the cortical substance of the kidney; the symptoms which led to this supposition were the necessity in which the patient was of lying only upon his left side, and the tenderness limited to one spot; but there was no alteration in the appearance of the urine, neither were the pains in the course of the ureter. Belladonna was therefore prescribed; even now I think it was the medicine best suited to that stage of the disease. It produced some alleviation of the patient's sufferings. Cantharis was prescribed in the evening of the same day. The next day all the symptoms necessary to diagnose with certainty renal inflammation made their appearance.

The cause of the inflammation was exposure to a current of cold air whilst partly dressed on the 24th (the weather was then windy and very cold for the season), the patient being weakened by the continued fever from which he had only just recovered.

The inflammation of the lymphatics of the leg was apparently due to the position in which the patient remained during five or six days whilst suffering from nephritis, the whole weight of the right leg being kept all this time upon it.

Emollient fomentations were used, partly to relieve, partly to

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amuse the patient, whilst the angio-leucitis lasted. Afterwards he was advised to use camphorated oil, and to apply it hot upon the limb. This was beneficial in some degree.

CASES OF CALCULUS IN THE FEMALE,

By Mr. Sharp, F.R.S., M.R.C.S.E.,
Of Rugby.

Cases of Calculus in the female requiring an operation are, happily, rare. This evidently arises from the shortness and dilatability of the urethra, and not from any peculiarity in the kidneys, or in the urine secreted by them. Gravel of considerable size frequently escapes with the urine, and occasionally even large calculi have been expelled without the aid of the surgeon. (For instances see *Cooper's Surgical Dictionary.*) Sometimes, however, such assistance is needed. Mr. Hey has recorded three cases in which he performed the operation of lithotomy, during his long career at the Leeds infirmary. Two of these were followed by incontinence of urine for a long time, which induced Mr. Hey, in the third case, to endeavour to prevent this great evil by introducing into the vagina "a tent of rolled linen about two inches long and one inch thick, to which was affixed a thread of silk, that it might be extracted with ease if the removal should become necessary. The patient could expel her urine without removing it, yet lay quite dry in bed, as if the operation had not been performed. At the end of the third day the tent came out, but was replaced. On the fifth and eighth days it was again expelled and replaced. On the 10th day it remained out some hours, and finding that she could retain her urine perfectly, and could make water in a natural manner, it was not replaced any more. She returned home about a fortnight after the operation in perfect health." (*Hey's Practical Observations*, p. 560.)

To avoid so terrible a consequence as an inability to retain the urine, other methods of removing the stone have been devised. Of these, that by *dilating* the urethra instead of cutting it is the most important. Sir Astley Cooper got Mr. Weiss to make him a dilator for this purpose, which in his hands

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answered well. He relates two cases in the 12th vol. of the *Medico-Chirurgical Transactions.* The first had no incontinence; the second, which was not the removal of a calculus, but of a broken piece of catheter, had incontinence till her next menstrual period.

Mr. Liston recommends the two methods of cutting and dilating to be combined. He says: "Calculus vesicæ is an exceedingly rare disease in women. The best mode of extracting foreign bodies from the bladder is to widen the urethra gradually by means of the screw dilator (Weiss's), then by the introduction of a straight blunt pointed knife, to notch the neck of the bladder slightly, towards each ramus of the pubes; the dilatation is continued, and in a few minutes the finger can be admitted; the stone can then be readily grasped by a pair of forceps, and it is astonishing how large a body may be removed by these means." (*Liston's Operative Surgery*, p. 521.)

Notwithstanding these successful results, other surgeons still cling to the more complete operation of lithotomy; so that the question of the best method of removing calculi from the female bladder cannot yet be considered as finally answered. Such being the present state of things, it may not be improper to place on record two cases of this formidable and painful disease which have fallen under my care. It will be seen from them what my own treatment has been and its result.

The first case happened to me some time ago. It was a little girl. The urethra was dilated a little every day for a few days, until the stone could be seized by a very small pair of forceps which I had had made for the purpose, and easily extracted. Incontinence of urine followed for a week or two, but was recovered from.

The second case has just occurred to me, and is as follows:—

Mrs. ——, aged about 56, residing at Warwick, a patient of Dr. Sutherland's, of Leamington. I saw this lady for the first time on Nov. 8, 1851, at Dr. Sutherland's request. I soon satisfied myself that she was suffering from calculus. She had frequently parted with large gravel, until the last year, during which time none had come away, and her sufferings had in consequence greatly increased, so that now she could not walk

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the shortest distance without causing great pain and considerable hæmorrhage from the bladder. She had had but one sister, who also suffered from calculus, and died shortly after an operation for its removal, in London, not long ago. All these circumstances conspired to excite a good deal of alarm in the minds both of the patient herself and of her family. Having described to her the plan I proposed to pursue, she immediately consented, being herself very anxious to avoid any cutting operation.

On the 12th, having sounded the bladder carefully, and felt the stone, I introduced a dilator, and gradually enlarged the opening of the urethra somewhat, but it being very rigid, and the dilatation painful, I did not proceed far, but withdrawing the instrument, I gave some her Arnica, and left her under Dr. Sutherland's care for two days.

On the 14th I again introduced the dilator (Weiss's) and gradually expanding it, as my patient could bear it, in about twenty minutes I found the urethra sufficiently dilated to allow me to introduce a pair of lithotomy forceps. I felt, but could not lay hold of the stone, and therefore withdrew the forceps and introduced the forefinger of my left hand, when, instead of finding the stone in the fundus of the bladder, as might have been expected, I had to turn my finger upwards, and there the stone seemed to rest as it were upon its tip—it being lodged in a cyst immediately behind the pubes. The stone was oblong, and lying across and over the neck of the bladder. It was at once obvious that no forceps could reach it in that position, nor, if they could, would it have been proper to extract it with its length *across* the blades of the instrument. My first effort therefore was to dislodge it from its resting place with my finger; this, with some manœuvring, I was not long in effecting. The next step was to alter its position, so that it should lie *lengthways*, or with its longer diameter in a line with the urethra; this being also accomplished, my finger was withdrawn, and the forceps again carefully introduced, and by the aid of the finger in the vagina, the stone was readily seized in the proper position, and, without further difficulty, extracted. It measured an inch and three quarters in length, and an inch

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in breadth. The patient, who had been placed in a position approaching to that for lithotomy, but without anything to restrain her, and without exposure, and only a married daughter near her to support one knee, was returned to bed, and a dose of Arnica given. It was now half-past 3 P. M.

Nov. 15.—On visiting our patient to-day I was much gratified to find that she had slept delightfully for two hours, from 11 till 1, and awoke feeling more comfortable than she had done for a long time. There had been a discharge of urine mixed with blood during the night, but the power of retaining the water had returned before breakfast time this morning, so that the incontinence had continued only sixteen hours. She had taken several doses of Arnica and one or two of Aconite. The pulse was calm, and though there was no inclination for food, she was altogether much more comfortable than might have been expected.

On the 17th I found all going on so well that I took my leave, Dr. Sutherland undertaking to continue his attendance for some time longer. I have since had letters from the daughter, expressing in the strongest manner the gratitude felt for the benefit her mother had received.

This was a case of considerable difficulty, but it was so thoroughly successful that it would not be easy to persuade oneself that any other kind of operation would have been better than the one adopted.

I am of opinion that the after-treatment with Arnica also contributed to the speedy recovery. An opiate, which I should doubtless formerly have given her, would not have relieved the pain so well, would not have contributed to restore the tone of the parts at all, and would have occasioned constipation; this must have led to the administration of other medicines, which, to say the least, it was an advantage to my patient to find that she did not need.

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CASE OF IDIOPATHIC PHLEBITIS.

By Dr. Walker, of Manchester.

G. B., aged 42; active habits; highly nervous temperament; rather spare of flesh, but remarkably well developed chest; a great sufferer from severe headaches and gastric irritation, exhibited in the shape of acidity or pyrosis, was seized on the 16th of August, after a residence of some weeks at a most healthy watering-place, with rigor, followed by well marked febrile symptoms of a remittent type. These were chiefly nocturnal delirium, shooting temporal cephalalgia, white pointed tongue with red tip and edges, epigastric tenderness, eructations or vomitings of acid mucus, and an interesting symptom during the subdelirium, a sense of double consciousness, exemplified by his expression, that in that state he felt that the head that ached so severely belonged to some other individual, although much puzzled to account for his intimate knowledge of that other person's sufferings.

He was treated with Aconite, Bryonia, and Arsenicum, and was perfectly convalescent on the 14th day, and for a week progressed exceedingly well, gaining flesh and strength, although considerably annoyed with pains in the thighs and legs, which appeared to be neuralgia of the sciatic and anterior crural nerves.

At the end of this period (he had been recommended carriage exercise), he was after a short drive on a cold and boisterous day, seized with rigor, and he again relapsed into fever. The symptoms were nearly those of the previous attack, and yielded in the course of six days to Nux vomica B,* and Arsenic 2. Having occasion to leave town, I left him a supply of China to complete the cure, but when visited on the 9th of September by Mr. Harrison, he was found to be suffering from severe pain in the upper part of the thigh, anteriorly, for which Belladonna was prescribed, and on the following day Mr. H. recognized inflammation of the sheath of the great femoral vessels.

On the 11th I found him complaining of occasionally most excruciating and always severe pain, of a burning, shooting and throbbing character, with exquisite tenderness on pressure, in

* A and B mean the 1st and 3rd decimal dilutions.

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the course of the great vessels, from the crural arch to the point where they dip.

There was considerable diffuse cellular swelling, and fears were entertained of purulent infiltration. The pulse was 112, hard and bounding; the face much flushed, in fact, an attack of smart inflammatory fever.

The bowels were very sluggish; the stools clay coloured; there was slight hepatic tenderness, rambling for a short time after sleep; tongue clean.

Aconite B; two doses at intervals of an hour, succeeded by Belladonna B in the same manner, and so on in succession.

Sept. 12th. The pulse had fallen to 100, but the local symptoms were the same, with, in addition, the sensation in the course of the vessels of a cord being most painfully stretched when the limb was in any other position than that of acute flexion at the hip. There was no tenderness in the popliteal space, but deep seated pain on pressure in the calf of the leg, where can be felt an elongated induration the thickness of the little finger.

Acon. B: Merc. sol. B; Aconite 2, in succession, then Mercurius 2, at intervals of an hour.

13th. Pulse 96; tenderness the same, and can be traced up the abdomen fully a hand's breadth in the course of the external iliac vessels; distressing tympanitic distention of the belly; stools quite clay coloured. He had, from 3 a. m. to 7 a. m., a most severe aggravation of all his sufferings, the acute pain in the course of the femoral vessels, that the slightest movement was impossible; respiration affected; and as described, agony so great as to cause the perspiration to pour from the face for two hours. The femoral vein and saphena can be felt distinctly indurated.

Bry. B; Merc. sol. A; every two hours, alternately.

14th. Diminution of the very acute pain, although he had again a bad night; a severe paroxysm at 3 a. m., continuing until about 7 o'clock, after which, two hours sleep; pulse 88; skin cool and moderately perspiring; tenderness of the veins on pressure same; countenance more natural; bowels copiously moved after an enema, and faintly tinged with bile.

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In the evening he was seen by Dr. Drysdale, who agreed with me as to the nature of the case, and thought it was doing very well. Lach. every three hours.

15th. Another bad night, but all the symptoms more favourable. Cont.

16th. Increase of pain and tenderness; œdema of foot and leg.

Merc. sol. A, one grain every two hours during the day, alternately with Pulsatilla in the evening.

17th. He has had a better night, and presents no new symptoms. The stools are more tinged with bile; less tenderness of the veins. Continue.

18th. Improving; a large bilious motion without the enema. Continue Puls. and Merc. every three hours alternately.

Friday, Saturday and Sunday the improvement goes on; no pain in the thigh, but still some tenderness, the veins can be felt with indurated coats, like gum-elastic bougies. During these days the Mercurius was continued in gradually decreasing quantities of the 1st centesimal; the swelling of the foot disappeared, but the posterior tibial veins can be felt still hard under the calf of the legs.

25th. The convalescence is complete; his appetite is good; bowels moved twice daily; pulse 84. The veins are still distinct, but feel less rigid: he can stretch the leg and thigh without pain, and he bears pressure upon them perfectly well.

This was clearly a case of idiopathic phlebitis. I regret that it is so loosely reported, but not having taken notes at the time, have been obliged to write from memory, so that many minute particulars which impressed me then are not noted, and the picture of the disease is in consequence not so distinct as could have been desired.

I would call attention to the fact, that Mercury appears to have been the medicine which had most power in controlling the disease, and that it was given in sensible doses. It was persevered in for the following reasons: Mercury in its first physiological action produces increased fibrinous state of the blood, and tendency to plastic exudations, and must be looked

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on as a homœopathic remedy during that stage. *Ab usu in morbis*, we know its effects in obviating lymphy exudations, *e. g.* iritis, inflammations succeeded by phlegmasia dolens, &c.; and lastly, there was nothing else that in looking over our authorities I could find that bore on the treatment of so formidable a disease. I hope the detail of this case may draw from some of our friends some remarks and facts which may prepare us to be more *au fait* in the treatment of phlebitis.

PHLEGMONOUS ERYSIPELAS OF THE FACE AND NECK;

Acute Gangrene of the fauces and below the inferior maxilla; Extensive Mortification of the integuments of the thorax and of the mamma during utero-gestation.—Recovery.

By Dr. Wielobycki, of Edinburgh.

Mrs. P., 27 years old, plethoric, of sanguine and nervous temperament; florid, clear complexion; black hair and black eyes; and in the seventh month of her fifth pregnancy. Wife of a merchant. Subject to toothache and gumboils during her former pregnancies, and had many teeth decayed; otherwise in perfect health. Sent for me on the 17th April, 1851, on account of swelled face. When visited by me first, the same day at 10 A.M., she was in bed, propped up with pillows and lying on her right side, with her face flushed, eyes suffused, countenance dejected, and expression of intense suffering. She complained of pulsating, expansive pains in the *lower portion of the left side of her face*, which was also swelled, red, hot, hard, and painful to the touch; the redness and hardness extended from the left cheek to the left clavicle, and from the chin to behind the left ear; there was likewise restlessness and general uneasiness; skin burning hot; lips and mouth dry, parched; tongue brown, furred, and she was thirsty but unable to drink from dysphagia and inability to open her mouth; her jaws were stiff and closed nearly together; her teeth dry and covered with sordes; pulse 128, small; and her mind and voice very anxious.

Ars. was administered immediately, and repeated every two hours.

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Three days ago, Mrs. P. was visiting the Glass Works in Canongate, where she was exposed to the heat of the furnaces for nearly two hours; she was always strong and healthy previously, and always in the possession of her usual cheerfulness and happiness, but was observed for some weeks past to have been often unusually flushed and heated. The first night after visiting the Glass-works she had sore throat and toothache, which was rapidly followed by the swelling of the *left* side of her face and by stiffness of her jaws. She took Aconite and Belladonna during that day repeatedly, and perspired towards the next morning with considerable abatement of the violence of the sympathetic inflammatory fever, but no change in the appearance of the face and neck; their condition locally persisted unremittingly, in spite of the continuation of the warm poultices.

Mercurius solubilis, Belladonna, Aconite, Arsenicum, maintained, however, pretty steadily the balance of the constitutional functions during the day, but towards the evenings and during the nights the local sufferings and the corresponding constitutional depression continued unabated; the pulse rose to 148, with agitation, anguish and delirium, lividity of the lips and general prostration of strength. For nearly two days no liquids even could enter her mouth, her jaws having been clenched and the teeth overlapping each other, till about 6 o'clock P. M. the 21st of April, when lying on her *right* side and apparently shortly asleep, a black tenacious and most offensive substance began to ooze by the right corner of her mouth, and somewhat relieved the local pain in her jaw; her face brightened up too, and her pulse fell to 128. Arsenicum to be continued.

A brown watery and still offensive discharge from her mouth continued for the next two days, and the jaws still remaining stiff and scarcely admitted some whey into her mouth, which she liked now to drink. With the cessation of the putrid discharge from her mouth a greenish watery diarrhœa has set in during the night, with cold perspiration and cold extremities. The patient looked sinking, but there was some life in her neck yet; it grew rapidly large and swollen; was poulticed constantly; fluctuation having been distinctly felt at the angle of the lower jaw, the abscess was opened at 8 P. M. on the 25th April, and a

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similar pitch-like, offensive matter was discharged, followed by a large quantity of brownish, flocculent and most fetid liquid. Soon the surface of the integuments of the left cervical region, immediately below the lower jaw, assumed a livid appearance, became darker and sloughed off.

During the next three days an abscess formed over the left clavicle, and extended from the middle of the *right* clavicle across to the *left* shoulder; it subsided however spontaneously at the end of three days, and the mortal destruction was evidently advancing along the cellular tissue below the integuments of the thorax downwards, as they became red, puffed, and a large tumour the size of a fist was soon formed over the left pectoral muscles and above the left mamma; it was so excruciatingly painful as scarcely to admit of the touch of the poultices. On the 27th April the erysipelatous œdema extended from the left cheek to the nipple of the left mamma, and from the acromion process of the left shoulder across the mesial line to within an inch of the acromion of the right shoulder; and the ravages of mortification in the sub-integumentary regions of that portion of the thorax were visible. She was in the greatest mental agitation and delirious during the night of the 27th April, with an approach to coma. Variety of hot poultices gave her but temporary relief.

Opium and *Arsenicum* were given internally.

She was lying now on her left side and prostrated: the loud hiccup, the half-open, inanimate and at intervals turned up eyes, the motionless state of her body, the quick, weak and almost extinct pulse at the wrists, betokened the destruction of her body that was going on. But she was not to die. She was destined to give birth to an offspring yet! The distended tumour above the left mamma was fluctuating on the 28th April. A bistoury disclosed its deadly nature: a quantity of black, coagulated and lobulated substance escaped from the incised tumour, with considerable relief locally and some improvement constitutionally; the inseparable portion of black subintegumentary sloughs was very offensive. The patient was removed next day to a neighbouring room: the integuments round the incision became soon dark, black, and sloughed off; thus a large and deep space

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filled with sphacelated cellular tissue was open—it was poulticed.

May 1st. The integuments two inches below incision became spontaneously lived and gangrenous, and those of the left side of the mamma soon got black, loose, particularly below the nipple. Poultices now increased the local agony, and were evidently injurious; sponging the whole sphacelating surface, from the neck to the nipple, with tepid water, could also be scarcely endured; cold water dressings alone gave most ease.

May 4th. At 1, P. M., the tough gangrenous integuments loosened by the subcutaneous sphacelation of the cellular, fibrous and aponeurotic tissues,—and extending from above the left clavicle to within two inches below the nipple of the left mamma, and from the acromion process of the left shoulder, embracing the space below the left axilla, across the mesial line of the upper part of the thorax, to about two inches beyond the costal cartilages of the sternum to the right axilla—all the space about ten inches long and eight broad—being painless and dead, were detached with scissors; the sponging of the putrid sore at the angle of the lower jaw with tepid water, and carrying away from behind the integuments a large quantity of thick, greyish-brown, flocculent and decomposed fibrous tissue downwards, gave evidence of there having been established a subintegumentary communication between the uppermost putrid sore at the angle of the jaw and the lowermost one below the nipple.

May 6th. At 8, P. M., my friend, Dr. Russell, was just on the road with me to see my patient, when we met a skilful and friendly surgeon, who was anxious to see what the case was like, he went with us about two miles distant. The case was desperate—the edges of the mortified mamma bled much when examined; linseed poultices, recommended by the surgeon, were intolerable to her during the night; they were replaced by water dressings, and Arsenicum was continued.

May 7th. Mrs. P. was removed to a large drawing room, and I saw Mr. Syme regarding her, but having received no satisfactory answer as to the surgical part of the case, I saw next morning Professor Miller; at 10, A. M., he was on the spot, and was struck with horror at the extent of the breach of texture, almost irreparable, and recommended a solution of Chloride of soda for

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external use, to modify the stinking exhalations from the mass of putrefaction. Pulse 120, weak; voice tremulous.

May 8th. The black, hardened portion of the gangrene, the size of a hen's egg, and formed at the outer side of the nipple of the mamma, detached itself into the basin during the dressing, was still painful; pulse 108, soft, intermittent; her jaws more open, and she liked cream. Cont. Ars.

May 9th. Perspired last night; begged to have Chloroform * during the dressing of the sore; was also raised out of a half recumbent posture, and a large quantity of yellow, thick inoffensive pus was discharged from behind the integuments of the right pectoral region, they having been undermined with the decayed fibrous tissue to the extent of four or more inches round the edges of the separation of the sloughed integuments. Water for dressing and cleaning the sore and the undermined portions round it was substituted henceforth by warm sweet milk, and the sponge by a glass syringe. Great relief followed this. Pulse 104; she fell asleep, and took chicken soup afterwards.

May 12th. Not a vestige of gangrene remained in the mamma after the dressing; the milk injected below the integuments raised them uniformly towards the right shoulder, as far nearly as the acromion of that joint; it was injected twice a-day, and it always carried down a large quantity of yellow flocculent pus; the dressings were loose, and granulations healthy.

May 17th. Perspired last night; pulse 84, soft and full; dressings loose; the pus thick, yellow; the whole surface of the sore is ragged, and studded as if with warty excrescences—all covered over with a thick whitish fibre-like lymph; dressings changed twice a-day; the edge of the sore below the axilla irritable, painful, and studded with greyish-ash coloured spots, like aphthæ; to prevent them turning black they were syringed with *Arsenical* solution; was much easier; took animal soup.

May 18th. Less pain in dressing; pulse 76; *Ars.* to be continued. I was summoned at 7, P. M. Mrs. P. was threatened with miscarriage; pained in the left infra-umbilical region of her abdomen, and synchronously with pain in her back; there

* Vomiting followed the administration of the Chloroform, and the result was the rupture of some denuded vessels and consequent severe hæmorrhage.

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was strange pulsation to the left of the umbilicus, synchronous with the maternal heart's action, and increased with the agitations and strange movements of the fœtus; pulse 120; breathing hurried; breath fetid; was thirsty.

Aconite 3, and warm water enema.

May 19th. Vomited a quantity of greenish bitter liquid at 5, A. M.; slept well since; perspired; pulse 96; tongue white, clammy.

Mercurius solubilis and farinaceous food.

May 20th. Better; pulse 80, weak; looks exhausted; Ars. Went on afterwards improving; was frequently on the sofa, and the sore began to contract in size from the bottom of the mamma till the 15th of June, when the originally affected portion of the neck became erysipelatous again in the afternoon, and the next morning the erysipelas extended over the whole thorax, anteriorly, and from the right infra-clavicular region was creeping over the right mamma; it was dusted over with flour; she had also diarrhœa last night, of greenish liquid stools; the pulse 130; dry, hot skin, and very thirsty; the jaws which could be open yesterday to half an inch, were more shut and stiff this morning.

Aconite and Belladonna, and whey for drink.

June 16th. Pulse 116; the scarlet rash extending over the left cheek, and the left ear.

Continue Acon. and Bellad.

June 17th. Was slightly delirious last night, but perspired profusely in the morning, and slept well since; pulse 100, strong. Continue.

June 18th. The red rash is fading on the chest, disappearing from the right mamma; the discharge of yellowish brown and offensive purulent matter from beneath the integuments of the left cervical region was enormous. Arsenicum.

June 19th. The erysipelas extended over the scalp of the occiput, which was sore to touch; was muttering a little last night; the purulent discharge is copious and less offensive; pulse 100.

June 20th. The skin of the chest and round the sore is

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natural; the cheeks and the eyelids of both eyes and of the left ear still swelled, but paler.

Acon. and Bellad.

June 21st. Perspired last night; pulse 96; the purulent discharge was thick and abundant. Merc. sol. 6.

June 23rd. Soreness of the scalp alone; is able to be on the sofa again; pulse 80; and hungry. Arsen. 6.

June 26th. Reappearance of erysipelas round the left mamma; pulse 112; thirsty.

Acon. and Bellad.

June 27th. Was delivered at 5, A. M. of a living female infant; small, and with wrinkled loose skin and sallow complexion; at 6, P. M. was doing well; slept and perspired; pulse 80.

June 28th. Was anxious to nurse, though she had but one breast; the child was applied to it: went on nursing herself with the right breast for a week; the child was not thriving; a wet-nurse was procured for the child, and the mother began to recover her strength rapidly; the sore, from the depth of almost bare ribs, began to rise; the filling up process was rapid and exuberant; but the extent of the breach, which was filling up with an exceedingly slender and jelly-like muscular substance, devoid of its energy and fibres, and the process of adhesion that was slowly going on between the sound but loose portions of the integuments round and between their subjacent textures, were preventing the healing of the sore being accomplished by cicatrization—moreover, it was not desirable for the patient to have her neck crooked, and her head remain drawn to the left shoulder, a position not so much acquired by habit during her illness, as rather a result of the contraction of the left cervical and submaxillary regions during the process of destruction of the sterno-cleido-mastoideus and surrounding textures, and of subsequent reparation. In the middle of August she went for three months to the country. The contraction of the whole sore went on steadily without the least disposition to cicatrize; the edges of the lower and longer portion of it had nearly approached and nearly united together, when scarlet-fever visited Mrs. P.'s children on the 24th September, during the existence of which in her house the sore over her breast got larger, its edges became

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more widely separated from each other, as if from relaxation of the whole system, and Mrs. P. had another and the last attack of erysipelas in her face, neck, and round the sore; and in the middle of October the discharge from the neck was brownish and offensive. Arsenicum to be continued three times a-day. From the beginning of November, and after she returned home, her general health got rapidly restored, and the sore nearly gone; it disappeared by gradual approximation of the edges towards each other, and absorption of the folds between them, so as to leave no puckering-in of the skin; there is only an irregular florid mark left, about an inch and a half on the integuments below the left clavicle, and a longitudinal furrow from it, traversing the breast towards the nipple. Neither distortion of the features, not of the neck, are now visible.

A CASE SHEWING THE PROPHYLACTIC POWER OF BELLADONNA IN SCARLET FEVER.

By J. Rutherfurd Russell, M.D.

G. B., a fair haired somewhat flabby boy, two years and a half of age, was brought to me on the 22nd of September last. His mother said he had been delicate from his birth; for long his bowels had been alternately confined and relaxed; no worms had ever been seen; he had *prolapsus ani* always after stool. He was ordered four globules of the 15th dilution of Sulphur—a dose morning and evening for a week.

Sept. 29th. The report was, better. Urine thick; bowels loose; some small white worms have come away.

A dose of the 6th dilution of Merc. sol. night and morning, for a week, was ordered.

Oct. 13th. Better every way; stronger; sleeps well now; a few more worms have come away.

Repeat medicine.

Nov. 4th. Quite well every way.

On the 16th of the month he began to take Belladonna, about half a drop of the mother tincture in a day, in two doses. He took it for nine days when he stopped, from flushing of the face having come on.

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On the 20th, that is about five days after stopping the Belladonna, he was exposed to scarlet-fever. In the evening he became hot and feverish; pain in the head came on; he rolled about his head, and was evidently very ill; there was no sickness. In the course of the night a red elevated papular eruption appeared over the whole body, which disappeared on the following day. I saw him in the evening and found the pulse 200; the head hot; the skin dry; no eruption visible; the tonsils and submaxillary glands were swollen. I gave Aconite and Belladonna; next day the pulse was natural; the head without pain; the restlessness gone, and no trace of disease remained but the swollen glands of the neck.

The servant who was with the child at the time he was exposed to infection, and who had not taken Belladonna, took scarlet-fever, and after a fortnight's treatment by an allopathic physician was hardly convalescent when we last heard of her.

We can hardly doubt that the action of the Belladonna modified the development of the scarlet-fever in this case.

TRIAL AND CONFESSIONS OF PROFESSORS SYME, CHRISTISON AND SIMPSON.

I. *Correspondence between Professor Christison and Dr. George E. Stewart, on Homœopathy.* Edin.: James Hogg, 4, Nicholson-street; James Brown, 34, South Castle-street.

II. *The Memorial of James Syme, Regius Professor of Clinical Surgery, unto the Honourable Patrons of the University of Edinburgh.*

III. *Speech at the Medico-Chirurgical Society relative to Homœopathy: with Notes on the peculiar theological opinions of some disciples of Hahnemann; &c. By James Y. Simpson, M.D., &c.* Edin.: Sutherland and Knox.

IV. *Letter to the President of the Medico-Chirurgical Society of Edinburgh, on the recent Speeches of Professors Syme and Simpson. By William Henderson, M.D., Professor of General Pathology.* Edin.: W. P. Kennedy.

V. *A Letter to the President of the Royal College of Surgeons, on the late proceedings of that body, regarding Homœopathic Prac-*

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titioners. By James Russell, M.D., F.R.S.E., F.R.C.S.E, &c. Edin.: John Greig & Son, Melbourne-place.

VI. *Letter to the Honorable the Patrons of the University of Edinburgh on the Memorial of Mr. Syme. By William Henderson, M.D., Prof. of General Pathology.* Edin.: W. P. Kennedy.

In Edinburgh the combat deepens. The last fortnight has given birth to all these pamphlets. It is even more remarkable, that from each member of the medical triumvirate at whose bidding the "regulars" have taken the field against the practitioners of homœopathy, with no advantage and much dishonour, we have something here in print. Professors Christison, Syme and Simpson thus appear before the public, resolute to put down homœopathy, by what means and with what success will be seen presently.

With some differential circumstances it will be found that they stand substantially in one position. All tried and convicted on their own confession and otherwise of having given countenance to homœopathy, compelled under the sting of the *Lancet* to make their palinode with what humiliating accompaniments it was thought expedient to impose, they now appear before the public in Edinburgh as the leaders of the medical conspiracy which is beginning to attract general notice. Very unfortunately for them, every step they have hitherto taken to purge themselves from this contamination has only added to it, or brought on them even more serious charges. If the council of the Royal College of Surgeons of England had any difficulty in coming to the resolution "that it is not expedient for the college to interfere in the matter," nothing will be more likely to satisfy them of its unquestionable prudence than the exhibition now made in Edinburgh by the three chief instigators of an opposite course of conduct.

On their own confession they are all guilty of countenancing homœopathy, for the resolution of the College of Surgeons, moved by Mr. Syme, expressly states, that to meet homœopathic practitioners in consultation is to do so; and certainly no less is implied by the previously adopted resolutions of the College of Physicians, over which Dr. Simpson presides. Dr. Christison, more judicious than the other two, has made no attempt to efface this brand, which the miserable struggles of the others have only affixed more indelibly.

It is quite true that the position thus assumed by the members of these colleges in altogether untenable; it is a violation of established

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professional usage and an outrage upon humanity: but they have sworn to it, and until it is abjured must consent to be tried by it. They have been tried and found guilty. Well aware that if to meet in consultation any physician practising homœopathically be to countenance that system now, so it must have been a year, or two years, or ten years ago, they have been using desperate efforts, under the lash of their inexorable tyrant, the organ of the English medical mob, to make it appear that in point of fact they have not committed this offence, or have committed it only in a venial form, and are willing to do penance to any required amount. But we must consider their cases in succession.

I. Dr. Christison. Not duly estimating the truth of the saying, that "if speech be silver, silence is golden," this well-known toxicologist has appeared before his students as the champion of orthodox medicine and the prompt slayer of its young rival. Experienced, yet not wise, in his antidotal lectures on homœopathy he allowed himself to make remarks on the conduct of those of the medical graduates of this year who were at the time of their examinations believers in homœopathy; for which one of them called him to account; the result of which appears in the pamphlet first named. It is a result on which the Professor of *Materia Medica* has no reason to congratulate himself.

He has exposed his conduct, in thus referring to graduates of the university, to Dr. Stewart's severe yet just rebuke, being told that it was "highly undignified and indiscreet, as well as unacademical." He has given Dr. Stewart an opportunity to proclaim the fact, that of the forty-five students who graduated this year, *five* were to his certain knowledge believers in homœopathy, and as many more had a leaning to it, and he has "no doubt are now daily becoming more convinced of its superior efficacy"; and to announce, for the encouragement of other students and to the confusion of the medical faculty, as follows: "Indeed so entirely satisfied am I that in such examinations any questions tending to elicit a confession of belief, or of intentions in reference to practice, are entirely out of place and irregular, that I was quite prepared, had any such been put to me, to decline answering them upon that ground, and to abide the consequences, taking my appeal, in case of necessity, to the senatus and patrons of the university." This remedy was, however, unnecessary in Dr. Stewart's case; for although convinced "of the importance of the h[illegible]w and of the efficacy of infinitesimal doses

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given in accordance with it, on neither of these subjects was he directly or indirectly asked any questions."

These are but a few of the consequences of Dr. Christison's indiscretion. He has given his young and zealous opponent a fair opportunity to review in detail his lecture on homœopathy, and most effectually to expose its weakness, shewing that by him as by most of the other professors in the university the subject is "as yet unknown, or misunderstood." Upon any examination of Dr. Stewart's effective criticism we cannot now enter, and, recommending it to our readers, must hasten on to the latter part, in which he proves Dr. Christison to have been plainly, although unwittingly teaching the homœopathic doctrine. But before doing so we must refer to one of Professor Christison's arguments, which may have weight with the ignorant, and is a very remarkable instance how possible it is even for a man of high scientific reputation to speak about Hahnemann's discovery, without having the remotest conception of its true character. The objection thus appears in the notes of the lecture on which Dr. Stewart's remarks are founded: "It takes a long time to establish a remedy in regular practice." "Iodine has been known for thirty-one years, and its action is still obscure. But in homœopathy we are called on to believe that one sagacious man did at once what many have been unable to accomplish in many years." In reply Dr. Stewart well remarks, "There is in this no argument against homœopathy at all; although I confess there is in it great cause for admiration of Hahnemann." No argument, certainly, against homœopathy; and the very statement of the contrary proves that Dr. Christison had failed to see that if the announcement was any thing, it was the announcement of a law of discovery by which the application of medicines to specific diseases can be known anterior to any such experience of their action. Nay more; that not only is the investigation simplified immensely by getting quit of the uncertain, varying, disturbing element of disease, but, by the discovery of this law of relation between their effects on healthy persons and in disease, the whole records of the past, which narrate cases of poisoning or medicinal aggravations, become at once available as a practical repertory. Thus, little as he may be thinking of favours in that quarter, Dr. Christison's enquiries in the region of poisons become part of the handbook of homœopathic practice; and were his experiments and observations conducted with a more painstaking, minute

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accuracy, he might yet confer serious obligations on the method of practice which it is his idle purpose to put down.

Nor will Dr. Christison be counted blameless for giving publicity to the fact that the prophylactic powers of Belladonna in scarlatina were first discovered by Hahnemann—a discovery made by means of the general therapeutic law which it thus remarkably authenticates; and if Dr. Christison would, on the ground of his medical doctrines, indignantly spurn the *living* Hahnemann as no fit associate for him, with what fairness can he take advantage of one of the valuable discoveries in medicine in which the great reformer still lives, while he insults the discoverer in the persons of his honest and able disciples. At any rate, is it not plain that by recommending the use of this medicine, one of its many inestimable fruits, Dr. Christison gives public countenance to the homœopathic law?

We can refer to a few only of the passages in Dr. Christison's writings, by which Dr. Stewart has clearly proved him to be guilty of teaching homœopathy. They are quoted from his Dispensatory.

1. Tartar emetic.—"Internally (quotes Dr. Christison—p. 149) it produces inflammation of the alimentary mucous membrane, and also, it appears, *of the texture of the lungs;*" and *per contra* we find on the same page among the effects of this medicine in small doses, "*the cure of pneumonia*, pleurisy, and other acute inflammations."

2. Arsenic.—"A great multiplicity of secondary affections has further been observed, among which the most frequent and most remarkable are, partial palsy, *epileptic convulsions*, and *dyspepsia with emaciation*"—(p. 184); *per contra*—(p. 136) "It is one of the *standard remedies in epilepsy*;" and (p. 134) "*is in small doses a tonic.*"

3. Kreosotum.—(p 376.)—"In the human subject its poisonous action has been sometimes manifested by *nausea, vomiting*," &c.; *per contra*—"It allays *vomiting* from functional disorder of the stomach;" is also "valuable in the chronic vomiting of pregnancy;" "and in the most obstinate of all kinds of vomiting—sea-sickness."

Of such examples of the homœopathic action of remedies, Dr. Stewart writes—the work referred to is full; and leaving the professor of materia medica to make what terms of reconciliation may be possible with the English demagogue we now turn to our next subject.

II. Mr. Syme.—No one is more zealous in this business, or more

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indiscreet, than the Professor of Clinical Surgery. Not content with moving in the College of Surgeons the recent Resolutions by which he has condemned himself as a countenancer of homœopathy, he was the mover in the Medico-Chirurgical Society of a Resolution to the following effect:—"That the public profession of homœopathy shall be held to disqualify for being admitted or remaining a member:" which came before the Society on the 19th November last. From the discussion all strangers were excluded by a unanimous vote, and a Report of the proceedings was afterwards published by authority.* No doubt the Society sadly wanted cleansing—it was deeply tainted with homœopathy. We don't speak here of the conversions among its members to the system now prescribed, which might be thought inevitable, but of much more direct countenance given. So long ago as 1842 a paper was read to the Society, the joint production of *two* well-known and perfectly inflexible homœopathists, by one of them not then even a member of the Society, but who was afterwards requested to join it, proposed, ballotted for, and duly elected. The paper we refer to was "on the Pathology of Typhus," and was afterwards published by the request of the editor, Dr. Cormack, then a physician in Edinburgh, in the *Monthly Journal of Medical Science* for April, 1842. This will serve for one instance of the Society's doings; the other we shall take is a very recent one. In the number for June last of the *Monthly Journal of Medical Science*—the sequel to that just referred to—"conducted by Professors Christison, Syme, Simpson, Goodsir," &c. &c.—we find the following:—"Article II. Evidence of puerperal fever depending upon the contagious inoculation of morbid matter. By Dr. F. H. Arneth, of Vienna." (Read before the Edinburgh Medico-Chirurgical Society on April 16th, 1851.) So our friend Dr. Arneth has been among them!—we are glad to learn it; they could not have been instructed by a better homœopathist. But what comes of the character of the Society?—what of the consistency of the Medical Triumvirs of Edinburgh? All three were giving marked and public countenance to homœopathy!

It will be admitted that this society had become of quite Augean foulness in the matter of homœopathy; and as it had no Hercules, the two biggest men there (or most zealous) set themselves to cleanse it, by turning into it such a stream of vulgar nonsense, impertinence,

* *Monthly Journal of Medical Science*, Dec. 1851, p. 581.

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and calumny as to make it no longer tolerable. It is quite true that they have been nearly drowned themselves, and that the mire of homœopathy sticks all the faster to them. But what will not a man do for reputation?—and they have a merciless task-master.

It is remarkable that the very announcement of Mr. Syme's motion, as indicative of a departure from the scientific purposes for which the Society was instituted, led to the resignation of two members, (sons of Mr. Syme's distinguished predecessor in the Chair of Clinical Surgery, to whose exertions its institution was in great part due); Dr. Rutherfurd Russell, already referred to as having been solicited to join the society although well known to be a homœopathist; and Dr. James Russell, a much older member of the profession, whose letter to the President of the College of Surgeons (the *fifth* on our list) has been one of the good results of the recent medical conspiracy. A surgical case in which Mr. Goodsir, professor of anatomy, and another operating surgeon, had refused their services except on the condition of the dismissal of the patient's usual medical attendant (who happened to be a homœopathist), avowedly on the ground "that the College of Surgeons has in its corporate capacity interdicted its members from meeting homœopathic practitioners," gave occasion to this calm, modest, effective protest against the present cruel and insolent attempt of the doctors, by means of combination, to dictate their own extravagant terms to the public.

"Sir,—The first example of the operation of the recent resolution of the College of Surgeons, that none of its Fellows should co-operate with a certain class of physicians, has just come under my notice; and as I consider it of importance that the case should be tried at the bar of public opinion by the principles of common sense and common humanity, I beg of you to give it the benefit of publication in your widely-circulated paper.

"A few nights ago, about ten o'clock, a respectable physician was sent for in great haste to see a gentleman just come from the country. He found his patient suffering from hernia, in great pain and danger. He administered some homœopathic medicine, and tried to reduce the tumour (as the return of the protruded intestines is technically called). He failed, and nothing seemed left but an operation. Not being himself an operating surgeon, he went for Professor Miller, who was out of town. He then went to another, comparatively unknown to the public, who said he could not go without first consulting Professor Goodsir; accordingly the physician and surgeon drove to the Professor of Anatomy. The

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surgeon went in and talked for about half an hour with Mr. Goodsir, and then the physician was told that they could only go on condition that he did not *remain even in the house* during the operation, but gave up the poor sick man entirely to them. To save his patient's life the physician consented, and they drove to the house of the sufferer. On examining the tumour before proceeding to operate, it returned at once to its natural situation, showing that the medicine, more true to nature than the surgeons, had rendered their interference unnecessary.

"Now, sir, allow me to make a few remarks upon the principle of this surgical combination. The number of operating surgeons in any town is very small; there being not more than six in such a town as this, it is quite easy for them to combine to effect any purpose they have in view. If they have the right to extort, under penalty of death, such an ignominious condition from a patient as that he shall dismiss out of his house his medical attendant, and perhaps only friend in the place, they may extort any thing else they please. If he must abandon his physician at the bidding of surgeons, may he not be compelled to abjure his faith, or to dedicate his fortune to some pious surgical charity? If once medical mortmain be admitted, it will prove infinitely more dangerous than clerical. The surgeon holds present sufferings in his hand, the priest only threats of future punishment. If the principle of such a trades-union be once admitted, the proud boast of medicine that it is broad as humanity itself, and ignores all differences of creeds, nations, languages, is at an end; and in some parts of Ireland we may have Orange surgeons who refuse to save the lives of the heretic Papists, while in others the Roman Catholic may recruit the ranks of his church by the victims won by the dexterous use of his scalpel. As regards homœopathy, it merely accelerates the period when, among the number of the many graduates of our University who are embracing the new faith, there shall be found some of more than average manual dexterity and anatomical knowledge, and less than average sensitiveness of feeling, who will devote themselves to pure surgery. As regards Professor Goodsir, we acquit him of any personal animosity towards homœopathy, for some years ago he undertook to write pathological articles in the *British Journal of Homœopathy*, and only desisted for fear of offending his less liberal brethren; but we cannot justify this outrage of humanity, by the plea of his fearing the consequences of breaking the College law, without admitting the same extenuation for almost all the cruel deeds under which this earth has groaned, for fear is the parent of cruelty.—I am, &c.

"J. Rutherfurd Russell.

"75 Queen Street."

Mr. Syme's speech on his motion was all about himself and homœopathic practitioners; there was nothing worth noticing about homœopathy. He referred to Dr. Henderson's statement of having

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met with him in consultation, in order to gainsay it, which he could not do effectually; and his unhappy attempt had the effect of giving Dr. Henderson occasion in his letter to the President (No. IV on our list) to establish his statement quite conclusively, and thus prove Mr. Syme to be extremely inaccurate in matters of fact, and on his own principles guilty of giving countenance to homœopathy.

Mr. Syme's speech contains however some important admissions. He is acting under the sting of the *Lancet*. Referring to the statement already noticed, he says: "this charge has been eagerly adopted by the London medical periodical press, which from week to week represented Mr. Syme as guilty of the grossest inconsistency, in publicly opposing what he had privately countenanced."

Again, as to the examination of students, "As the member of a licensing board, he did not conceive himself entitled to reject any candidate, except on the ground of having failed in complying with the prescribed course of study, or acquiring the expected amount of information."

If we understand his meaning, Mr. Syme has changed his mind since July last, when he took so remarkable a part in Mr. Pope's examination; and should his colleagues also have profited by their experience, such a scene is not likely to recur for some time in the University of Edinburgh.

Had we nothing of Mr. Syme's to notice but his speech at the Medico-Chirurgical Society, we might think he was mending, but a perusal of his memorial to the patrons of the University (No. II. of our list) must instantly dissipate any such delusion. In our last number the attention of our readers was called to the recent attempt of the Medical Faculty to persuade the *Senatus* of the University to concur with them in an application to the patrons for Dr. Henderson's expulsion; to which modest proposal the *Senatus* would not listen. Nothing daunted, this pugnacious professor resolved to make his singular application, which he has accordingly done in the memorial of which the title is quoted. We regret that the document, containing fourteen theses, is too long for insertion here; but we shall give an abstract of it. Mr. Syme humbly sheweth, "That he has a direct pecuniary interest in the prosperity of the Medical School of the Edinburgh University, in which degrees are conferred in accordance with certain regulations; which enjoin attendance on a course of lectures on general pathology, which must be taken in Edinburgh, the only medical school in which such a chair exists; the utility of

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which has been matter of great doubt." V. "That the present professor of general pathology has, for some years past, publicly professed the practice of homœopathy, which is entirely opposed to, and inconsistent with, the principles which he and his colleagues of the medical faculty have been appointed to teach." That therefore, Dr. Henderson has been expelled from the Medico-Chirurgical Society. That attendance upon such a course of lectures, conducted by such a professor, must be a serious obstacle to medical graduation; and that the "existence of a homœopathic professor in the medical faculty" has been used to create distrust of the soundness of the medical instruction given at the University, &c. That Dr. Henderson was appointed to hold his office *ad vitam aut culpam*: that there can be no greater fault than the profession of homœopathy, and that should this be doubted, the Colleges of Physicians and Surgeons can at once remove doubt by the expression of their opinion; finally, the memorialist hereby prays, that therefore the patrons will "declare the Chair of General Pathology vacant."

The modesty of this is unsurpassed, unless by its logic. Even were there the gravest grounds for proceedings, to every one but Mr. Syme it would seem grossly indecent that a colleague should institute them: and that under the influence of a personal difference, to propose that a Chair in the University should be abolished that Mr. Syme may be avenged of his enemy. Then look at the logic of this 'singular' memorial. It might be a reasonable ground for such an application, could it be alleged that Dr. Henderson's teaching was inefficient, because stupid, or inconsistent with established or generally received science; and a very important question, which we cannot here consider, would then be raised, as to the measure of liberty enjoyed by University Professors in Edinburgh or elsewhere. But the contrary is not denied, nay, has been expressly admitted in one of the recent numbers of Mr. Syme's own journal (June, 1851); at least there is not one word in this precious memorial on this, the only relevant point. The alleged ground of complaint is not the *teaching*, but the *practice* of homœopathy. There is indeed one way in which Dr. Henderson's practice may be unfavourable to his teaching of pathology, which we cannot pass over. It is the province of the professor of General Pathology to teach the natural course of disease, organic and functional. No doubt his experience of these may be affected by his mode of practice. By giving large poisonous doses he might, no doubt, have better opportunities of witnessing their morbid effects; but toxicology is out of his proper sphere. His

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business is to know and teach the natural course of diseases. If it be alleged that the practice of homœopathy is unfavourable to such a study, we may admit it,—but it can only be so because the course of diseases is effectually cut short by homœopathic remedies, and their full development prevented. Mr. Syme is welcome to this admission. If, on the other hand, as Mr. Syme assures us, the homœopathic medicines are altogether inoperative, Dr. Henderson, in making use of them, is in the best possible position for acquainting himself with the natural course of diseases, which it is his office to teach. By no possibility can any proposed remedies be more absolutely inoperative, unless in the way of exposing their author to merited contempt, than Mr. Syme's ridiculous memorial. When the report of the College committee, to whom this curious document has been remitted, comes to be considered by the patrons, we have no doubt they will tell Mr. Syme that they cannot interfere in the matter if they would, and would not if they could.

III. Dr. Simpson. Guiltiest of all in the matter of homœopathy, and now at last confessedly so, is the Professor of Midwifery. Following Mr. Syme, whose argument as well as motion he seconded, Dr. Simpson tried to excuse himself before the Medico-Chirurgical Society; but Dr. Henderson's letter convicted him, and Dr. R. Russell's set the matter at rest. The reference to a joint opinion in his possessions allowed of no evasion. When his meetings in consultation with Dr. Russell had been thus brought into notice, Dr. Simpson suddenly changed his tone and made a candid confession. In the letter to Dr. R. Russell which is appended to his speech, Dr. Simpson writes: "and do not suppose, as your letter would seem to imply, that I am in the least degree ashamed to acknowledge having met you at these cases in times past." * * * "But that is entirely a different question from the question of meeting you or other homœopathists for the future, now that the colleges have declared, in their corporate capacity, the impropriety of even seeming to admit in any degree the legitimacy of so-called homœopathic medicine, by the members of our profession meeting at cases with practitioners of homœopathy, for diagnostic or other purposes. In that opinion and in that step, I most heartily concur." Indeed, ashamed or not, he could not but confess that, according to the foolish rule to which he so heartily accedes, he had given countenance to homœopathy. Evidence was abundant. Dr. Christison's indiscretion had brought to light one item, in Dr. Stewart's words (Correspondence, &c.,

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p. 19): "Towards the close of last winter's session, when Dr. Arneth of Vienna was in Edinburgh he was in the habit of attending Dr. Simpson's lectures. On one occasion in Dr. Arneth's presence I recollect that Dr. Simpson told his class of a case of vomiting during pregnancy then under his care. He had launched forth in succession all his allopathic appliances—Opium, Naphtha, Prussic acid, &c. (I forget if chloroform was also used), but without relieving the patient. He had either taken Dr. Arneth to see it, or had told him about it, and the latter recommended him to try either a quarter or half a grain of Ipecacuanha; I do not recollect which. He acted upon this suggestion and with decided good results. Dr. Simpson made a remark to the effect that this, no doubt, looked very like homœopathy, but yet he was bound to acknowledge the fact."

Aware that a confession extorted at the last hour affords no claim for mercy, Dr. Simpson has made his palinode with abundant humiliating penance. For one of the most talented, experienced, instructed, and influential physicians in Edinburgh, one of the Professors in the University, to have been doomed to publish such a pamphlet as Dr. Simpson's will surely be held degradation enough, even by the pitiless tyrant whose scourge urged on the pen. Looking only to its certain effect on homœopathy, nothing could be more satisfactory than to see one of its greatest enemies writing such a book; but looking to the character of the medical profession, which we will not disown or slander even in present circumstances, we cannot regard this production otherwise than with painful regret. Untrue statements, feeble arguments, and base insinuations characterise it throughout; it shews not one sign of true manhood. To any detailed criticism of such a tract we will not stoop; but we shall notice very shortly a few of the more prominent points.

Two reasons for the publication of this speech are stated in the introductory note; one of them being Dr. Henderson's letter, and the other Dr. R. Russell's. In regard to Dr. Henderson's, there needs no more be said than that he has conclusively established his statement, and forced Dr. Simpson to take refuge in the plea of *non mi recordo;* possible defect of memory not having been heard of in his speech, in which he was on that point quite positive. He has also taken the opportunity to make an insolent remark on Dr. Henderson (note, p. 10), in retaliation, we suppose, of Dr. Henderson's peremptory refusal to attend a meeting of the medical faculty at Dr. Simpson's house, in consequence of the discreditable character

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of this very speech. The correspondence with Dr. R. Russell arose thus. On seeing in the *Monthly Journal* a report of Dr. Simpson's speech, Dr. Russell wrote the following note to Dr. Simpson:—

"75 Queen Street, Dec. 6, 1851.

"Dear Sir,—I observe in the speech you delivered at the recent meeting of the Medico-Chirurgical Society you speak of having met homœopathic practitioners only twice, and on both of the occasions it was Professor Henderson. You must have forgotten that you have met me several times, and that you signed a formal letter along with me, beginning, "We met this day in consultation." I take it for granted that you will use the first opportunity of correcting this inadvertence, as of course its correction will come with a much better grace from you than from me. May I request a reply to this.—Yours truly,

"J. Rutherfurd Russell."

On the 9th December, not having received any answer, he again wrote, calling Dr. Simpson's attention to his former note, and adding that *since sending it he had again looked at the report of the speech, and found that it did not contain, as he had thought, the express statement that Dr. Simpson had met homœopathic practitioners only on the occasions particularly noticed*, but that he still understood the speech to imply as much.

We cannot quote the whole of Dr. Simpson's letter, as it contains a special reference to the cases in which he had met Dr. Russell in consultation; the publication of which was a breach of professional confidence, meriting the severest censure; all the more that the fact being that Dr. Simpson had visited patients with Dr. Russell whenever he was asked to do so, the particular nature of the malady in any case was utterly irrelevant to the discussion. No one supposes that Dr. Russell wanted Dr. Simpson's opinion as to the best homœopathic remedy, his utter ignorance of the subject being perfectly notorious even before the issue of this pamphlet. We shall now quote the first few sentences of this disingenuous letter, requesting our readers to observe particularly how the inuendo conveyed by the words in italics stands related to Dr. Russell's *second* note, the contents of which have been stated.

"Dear Sir,—Since receiving your letter on Friday, I have really not had ten minutes of spare time to answer it. And, let me add (notwithstanding your second note of yesterday), I do not, after all, see how you could very well expect me to take the trouble of writing a reply. For you state,—'*I observe that, in a speech you delivered at the recent*

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meeting of the Medico-Chirurgical Society, you speak of having met homœopathic practitioners only twice, and on both occasions referred to it was Professor Henderson.'

Now you must excuse me saying, *and I say it with pain, that you never did 'observe' any such statement in my speech;* for no such statement exists in it.

"You add,—'You must have forgotten that you have met me upon several occasions.' Not at all; but the subject of meeting or not meeting with you was not in any way, I assure you, before the Medico-Chirurgical Society; and even the remarks about meeting Dr. Henderson were only incidentally, perhaps improperly, introduced, when the real matter of consideration before the Society was, in truth, a matter of principle, and not of persons; and when the question was, not what we had done with homœopathists in times past, but what relations we should have with them for the future."

Such mean tricks of a needy controversialist are pretty certain in the end to expose his true character. On the other hand, an honest man falling into error admits it, corrects it, and stands firm. These passages, along with the one previously quoted, embrace a great part of Dr. Simpson's letter. In the concluding sentences, he presumes to express his opinion of homœopathy, which he designates as "a system of consummate charlatanry." This leads Dr. Russell in reply, after noticing Dr. Simpson's acknowledgment of the consultations referred to, to observe—"I shall be glad to have your opinion on homœopathy after you have studied it, and when you shall have acquired the courtesy of style which is essential to conducting a correspondence in the manner to which I am used, and from which I cannot consent, even for your sake, to deviate." That Dr. Russell's view of the import of the speech is the just one, we think, admits of no doubt, and there is just as little that so it was understood by the society; else what possible object was there in detailing to the society certain cases in which Dr. Simpson had met Dr. Henderson? When Dr. Simpson writes that "the subject of meeting or not meeting with you was not in any way before the Medico-Chirurgical Society," he writes what is untrue, and what he would hardly have written had Mr. Syme's speech been published here along with his own; for Mr. Syme had enumerated the homœopathic practitioners of whom he had any knowledge, saying of Dr. Russell, "that he had had no communication with him whatever for at least seven years."

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From these extracts our readers will be able to form some notion of the character of this letter by the President of the Royal College of Physicians, which in its tone, style and objects, corresponds perfectly with the late notorious resolutions of that body. Of the other pages of this pamphlet we would observe that they are even more remarkable. Their erudition may be in some measure estimated by an enumeration of all the authorities referred to, which we subjoin in a note.* It might be thought that the man who has travelled from Tartary to Brazil in pursuit of homœopathy, visiting on his way the Mormon Model-Settlement, must be a very Humboldt; deserving of our highest regard. Alas! the perusal of this great work on homœopathy by no means suggests the Cosmos: of high science, order or beauty it bears no trace. It is rather a Chaos than a Cosmos; yet out of its most confounded confusions we shall select for brief remarks a few points which project out of the general darkness.

And first we observe that the illustrious writer makes no attack upon the essential principles of homœopathy; he nowhere refers to it as being absurd or untrue. We accept this as an admission that even the adventurous professor of midwifery was not prepared to deny its truth. The authorities he quotes and the topics he touches do not by any means approach that high region. Lost in the contemplation of the inexplicable fact, to which he calls the attention of the society, of there being THREE homœopathic chemists' shops in Edinburgh, he never seems rightly to get out of that sphere of thought. In his view a great mystery appears to involve the subject; for he cannot understand that the sale of these wonderful medicines should be regulated by the vulgar law of demand creating supply.

The ignorance of homœopathy apparent in this brochure is unaccountable. That a man should have lived so long among books, and

* The Mormons or Latter Day Saints. Bradshaw's Guide to the Continent. Ueber die Nichtigkeit der Homœopathie, Leipzig, 1840. The Medical Gazette. The Lancet. Confessions of a Homœopathist (an impudent, coarse lampoon, which some of our readers may remember). M. Huc's Travels in Tartary, Thibet, &c. Whately's Logic. Dr. Forbes' Review. Doctrine de l'Ecole de Rio, Paris, 1849. Dr. Wood's Homœopathy Unmasked. Casper's Wochenschrift for March, 1845. Dr. Schubert of Dramburg (no reference). Dr. Cormack's Speech at the late Brighton Meeting. A Sermon, preached in the Church of St. Augustin, Cheapside, by the Rev. Thomas Everest, Rector of Wickwar, 1851. Hahnemann's Organon (with reference to Psora Theory). Mure's Pathogenesie. Ph[illegible] Journal for 1851.

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read so many on all sorts of out of the way subjects, as Dr. Simpson is reputed to have done, and should never have read any one book treating seriously of homœopathy is worth considering. If the great readers at the head of the profession be thus, what will the underlings be? Knowing nothing of homœopathic literature, or wilfully ignoring it, this ready writer takes his information from such sources as *Bradshaw's Continental Guide;* and having probably never read any one of Hahnemann's writings, he forms his judgment of the opinions and character of that remarkable man from what idle gossip chances to meet him. Thus he concludes with the author of the 'Guide' that because the hospital at Leipzig contained few beds, therefore homœopathy must be getting into disrepute in that quarter; both being alike ignorant that that institution was one of the few hospitals in Germany supported by voluntary contributions, and that the very fact of its existence proves much on the other side. It would have been more to the purpose to tell his readers that this year, in one of the public gardens of the same city, with all due solemnity, a bronze statue was raised to Hahnemann's memory; or that in London two hospitals have been lately established, containing together nearly 80 beds. The public of this country, unlike Dr. Simpson, naturally attach more importance to the state of medical belief at home than abroad. Yet abroad too, homœopathy has spread far and wide; from East to West, as Dr. S. reminds us;—yes, embracing many climates and creeds. In these circumstances it is hard to hold homœopathy responsible for the *theological* opinions of all its votaries. Finding the authority of the colleges laughed at by the public, he wants once more to call in the Church to stay the advance of science. Homœopathists, he says, are heretics in theology as well as in medicine; and adduces two examples to prove it. One of these is a recent French writer of no sort of authority with anyone but Dr. Simpson; the other a clergyman of the Church of England. The sermon referred to we have not read, and (even if otherwise competent) we can form no opinion of its theological character from the scraps Dr. Simpson has quoted. We have however seen by the same author a Letter to Dr. Rose Cormack, on his recent speech at Brighton, which Dr. Simpson quotes with approval; and should Mr. Everest think it worth while to visit Dr. Simpson's attacks on his theology or calumnies on the subject of Hahnemann and homœopathy with such a chastisement as he inflicted on poor Dr. Rose Cormack, the professor of midwifery will have cause to repent

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having ever meddled with the Rector of Wickwar. At the same time, although the notion of making Hahnemann or homœopathy responsible for all the theological vagaries of his disciples, is too absurd to be seriously treated, we have no objection that it be so, if only allopathy have the same measure. Thus Dr. Simpson will get the credit of having on his side Joe Smith and the Mormons (whom, presuming too largely upon public credulity, ignorance and bigotry, he elaborately likens to Hahnemann and his disciples; thus to "one of the most distinguished of German physicians"—to use Hufeland's words—and to use another's—"one of the best of men"); and those gentlemen, about whose theology we don't know much, but whose doctrines regarding property are seriously objectionable, whom we see now and then referred to in the *Times* as committing robbery by means of chloroform. Could not Dr. Simpson use his influence with these followers?

Of this same public credulity Dr. Simpson speaks much, and with unquestionable sincerity, else he never could have hoped, by blindly indorsing them, to put into respectable circulation here old calumnies long since silenced by exposure elsewhere. To this class belong the wonderful, almost romantic stories of the poisoning of dukes and other notabilities, with dreadfully powerful globules. If he believes the public to be in serious danger of this, he is a remarkable instance of the credulity we are speaking of; if he does not believe it, he is guilty of the basest falsehood.

For the educated non-medical public Dr. Simpson seems to have a supreme contempt. He thinks it necessary to tell them "that men labouring under disease, even the most acute, and consequently much more so when suffering under slighter ailments, do not, as a general rule, die, even when untreated." With this truth the public have been long familiar; nay, they know more—that even *when treated*, people do not generally die, although Dr. Forbes's opinion is becoming a very common one, that the benefit of average medical treatment is extremely problematical. We are agreed that if people *die* under infinitesimal doses they die by nature, not by medicine; under much other treatment the cause of death is doubtful.

Again: he says, "We have a confession of faith, and a standard by which we can judge such men, namely, THE STANDARD OF COMMON SENSE." We are delighted to see this; it is what we have always contended for: only let it be the "common sense" of the thoughtful, the informed, the candid, and we have everything to

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hope; we fear Dr. Simpson's appeal is to the common sense of the most vulgar. Witness a specimen of the logic of a man who parades Whately's name (p. 13.) "If a grown-up man were gravely and seriously to assert to the world that two and two make five, the world would be inclined to look upon him as doubtfully rational, inasmuch as he defied the principles of common sense. And when other grown-up men now tell the world that they can cure this or that disease with a billionth or decillionth of a grain of this or that common and probably even inert drug, they express an opinion perhaps even more intensely and directly absurd than the doctrine of two and two making five." To argue on any subject with one who does not distinguish between the certain truths of the reason and the acquired empirical knowledge of natural agents, the powers of which we cannot tell *a priori*, could serve no good purpose. What the necessary healing quantity of any drug may be is a matter of experimental investigation, not of abstract reasoning; and long lines of figures or other more popular numerical statements, are altogether irrelevant to the inquiry. The stars shine on us, although we can form no conception of distances so great that billions are the units with which the astronomer measures; and strong men, after a few minutes spent in an infected chamber, come out with the seeds of a mortal disease, "so inconceivably minute, that no sense, no balance, no microscope, no chemical analysis, no human means whatever, can discover the slightest trace of them in what is administered." *

It is certainly remarkable that Dr. Simpson should find the action of infinitesimal doses more incredible than the phenomena of animal magnetism.

It was to be expected that a man with Dr. Simpson's gross views of the nature of medicinal action, should scoff at Hahnemann's profound (though, perhaps, erroneous) speculations on the origin and transmission of disease. No doubt Dr. Simpson knows all about this hidden matter; teaches perhaps as historical fact the pretty myth of Pandora's box.

Although well knowing that 'regular' medicine has plenty to tell of offensive nauseous remedies: that such things as viper broth, snail soup, and spider ointment (much recommended by Anthony and Cleopatra's physician, Dioscorides) had been held in veneration before Hahnemann was born, Dr. Simpson has yet thought it worth while to notice with minute detail some not very nice insect remedies

* Professor Christison's Inaugural Address against Homœopathy, quoted by Dr. Simpson.

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which have been proposed (preparations of the *acarus scabiei*, &c.) but which we have neither given nor taken; Dr. Simpson may like the subject, we do not; and shall here part with him.

Having now taken such a glance as our time has allowed at each in succession, we shall make a remark or two on the absurd position in which they all stand, and into which they have misled their too thoughtless followers, by the adoption of the recent resolutions. From our preceding remarks it is quite plain, that physicians using the most approved remedies cannot help countenancing homœopathy; and it is obviously unjust, and will not be tolerated, that equal privileges should be denied to members of the profession whose discoveries are making valuable additions to medical science. When it is said that members of the Colleges will have nothing to do with the practitioners of homœopathy, the public will insist upon knowing what that means. Throughout the discussion in the Colleges, indeed, the way in which the interests of humanity are left out of sight, as altogether too insignificant a matter to be thought of, has not failed to attract notice; and in some form an early reckoning will be held. Within closed doors it may be sufficient to brand with a nickname the practitioners of a more than usually successful and popular system of cure; and to doom them to expulsion from common professional intercourse; but when the public are asked to countenance the persecution, they will require something more definite than a name. What then do the resolutioners mean? Are they prepared to abjure all remedies that shall be found to fall under the homœopathic law? Will Dr. Simpson never again cure chronic vomiting with half a grain of Ipecacuanha, or Dr. Christison treat pneumonia with small doses of Tartar emetic, or Mr. Syme dare to use Arnica? Is that their meaning? Or is it that the small doses are the only ground of quarrel? In that case a *minimum* must be assigned, the transgression of which shall infer expulsion. At present, in the mere matter of quantity, there is more difference between the high and the low homœopathic dilutions, than between the last of these and the small doses frequently prescribed by Drs. Christison and Simpson. If half a grain be too much, may not Dr. Simpson give $\frac{1}{4}$th of a grain, or $\frac{1}{10}$th, or $\frac{1}{100}$th, or even $\frac{1}{1000}$th, without incurring banishment? Of all possible spectacles, a grand schism in the medical profession on the sole ground of the quantities of the drugs prescribed, is about the most melancholy; and when such a disastrous course is violently urged by those who, on their own confession, have made no experiments with a view to ascertain in how medicines are

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efficacious remedies, and against those who have had large experience on the subject, leading to the conviction that minute quantities are best, the measure can only be regarded as the attempt of a dominant sect to crush their advancing rivals by force of authority. When the matter is pushed to such an extremity, that the patient may die while the operating surgeon is requiring the physician to go over the articles of his faith, it is surely time that the creed should be known, and the shorter it is the better. Let it be "in certis unitas, in dubiis libertas, in omnibus charitas!"

MISCELLANEOUS.

Examination in Homœopathy by Hahnemann.

Through the kindness of Dr. L. S. Hahnemann, the grandson of our illustrious master, we are enabled to lay before our readers a letter, wherein Hahnemann gives us a specimen of the examination to which he would subject a homœopathic candidate. At the present time, when the question of independent homœopathic colleges and boards of examiners is mooted, we think the following model examination will be read with curiosity.

"Dear Mr. Steinestel,—I have much pleasure in making your acquaintance, and agreeably to your desire, I put to you some questions, from your answers to which I shall be able to judge of your capability to practise homœopathically and to cure patients of all sorts.

"1. What course does the true (homœopathic) physician pursue in order to obtain a knowledge of what is morbid, consequently of what he has to cure in the patient?

"2. Why does a name of a disease not suffice to instruct the physician as to what he has to do in order to cure the patient? For example, why should he not at once give Cinchona bark when the patient says he has got fever (as the allopath does)?

"3. How does the true physician learn what each medicine is useful for, and consequently in what morbid states it can be serviceable and curative?

"4. Why does the true physician view with horror the prescribing of several medicinal substances mingled together in one prescription for a disease?

"5. Why does it shock the true physician to see blood drawn from any patient, whether by venesection, or leeches,* or cupping glasses?

"6. Why is it an abomination for the true physician to see Opium given by the allopath for all sorts of pains, for diarrhœa, or for sleeplessness?

* In the M.S. it is "blutsäugende Egel," blood-sucking leeches, as though the author would render them all the more repugnant by this terrible expletive.

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"7. Why does the homœopathist prepare gold, plumbago, lycopodium-pollen, culinary salt, &c., by triturating them for hours with a non-medicinal substance, such as sugar of milk, and by shaking a small dissolved portion of them with water and alcohol, which is termed dynamising?

"8. Why must the true physician not give his patients medicine for a single symptom (for a single morbid sensation)?

"9. When the true physician has given the patient a small dose of a medicine selected by reason of similarity of the most characteristic symptoms of the disease, that is to say, capable of itself producing similar symptoms in the healthy individual, with good results (as might naturally be expected), when ought he to administer another dose of medicine? How does he then perceive what medicine he ought to give?

"10. Why can the homœopathic medicines never be dispensed by the apothecary, without injury to the public?

"When you shall have replied to these questions in writing, I shall be able to judge if you are a true homœopathic practitioner.

"Hail to the King who cherishes only wholesome truth, and who with a vigorous hand overthrows *many injurious time-honoured customs;* such an one is the vicegerent on earth of the all-bountiful and all-wise Godhead!"

One word more about Jenichen and the High Potencies.

In our last Number we gave a brief account of the peculiarities of Jenichen's mode of preparing his renowned potencies, as far as we could understand that from the rambling account furnished by his successor and heir, Dr. Rentsch. In the 42nd Vol. of the *Allgemeine homöopathische Zeitung* we have a more connected account from Dr. Rentsch, which we think it right to lay before our readers, wherefrom they may themselves judge of the rationality of the stall-meister's method and in general of the claims of their originator to the confidence of the profession.

Caspar Julius Jenichen was born in 1787, and destined by his father for the legal profession, but his inclination led him to devote himself to the study of the veterinary art, and he soon acquired a tolerable reputation as a horse-doctor, and got the charge of the Duke of Gotha's *manege*, with the title of Stall-meister or Ecuyer. He afterwards gave up this appointment, and after becoming a convert to the homœopathic method he finally settled in Wismar, where he did not confine his practice to beasts but operated likewise on human beings. It was in Wismar he invented the high potencies which have become so notorious. It is said that the labour and fatigue caused by their preparation made him fall ill of a very painful disease of the foot and leg, to free himself from which, finding that his high potencies did not suffice, he took an allopathic dose of Plumbum by sending a bullet into his brain.

He soon became convinced (we are not told how) that the decillionth

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dilution, as prescribed by Hahnemann, was not the best potency in which to administer the medicine, and he forthwith began to dilute still higher and higher in the ordinary manner with but indifferent success, until accident one day revealed to him the mode in which he could make the most effectual preparation. He wished to dynamize the 29th dilution of *plumbum aceticum* still higher, when he found that the cork of the bottle in which that preparation was had got loosened, and the whole of its contents had evaporated. He resolved to ascertain if in this dry bottle there still existed medicinal power, and accordingly, adding the requisite quantity of alcohol, he dynamized it up to the 200th. He soon had an opportunity of testing its virtue, for a patient appeared suffering from fetid sweat of the feet, whom he allowed to sniff once at some globules moistened with this wonderful preparation, and behold! in a few days he was quite cured! From this case he most logically inferred that the best mode of preparing all the earths and metals must be to allow the 29th dilution to evaporate to dryness, and from this dry bottle to go on preparing the higher dilutions. Dr. Rentsch cannot say for certain if he applied the same rule to his preparations of the other medicines besides the earths and metals. The vehicle employed for the dilution was, up to the 800th, alcohol of from 70° to 80°, beyond that, water from the Lake of Schwerin. The proportions used were: for the dilutions up to 200, 6 drops of the previous dilution to 294 of the vehicle; from the 300th to the 800th, 1 drop to 300; for the higher dilutions, 2 drops to 12,000. The lowest dilution of the Jenichen scale was 200, the highest we cannot tell. In the preparation of his potencies he used 8 bottles. These were 4¾ inches high and ¾ of an inch wide. When he diluted beyond 800, he used much larger bottles. The succussion he performed in the standing or sitting position, with the upper part of his body naked. He held the bottle in his fist in a slanting direction, from left to right, and gave the strokes perpendicularly with all his force, so that the fluid in the bottle made a noise like the jingling of silver coins. At first the violent muscular action caused, after three days' work, so much pain in the arm, that he was forced to discontinue it and rest for a week or a fortnight. Afterwards, when he got regularly into training and his muscles were in condition, he ceased to feel any bad effects from his violent exercise. By a minute calculation made by Dr. Rentsch, from the quantity of alcohol stated by Jenichen to have been employed by him to make the 200th potency, and from various other assertions of Jenichen's, it appears that he reckoned his potencies quite differently from Hahnemann, and that the following was the way in which he made them. He had, as before observed, 8 bottles. In the first of these he put the vehicle and medicine in the proportions above indicated; gave to this 250 succussions without stopping, and considered that he had potentized it 25 degrees, ten succussions counting as a degree of potency. He then rested a little and proceeded to the next bottle, into which he poured 6 drops of the preparation he had just made and 294 drops of alcohol, gave to this 250 strokes

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and considered he had increased its potency by other 25 degrees, and so he went on through his 8 bottles, $8 \times 25 = 200$; so that if this be true, and we have no reason to doubt its accuracy, Jenichen's 200th potency corresponds to the 38th potency of Hahnemann, only made with the proportions of 1 to 50 instead of 1 to 100, and the last 8 potencies having received 2000 succussions in place of 16. The higher potencies seem to have been made in a precisely similar manner, except as regards the proportions of the vehicle indicated above and the amount of succussions given to each so-called potency, which were increased as he ascended the scale. Thus it is altogether a misnomer to speak of Jenichen's preparations as the 200th, 400th, &c. dilutions, at most they are only the 38th, 46th, &c.

It even appears from what Rentsch says, that he latterly contented himself with increasing the potency in one bottle only, by merely succussing and not diluting further; so that his later preparations all represent only the 30th or 31st dilution of the Hahnemannic scale, to which a more or less enormous amount of succussions had been given. Nay, more, Dr. Rentsch surmises that he latterly abandoned the 29th dilution as his starting point, and commenced with the 6th or the 3rd dilution, or perhaps even still lower, designating the potency not by the amount of dilution he gave it, but by the number of succussions he communicated to it. In this case the highest Jenichen preparations may represent the very lowest dilutions, to which his enormous number of succussions has been given. If this be the case, and we have no reason to mistrust the accuracy of Dr. Rentsch's inferences, it is absurd to talk of the Jenichen preparations as the 200th, 800th, &c. *dilution; potency* is the name he gave them, and he always denied that they were *dilutions*. These preparations are somewhat similar to those introduced by Wahle, of Rome, who prepared high potencies simply by shaking the 6th dilution some thousands of times. That we have as yet any proof that either his or Jenichen's potencies act better than the ordinary preparations we must utterly deny. If the account we have given of Jenichen's preparations from Dr. Rentsch's rambling surmises be correct, and more especially if it should be true that most of the preparations were made from low potencies without further dilution, the most obvious inference we can draw from the whole Jenichen controversy is this, that those who delighted to call themselves pure Hahnemannists, among whom the high-potency heresy chiefly spread, had found that sticking to decillionths was not the very best mode of curing their patients, and that they eagerly caught at Jenichen's preparations which they conceived to owe their efficacy to their greater dilution and dynamization, whereas the better results they obtained were referrible to their employment of stronger doses of the medicine under a deceptive name.

We have said that Dr. Rentsch's statements as to the Jenichen potencies are only inferences or surmises from the documents and letters which he inherited. Dr. Hering, of Philadelphia, however, stated so long ago as the year 1847, (Vide *British Journal of Homœopathy*, vol. v.) that he

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knew the secret of their preparation. We think it might have saved a world of controversy and acrimony among the disciples of Hahnemann, and have saved homœopathy the scandal of dealing in nostrums and arcana, had he long ago published the secret which he alone has hitherto professed to know for certain. It is evident that as long as the mode of their preparation remained secret they were treated with disdain by the great majority of homœopathic practitioners, and we have no expectation that the revelation that we have given, or that Dr. Hering could give, relative to them, will have the effect of making them more esteemed; but it is important that all suspicion of secret processes or secret remedies should be banished as speedily as may be from our system, which professes to be in the vanguard of medical science.

Syphilization.

The lecture-room of M. Ricord, at the Venereal Hospital, has recently become the theatre of a most interesting discussion, which threatens to swell into a regular scientific combat. The subject-matter of dispute is, the modern theory of syphilization: and the discussion proceeds, in the presence of some four hundred auditors, between Ricord and Dr. Auzias Turenne, a gentleman whose experiments on monkeys have been already recorded in the pages of the *Medical Times*.

The question itself is not only most interesting, but of the highest practical importance, to say nothing of the theory, which runs directly counter to all our past experience in syphilis and other contagious maladies. Ricord, as you can easily conceive, defended his doctrines with that clearness, variety of illustration, and inexhaustible fund of ready wit which renders him the most agreeable lecturer perhaps in the world. But facts are stubborn things; and if the facts related by Dr. Auzias bear out the interpretation given to them by the disciples of the new doctrine, we shall be compelled to admit isopathy among the established principles of therapeutics, and confess that a disease may be cured by the administration of its efficient cause.

A few words on the theory of syphilization may be useful, and will serve to explain the object of the experiments now in course of performance at the Hôpital du Midi.

The doctrine is the joint production of Dr. Auzias and Dr. Sperino, physician to the Venereal Hospital at Turin. The experiments of M. Auzias have been performed on animals only. I shall therefore confine my notice to those of M. Sperino, whose position enabled him to operate on the human subject. M. Sperino had long, it would seem, been struck by the facts, that secondary symptoms are much more frequent after a single chancre than after several chancres which succeed each other at short intervals; and that large, deep, virulent buboes healed readily on all occasions, whenever (in order to determine their virulent nature) he gave rise to several artificial chancres in the individual by inoculating the

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matter taken from his bubo. Reflecting on these and many other analogous facts, M. Sperino was induced to undertake a series of experiments on a large scale in the female wards of the hospital entrusted to his charge. Having selected fifty-two prostitutes labouring under primary or secondary syphilis, he inoculated them with venereal matter taken from chancres in a state of development. Each patient was inoculated in four or five points, once or twice a week. The products of the first inoculation were always perfect chancres; those of the second, less perfect; and so on until after a certain number (generally eight to ten) of inoculations, when no effect followed the introduction of the most mature virus, except an innocent pustule, which disappeared in a few days. From this time forward inoculation produced no effect whatever. When the venereal virus has been thus introduced into the system by several inoculations, repeated at short intervals, until the last inoculation gives rise to a simple pustule instead of a chancre, M. Sperino considers that the system in saturated with the virus. This saturated state he denominates syphilization. Its effects are remarkable. In the first place the individual, as we have seen, is no longer susceptible of contracting primary syphilitic sores, either from inoculation or the contact of venereal matter. In the second place, it would appear that the patients thus saturated are preserved from the development of secondary symptoms. This, of course, is a point which extensive experience alone can decide in a satisfactory manner. As far as M. Sperino's cases go, it has been determined that not one of the 52 individuals alluded to presented secondary symptoms either during the six months' residence in hospital, or for two months after dismissal. This fact was demonstrated by the police records of Turin. But this is not all. Saturation not only acts as a preventive, but as a curative. Thus, as soon as the system becomes artificially saturated, the old inveterate sores heal up rapidly, and the secondary symptoms also disappear. It is unnecessary to add, that no local or constitutional treatment of any kind was employed in the cases alluded to, in order that the effects of inoculation might be followed separate from other influences.

The above facts, it must be confessed, are of a striking kind. No one pretends to dispute them. The good faith of M. Sperino is above all suspicion; the accuracy of his observations is admitted; but M. Ricord will not admit the deductions which the Italian professor would draw from the experiments made by him. The opponents of syphilization urge many objections against the theory of immunity derived from saturation. They plead, in the first place, the doctrine of unicity; that is to say, they assert the possibility of syphilis resembling small-pox, in being communicable once only, and they presume that M. Sperino's patients may have all been affected with constitutional syphilis before their admission into hospital, and, consequently, incapable of contracting the disease a second time. This argument cannot be accepted as a valid one; for nothing

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proves to us the unicity of syphilis. Experience, unfortunately demonstrates that the same individual may contract the disease more than once. On the other hand it is alleged that M. Sperino's announcement of the cures affected by saturation is so vague, that no positive judgment can be passed on them. Thus, the Italian Professor says, "Sinuous chancres, obstinate ulcers of the throat and pharynx, buboes, mucous tubercles, and other severe secondary accidents, yielded to the influence of repeated inoculation."

It is difficult to draw any precise conclusions from such general descriptions; but the memoir of M. Sperino was merely intended to draw attention to the subject; in this he succeeded. The Royal Academy of Turin has appointed a Committee to investigate the matter, and it is certain that a very great number of cases, noted down with all the details necessary, has been collected, and confirms the results obtained by M. Sperino. Finally, the opponents of the new doctrine, admitting as true the facts on which it is based, are inclined to explain them on the theory of common pathological saturation. This law is not confined to syphilis, but extends to a very great number of maladies. It constitutes the principle on which the vix medicatrix effects a cure in innumerable cases. How many slow and intractable diseases are there which continue for a certain time and then disappear? Is it not evident that the constitution refuses to allow itself to be influenced too long or too often by the same morbific agent? That a cause which produced its effect to-day will not do so to-morrow, merely because the interval is too short? The examples which might be given are innumerable. Indeed, there is hardly any disease which does not give rise to this immunity for some time after its occurrence. Two consecutive attacks, *coup sur coup*, is a circumstance almost unheard of. Even for contagious diseases the same holds good in a certain degree. A child who has recently had measles, hooping-cough, etc., may be exposed to the contagion with all but a certainty that he will not catch the disease again. Yet, let a few years elapse, and the susceptibility to be affected is renewed.

These arguments, however ingenious, are not extremely conclusive, and so it has been agreed to refer the matter to experience. The first and most simple point to determine, was the alleged possibility of saturating the constitution with syphilitic virus by a few inoculations practised at short intervals. M. Ricord naturally called on his opponent to give this proof of the faith which was in him; but M. Auzias funcked and refused. Two bold-hearted students then came forward, and, in the presence of the class, were inoculated on two successive days. If these experiments succeed so far, and saturation be produced, then M. Ricord proposes submitting a certain number of the patients in his hospital to the same method of experimentation as had been employed by M. Sperino. The results are looked forward to with the keenest interest.

Since the above remarks were written, I have had an opportunity of

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seeing one of the patients experimented on by M. Auzias. He has also, I understand, been presented to the Academy of Medicine. The poor man was certainly in a most deplorable state,—saturated with a vengeance, and presenting a condition anything but favorable to the theory of M. Auzias.—*(Medical Times.)*

Association for the Protection of Homœopathic Students and Practitioners.

This Association has not been idle during the last three months. The subject which has chiefly occupied the attention of its Committee is the publication of a collection of the most popular and well written pamphlets that have recently appeared on the homœopathic controversy, especially that phase of it which more immediately concerns the objects for which the Association was instituted. This volume, edited by Dr. R. Russell, of Edinburgh, is in the press, and will shortly appear, and we sincerely trust it will have a large circulation. The injustice done to Mr. Pope by the Medical Faculty of Edinburgh, has also occupied much of their consideration, and measures have been taken which we trust will have the effect of counteracting similar acts of injustice for the future, among the rest, we may refer to the petition about to be presented to the Town Council of Edinburgh, which has received many and most influential signatures, and which we hope will have the effect of strengthening the Patrons of the University in their resolution not to countenance the prejudices and acts of injustice to which, as we have recently witnessed, some of the members of the Faculty seem prone.

OBITUARY.

Dr. Goodshaw.

Homœopathy has to lament the loss of one of its most earnest and successful practitioners in the death of Dr. Goodshaw, at the comparatively early age of 54. This melancholy event occurred rather suddenly, on the 27th September ult., at Fairbrook, near Dublin, where he had been living during the summer months for the benefit of his health, which, during the last two years, had been in a very critical state, from the existence of unequivocal valvular disease of the heart.

The post-mortem examination revealed an amount of cardiac disease incompatible with any prolongation of life; the heart was enormously hypertrophied, but especially the left ventricle, the muscular tissue of which was softened, and almost friable; the free edges of the mitral valve were studded with cartilaginous excrescences, which necessarily interfered with its proper function; there was also considerable serous effusion into both pleuræ, and the pericardium.

We cannot dismiss this brief notice of our departed fellow labourer without adverting to the fact, that Dr. Goodshaw must have been considerably beyond 40 years of age before he commenced the study of homœopathy, and thus, when the opinions of most other men are *stereotyped*, he appears not merely to have mastered the new system of therapeutics, but to have had the moral courage to avow his convictions, and carry his principles into practice. His success in his district soon brought him crowds of patients—and in order to extend the benefits of his newly acquired powers of healing as widely as possible, he established the Homœopathic Dispensary in Abbey Street, Dublin, in the year 1844, at his own expence. This was the first institution of the kind in Ireland; it has

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continued open ever since, and is still in vigorous operation. He visited this Dispensary on three days of every week for some time, but finding that it thus occupied much of his time, and necessarily interfered with his other practice in the country, he finally resolved to resign his public appointments as Physician to the Clergy Sons' School at Lucan, and also the Dunboyne Dispensary, and confined himself entirely to his practice in Dublin. Here he rose rapidly into fame and public favour; he possessed all the attributes which were likely to conduce to a successful career; his knowledge of disease, and its varied manifestations, had been acquired during many previous years of constant intercourse with the sick. He was naturally endowed with the finest perceptive powers, and the rapidity and precision with which he could grasp the *specialities* of a case appeared like an intuitive process, but was in reality the result of a high intellectual appreciation, combined with rare practical sagacity. His energy was unbounded—he threw himself into the performance of his professional duties with all the ardour and buoyancy of youth; his natural warmth of character and a certain refined but racy humour made him a great favourite with all classes; and his remarkable success as a physician established their confidence in the new system, of which he was such an eloquent and enthusiastic advocate.

Of course this success made him an object of dislike and almost persecution, amongst his allopathic brethren, who could not believe in the purity of his motives, or the sincerity of his convictions. Their aspersions often wounded Dr. G.'s feelings, which were of the most sensitive character; and the death of a well-known individual under homœopathic treatment gave the public and the profession an opportunity of denouncing both him and the system with the most unmeasured violence. We have no doubt the effect of this was most baneful to our departed friend. Soon afterwards he suffered from an attack of fever, from the effects of which he seemed never to have perfectly recovered, and in all probability the seeds of that disease were then sown which have since germinated, and been finally developed in the event which it has been our melancholy duty to record.

CORRESPONDENCE.

To the Editors of the British Journal of Homœopathy.

Dear Sirs,—Having written to you three months ago on the subject of Mr. Rutter's magnetoscope, and having then indicated the great advantages likely to accrue to homœopathy from the results obtained by this instrument, I feel it my duty to inform you, and to request you to insert in the next number of your journal the conclusion which further experiment has compelled me to adopt.

I regret to say that my hopes of advantage to homœopathy arising from the revelations of the magnetoscope have been much damped by the results of larger experience of its workings. Up to the present time I have neither seen or heard of any experiments which demonstratively prove the *magnetic* nature of the movements of the pendulum, and having ascertained that all the various motions can be produced by *extremely slight voluntary movements* on the part of the operator, and having moreover convinced myself and those who have witnessed my experiments that in all the ordinary experiments with the magnetoscope *unconscious* movements on the part of the operator do take place, I have been constrained to conclude that in its present condition the magnetoscope cannot be relied upon as a physical test of the action of our remedies. . . . . .

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I will however, in conclusion, merely mention, as some excuse for what must appear my too hasty confidence in the first results, that some hundreds of persons have witnessed Mr. Rutter's experiments, among whom were Sir D. Brewster and many well known names in physical science, together with nearly 100 allopathic practitioners, and that almost without exception these gentlemen went away fully satisfied with the trustworthiness of the results obtained.

Again regretting that I should have had the misfortune to hold out false hopes, I remain, very truly yours,

HENRY R. MADDEN.

To the Editors of the British Journal of Homœopathy.

Cheltenham, Dec. 17th, 1851.

Gentlemen,

Will you pardon me for drawing your attention to an omission which, I think, you will agree with me, is too important to be overlooked, in the report you give in the last number of your Journal of the proceedings of the Homœopathic Congress at Paris. I allude to the honour conferred on Dr. Quin, and through him, also on British Homœopathists, in his being called to the Presidential Chair, an honour, let me say, very handsomely conferred—and let me also add, most gracefully acknowledged. Yet it is not solely on account of Dr. Quin, or his English compeers, that I notice this omission. But if I may presume acquaintance with your Journal, on the part of our Parisian, or rather, Gallic Brethren, from the eagerness with which (at the Orthodox dinner that followed the discussion of heterodox opinions) the acquaintance of one of its Editors was sought; if I may suppose it to be read by Frenchmen—I am very much afraid that the omission which I speak of may seem ungracious or discourteous towards them. You will pardon me, therefore, for calling your attention to that which, in occurring at conversation, may have escaped the writer of your report. I am, Gentlemen, your obedient servant,

E. ACWORTH.

[We have only to add, that we should deeply regret if the omission alluded to and rectified by our esteemed correspondent, should have suggested to any of our readers the idea that we undervalued the distinguished body by whom the honour was conferred, or our respected colleague, by whom it was so justly merited.—EDS.]

BOOKS RECEIVED.

Remarks on the Plea of Insanity and on the Management of Criminal Lunatics, by WM. WOOD, M.D. London, Longman and Co. 1851.

The Homœopathic Times.

The Flora Homœopathica, by Dr. E. HAMILTON. Parts IV. to VI.

Annual Address delivered in Albany, before the "Academy of Medicine of the State of New York," Feb. 19, 1851, by F. VANDERBURGH, M.D. New York.

A Pocket Manual, or Repertory of Homœopathic Medicine, by D. J. BRYANT. New York, Radde, 1851.

Our Contributors are earnestly requested to send their contributions at least six weeks before the publication of the number in which they are intended to appear.—EDS.

Wm. Davy and Son, Printers, 8, Gilbert-street, Oxford-street.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

LECTURES ON THE HISTORY OF MEDICINE,

By Dr. Scott.

Lecture IV.—*Oribasius—Ætius, Alexander of Tralles, Paul of Ægina—Arabian Physicians—School of Salernum—Sweating Sickness, &c.—Roger Bacon—Linacre—Paracelsus—Van Helment—Harvey—Haller—Cullen—Brown—Broussais.*

We pass now to the consideration of a few authors whose names are familiar, but whose period is somewhat doubtful. By Le Clerc, Oribasius, Ætius, Alexander of Tralles, and Paul of Ægina, are all assigned to the 4th century of the Christian era, while Dr. Freind allows indeed that Oribasius belonged to the 4th century, but considers that Ætius did not write till the end of the 5th or beginning of the 6th since he refers to St. Cyril, who died 444, and to some authors of still later date; while Alexander mentions Ætius, and Paulus mentions Alexander, and is placed by Abulpharagius in 621. These authors are principally compilers, but are not undeserving of notice.

Oribasius has described all the parts of the body known in his time, exactly following Galen, with the single addition of a description of the salivary glands. His writings bear little upon pure surgery. Ætius, on the other hand, was a practical surgeon. These two writers have preserved some fragments of antiquity not elsewhere extant, as those of Archigenes and Herodotus (chief of the Pneumatic sect), of Posidonius and Antyllus,

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the last of whom treated of gymnastics, mentioning some exercises not named in earlier authors—such as *cricoelasia*, which even with his description is not clearly understood, but which, from its etymology, has been supposed to consist in trundling a hoop. Oribasius speaks much of the good effects of bleeding by scarification, deep incisions with a knife, which he says he has found successful in suppressio mensium, defluxions of the eye, headache, dyspnœa, and that by this method he had cured himself of the plague. In this author is found the earliest description of a strange distemper called lycanthropia, in which the patients imitated wolves, dwelling among the tombs, wandering about sepulchres during the night; their looks pale; their eyes heavy, hollow, and dry; their tongue parched; without saliva; great thirst; their legs full of sores from falls and injuries. A somewhat similar description of a disease called kynanthropia is found in Ætius, taken from Marcellus Secletes who lived under Adrian and Antoninus. Oribasius has been esteemed a man of genius, practice, and experience, and his works are said to afford some correct and precise rules of treatment—as, for example, in epilepsy. After the fit, he recommends bleeding, after four or five days, purging; and again, after three days, cupping and scarifying, repeating these processes at intervals, sometimes with the addition of sinapisms and warm medicines, combined with suitable nourishment, a plan of treatment based on the union of "evacuants and corroborents" approved by Dr. Freind, and held by him to be agreeable to rational practice, and more definite than any treatment of the disease recorded in Galen. To the somewhat heroic measures stated above, may be added the more innocuous specific of the root of the peony worn round the neck. Of the seventy books assigned to Oribasius seventeen remain. He was born at Pergamus, and brought up in the school of Zeno the Cyprian, and was considered the greatest scholar and physician of his time. He possessed great political influence, which he exerted in favour of the Emperor Julian who, in return, made him quæstor of Constantinople. On the death of Julian he was subjected to persecution, confiscation, and banishment, but was subsequently recalled, and died in wealth and honour.

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The works of Ætius contain some minute information concerning the surgery of his time, of which an example may be taken in his treatment of anasarca, related from Asclepiades. This consisted in making incisions about four fingers breadth above the ancle; at first a little blood issued, afterwards water, and no inflammation ensued if the aperture were not closed till the humour be spent, and the swelling subside. If this were not sufficient, incisions should be made in other parts of the body. From many passages in this author we learn that cauteries, both actual (hot iron) and potential (from potash and quick-lime), were in frequent use, particularly in palsy, in which disease he recommends an eschar to be made in several places; one in the nape of the neck, one on each side of the origin of spinal marrow, three or four on the top of the head; adding, that if the discharge were continued for a considerable time, he was confident of recovery. The same means he recommended in inveterate asthma, empyema, and phthisis. This author is the first who has given, from Archigenes, any account of the dracunculi or Guinea worms, which breed chiefly in the fleshy parts of the body, and are observed chiefly in India and Ethiopia. The Arabs were doubtful whether the substance were an animal or a vein, but they seem to have inclined to the latter supposition; and hence, they named it vena medinensis. He treated the gout by external applications, and by a long-continued, and somewhat fanciful, regimen;—in September enjoining milk diet; in October, garlic; in December, cabbage; in January, a glass of pure wine every morning; in February, abstinence from beet; in March, sweet things mingled with the food; in April, abstinence from horse-radish; in May, from the fish called polypus; in June, the use of cold water, in the morning; in July, abstinence from venery; and in August, from mallows. He gives a specimen of some spells and charms used in his time, and he collected many recipes, particularly specifics. He was a native of Armida in Mesopotamia, studied at Alexandria, and was, probably, a Christian.

Alexander was born at Tralles in Lydia, and was educated partly by his father, an eminent physician. His writings possess more originality than those of Oribasius and Ætius, and are dis-

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tinguished by accuracy of arrangement and diagnosis, and minuteness in the directions for the composition and administration of medicines: he placed great faith in charms and amulets, and was somewhat addicted to magic. He treated largely of the gout, for which he recommended purging as the chief remedy, but he also employed garlic, euphorbium, mustard, cantharides, probably externally, but at the same time cautioning against too great confidence in topical applications. In acute fevers, though he sometimes recommended purging, he asserts "that such a practice requires much attention and exquisite discernment, as well as a physician possessed of courage and presence of mind." Should syncope occur in a causus from crude and redundant humours, he recommends bleeding, in which he had scarcely any precedent but Aretæus, directing his practice by the following diagnostic signs:—a face paler and more swelled than usual; a pulse small, sluggish, and at long intervals. In tertian and quartan he prescribed a vomit before the fit. With regard to increasing the quantity of a purgative medicine in palsy, he makes the following sensible remark:—"Many do so, thinking to increase the power of the medicine, not knowing that they thus make it useless. For it is not the intention that the medicine should be carried immediately through the bowels, but that it should be detained in the body and carried to the remote parts." He recommends great dilution in the administration of medicine. He well describes the different kinds of melancholy, which he treated by diet, baths, and amusement rather than by medicine, not approving of frequent bleeding and sinapisms, and preferring the Armenian stone (an ore of copper) to white hellebore, formerly much in use.

About the time of Alexander lived Jacobus Psychrestus, distinguished for his knowledge of philosophy and medicine, and said to have wrought many wonderful cures; Uranius, who practised at Constantinople, a physician by profession, but ill-qualified by education and learning; and the accuracy with which Procopius, the historian, has described some diseases, particularly the plague at Constantinople in 543, has induced some to suppose that he was a physician.

Paulus, born in the island of Ægina, lived in the 7th cen-

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tury (according to Dr. Freind): he transcribed largely from Alexander; he treated particularly of the diseases of women, and seems to have been the first man-midwife; perhaps it would have been as well for the physical and moral condition of the world if he had been the last. He treats minutely and fully of surgery, and ventures to differ from more ancient writers: he shows himself familiar with the most difficult operations, as those for calculus, hernia, aneurism; is the first of extant writers who mentions bronchotomy in quinsy, the manner of performing which he describes.

These four writers may be said to contain all the ancient Greek medicines, and to terminate this part of our subject. We deem it desirable not to encumber so brief a sketch with the bare enumeration of names of uncertain date and of slight authority; and we, therefore, now turn to the consideration of the Arabian physicians who transmitted the discoveries of the Greek physicians, enriched by a few additions of their own, to the nations of Europe during a period of about five centuries, from the 7th to the 12th, and thus contributed to sustain the light which, however obscured, was never wholly extinguished. They are said to have acquired their knowledge originally from Egypt, and, though generally copying the Greeks, have made us acquainted with many simple medicines not mentioned by them—such as mennac, senna, rhubarb, tamarinds, cassia; they introduced a more frequent use of sugar instead of honey, forming various syrups, juleps, and confections; several aromatics, as musk, muscada nut; and some mineral substances were by them introduced into medicine, as gold and silver; but their most remarkable discoveries were due to the science of chemistry of which they were among the earliest students, though some processes now called chemical appear to have been conducted as early as the first century, for even in the time of Dioscorides mercury was obtained from cinnabar by sublimation by means of a vessel called ἀμβιξ converted by the Arabians into al-embic; but the Arabians appear to have been the first to devote the revelations of chemistry to remedial uses.

It is not easy to trace the steps in the transition of science from one nation to another: with dominion, generally, eminence

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in every department is transferred. The captors of Alexandria in 638, though opposed to literature in general, are said to have preserved some works of merit (accidentally or by design) and among these the writings of the earlier physicians. These came to be translated into Syriac, which introduced them to the studies of the Arabians. In 767 Almanzor, a patron of science, founded Bagdad, the future seat of the Caliphs. When severely ill, he sent for Georgius Bachtishua, an Indian physician, skilled in the Persian and Arabic tongues, who translated several medical works. He had been educated at Nisabur, the capital of Chorasan, a city which had been founded about 272 by Sapor, King of Persia, in honour of his Queen, the daughter of Aurelian, who had sent thither some Greek physicians who disseminated the doctrine of Hippocrates. The medical school of that city appears to have flourished for some centuries, for Rhazes, Haly Abbas, and Avicenna seem to have derived their learning from that or a neighbouring source. Georgius was treated with honour and liberality by the Caliph, and appears to have transmitted to his family the profession which he adorned.

Raschid, who began to reign in 792, enriched Bagdad with temples and public schools, and a custom subsequently prevailed among the Mahometans that whenever a temple was founded there likewise should be founded a school and an hospital—a beautiful instance of regard to the physical, intellectual, and moral welfare of mankind which it would have been well to have perpetuated in Christian countries. In this new city of Bagdad lived Mesue, a distinguished and popular professor, who was employed by the Caliph and his successors for more than forty years in explaining and interpreting the ancient medical writers. The son of Raschid continued the patronage of learning with increased liberality, and in particular encouraged the work of translation in which Mesue was engaged, though only a few fragments of his work remain preserved by Rhazes.

The next name that claims our attention is Honain, surnamed the Interpreter, who, having conceived himself in some way injured by Mesue, left Bagdad and travelled into Greece, where he collected many books; returning to Bagdad, after a short stay, he repaired to Besora, where, perfecting himself in

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the Arabian language, he became qualified to give to the world a more accurate translation of the Greek writers than had previously appeared. His son Isaac, and his grandson Hobaish also engaged in translation, and to this family chiefly are we indebted for the Arabic versions of Hippocrates, Aristotle, Euclid, Ptolemy, and Galen.

The oldest and most complete account of ancient Arabian medicine and medical authors is given by Haly Abbas who wrote, about A.D. 980, a work entitled "Al-meleki; or, the Royal Work," professing to be a complete system of medicine, in which he points out the defects in Hippocrates, Galen, Oribasius, and Paulus, and alludes historically and critically to Mesue, Serapion, and others, ending with Rhazes, whose ancient celebrity calls for a passing notice. He was born in Ray in Irah or Chorasan, and became president of the hospital in that place, and earned by his diligence and talents the character of the Arabian Galen. He was chosen president of the hospital in Bagdad; he travelled much; was consulted by many princes, and was considered an excellent chemist or alchemist, as the term then was; he is said to have written 226 books, ten of which are inscribed to Almenzor, ruler of the province of Chorasan, and intended as a digest or compend of medicine, of which the following is an outline:—Lib. 1. On anatomy, from Hippocrates, Galen, and Oribasius. 2. On temperaments.—Hippoc., Gal., Orib., Ætius, Paulus. 3. On aliments and simples.—Hippoc., Gal., Orib., Ætius, Paul. 4. On the method of preserving health.—Gal., Paul., Ætius. 5. On cutaneous diseases and cosmetics,—Galen and other Greek writers. 6. On the diet of travellers.—Idem. 7. On surgery.—Hippoc., Orib., Ætius, Paul. 8. On poisons.—Paulus. 9. On the cure of all the parts.—Hippoc., Gal., Orib., Ætius, Paul. 10. On fevers.—Idem. From which enumeration appears the exactness with which he followed the Greek physicians, though he occasionally speaks of his own experience and was even surnamed "the experimenter." He made free use of bleeding; and in sciatica he employed purgative enemata, composed of colocynth and nitre to such an extent as to occasion the loss of blood, and he says that in more than 1000 cases he never saw this method

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fail except in those of very long standing; he was the first to treat specially of the diseases of children, and of *spina ventosa*, which he describes as a decay of the bone, accompanied with violent pain and swelling. Nor is it without interest that we notice his advice on the selection of a physician, and his account of the modes of quackery prevalent in his day.

First of all, he recommends us to notice in what manner the physician spends his time, and how he pursues his studies. If he devote himself to the diligent perusal of ancient medical writers, a good opinion may be formed of him; if he occupy himself with irrelevant studies, as music, or in festive meetings, or if he indulge in any other evil habit a contrary opinion must be entertained. If found to be diligent in appropriate studies, his talents and disposition must be considered; the extent and character of his intercourse with society; whether his sagacity be equal to the investigation of disease; what time he has spent among learned men; and whether by their aid he has learnt to recognize and to alleviate every form of disease. We should ascertain whether he is well-versed in those subjects which he professes to have studied; whether he is diligent in visiting the sick, and has proved himself successful in their treatment; and whether he has practised in populous cities. If a favourable account can be given of his erudition and practice, we need not hesitate to give him the preference. But if he be deficient in either of these respects, it is better that he should want experience than an acquaintance with the ancients, supposing that he be not wholly unpractised; for he who is well-versed in their writings, and weighs them well in his mind, will easily obtain by moderate practice what will never be attained by those who are strangers to that species of erudition, but who have casually picked up what knowledge they possess by intercourse with physicians who have practised in populous cities. But the tyro who boasts himself as a physician, while destitute of learning or imbued with a mere smattering of it, and, at the same time, possesses little experience of his profession, is certainly not worthy of confidence, nor does he afford reason to expect that he will *ever* be eminent. For it is impossible that one man, however protracted his life, should embrace so extensive and

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difficult a subject unless he follow the steps of the ancients, since the compass of his science extends far beyond the limits of human life. The authors are not few by whose labours the science of medicine has been advanced, and in vain shall we hope to reap their fruits in a few years. In the course of 1000 years, perhaps 1000 writers may have enriched the profession, but he who diligently occupies himself with their works will, in the course of his life, furnish his mind with a knowledge of the subject as if he had himself devoted 1000 years to the pursuit. But if the study of the ancients be despised, what can one man do? How can he reasonably compare his individual store with the rich treasures of the ancients? In short, whoever has not studied the ancients, and is not familiar with the nature of disease before approaching the bed of the patient, will not discern the complaint, having undertaken an office without preparation and without instruction.

Of the quacks of his day, he thus writes: a whole book would not contain an enumeration of the artifices used by itinerants who give themselves out as physicians, whose boldness is equal to their wickedness. Some professing to cure epilepsy make a crucial incision in the back of the head, from which they pretend to draw something, which they had held concealed in their hands; others profess to extract lizards and serpents from the nostrils of their patients, which they wound with a sharp iron instrument, and then pull out something in the likeness of these animals made of linen or of some other substance; while others, pretending to eradicate white spots from the eye, first insert a little fine lint, which they afterwards exhibit as the substance extracted. Others persuade the patient that he has swallowed glass, and then insert a feather to excite vomiting, but, along with it, contrive to convey a piece of glass, which is then rejected. Various other tricks he records, which indicate that quackery was more gross if not more general than it is with ourselves; but we are not aware, from his observations, that he would have applied that epithet to any in virtue of their having adopted theoretical views of the law of cure, or of the *modus operandi* of medicines, or of the possible range of medicinal action, different from those which he may himself have

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entertained or which may have been tacitly held in reserve, though never authoritatively expressed by the general body of cotemporary physicians.

This author gives a full account of small-pox, tracing it to a fermentation in the blood, which sooner or later is depurgated by the skin. The fermenting principle he supposes to be congenital, and hence the universality of the disease, which is most common in spring and autumn, especially after a moist summer and mild winter. Children and young persons are most liable to it, and those who are of a bilious temperament suffer most severely. He gives a minute description of the preliminary symptoms, prognosis and treatment, recommending copious bleeding, refrigerating diets, acids and astringents; iced-water to be given till the patient vomits and sweats, and then fomentations of warm water to bring out the eruption: the bowels to be kept gently open, but after the eruption has appeared, and particularly about the period of the crisis, more violent purgatives should be avoided lest dysentery supervene. If the patient suffers severely and be threatened with syncope he recommends (in measles, which seem to have been much confounded with small-pox) immersion in cold water and friction.

The principal of the Arabian physicians was Avicenna, a corruption probably for Eben Sina, Sina being his grandfather, while his own real name was Hasor. He was born at Bochara about 980, and was a Mahometan; died about the age of 56; was distinguished by great precocity and unusual mental energy, —in him the pursuit of knowledge was a passion which no labour or sacrifice was too great to gratify. He is said to have risen to the office of vizier, and to have experienced the vicissitudes incident to political eminence, and to have written many of his works in prison. In practice he differed little from the Greeks, but in one point, which now appears futile but which was the source of a keen and protracted controversy, he ventured to dissent from Galen, who recommended that venesection should be performed in pleurisy on the arm of the affected side, while Avicenna advised the contrary. Trivial as this controversy may appear to us, it was, at a much later date, carried to such an extreme that the school of Salamanca, who

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adhered to the Arabians, laboured to obtain from Charles V. an edict forbidding the contrary practice, which they affirmed to be no less injurious than the heresy of Luther. The works of Avicenna are with trifling exceptions comprised in a treatise entitled *Canon Medicinæ*, divided into five books, of which the first contains the general principles of medicine; the second treats of simple medicines derived from mineral, animal and vegetable substances; the third of the practice of medicine, with an account of diseases having a local seat, as pleurisies; the fourth, of those which have no local seat, as fever; and the fifth contains a pharmacopœia or book of prescriptions. (Moir.)

The next who claims our attention is Avenzoar, born about the same time as Avicenna, at Seville, in Andalusia, who is said to have lived in health to the age of 135 years. He relates an anecdote indicative of the high authority of Galen. Having been perplexed with a certain case, he consulted his father, who referred him to Galen, adding that if he could obtain no aid from him, the power of medicine was in vain. He obeyed his father with the most fortunate result. He also mentions that having been bled copiously for inflammation of the mediastinum, the bandage came away in the night with renewed discharge of blood, and the disease was cured. In pleurisy he taught to bleed from the side opposite to that affected; if from the same side we should kill the patient: but in inflammation of the mediastinum it is indifferent. He mentions a case of abscess in the mediastinum and pericardium, to the diseases of which he appears to have paid particular attention. For asses' milk, recommended by Galen, he substituted goats' milk, because it was unlawful for Saracens to drink the former. In jaundice he prescribed the Bezoar stone, and is, perhaps, the first to have done so. The best kind he says is that which is found in eastern countries near the eye of the stag. The larger stags in those parts eat serpents to increase their strength, and before they can suffer injury from them they run to a stream of water into which they instinctively plunge up to the neck, and remain without drinking (for if they drink they die) till their eyes begin to drip; the moisture which exudes from under their eyelids thickens, hardens, and

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continues to ooze out till it attains the size of a nut or chestnut; when the stags perceive that the force of the poison is exhausted, they return to their accustomed haunts; the concreted humour falls off by friction, and this is the most precious kind of bezoar. The same story is affirmed by other Arabian writers who travelled in Persia and China. These stones were considered of immense value; a palace having been given in exchange for one. From the writings of Avenzoar it appears that in his time medicine, surgery, and pharmacy were distinct professions, for he apologizes for having given his mind to the two last as well as to the first. We learn also that there were even then celebrated schools of medicine in Spain, particularly in Toledo. He makes no mention of the earlier Arabian authors of Asia, which indicates the small amount of intercourse then existing between Spain and the East.

Not much later than Avenzoar lived Averrhoes, who enjoyed great reputation during his life, and after death was rendered illustrious throughout Europe by his writings. He was born at Cordova, and studied first law and then medicine; was surnamed the Commentator from his having written many volumes to illustrate Aristotle; he wrote also a general treatise on medicine, and appears to have been the first to remark that smallpox occurs only once in the same individual.

Another Spanish Moor distinguished in medicine or surgery was Albucaris, who died in 1122: he is considered by Dr. Freind the same as Abzaharavius. He appears to have given his principal attention to surgery, which he considered to be in a very low state; he professed to reject all superfluous means; enthusiastically commends the actual cautery, which he thought less hazardous than the knife; he speaks with discrimination but not with approbation of the operation for hydrocephalus; of extirpating the tonsils and the uvula; of bronchocele and tumours of the neck; of extra-uterine gestation, of which he gives an instance; of paracentesis, in which he allowed only a partial discharge of the fluid; of lithotomy in the female; and gives warrant to the remark of Dr. Freind, that scarcely any operation was so painful, difficult or dangerous, as to deter the surgeons of those times.

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Our brief review of the Arabian physicians has brought us down to the 12th century. If these writers did not contribute much to the stock of knowledge, they have certainly done much better by handing down to posterity the wisdom of their predecessors than they could have done by vainly struggling after the reputation of originality.

For several centuries they held almost undivided and undisputed authority in the schools, even the original Greek authors being thrown into oblivion. We are told by Cornarius, in the 16th century, that in the schools they read and explained Avicenna, and Rhazes on the ninth book of that author; they cited modern authors, but very little allusion was made to the Greek writers, except, perhaps, to Hippocrates, Galen and Dioscorides, in passing. But after the taking of Constantinople by the Turks in 1453, there occurred some revival of Greek literature, by the scattering throughout the principal cities of Europe of those learned men who had formerly been more concentrated in the Eastern capital. Such were Theodore Gaza, Lascaris, and others, who took refuge in Italy, and Emanuel Chrysoloras who taught the Greek language in Venice. The same cause was advanced by the invention of the art of printing about the same period, among the earliest results of which was the publication of some Greek medical writers, as Dioscorides, Galen, Hippocrates, and Paul of Ægina, in the early part of the 16th century.

During all the foregoing period chemistry had been studied, and its results occasionally rendered available in the treatment of disease. But in conjunction with, or, rather, in preference to this object, pursuits of a less rational character were indulged; nor is it surprising that those to whom the revelations of chemistry were new, should have been led into the conviction that it involved resources which might annul the essential barriers that distinguish different substances, and even defy the hitherto resistless hand of death. The most recent advances of that science seem in some respects to have thrown the minds of its professors into the same train of thought. But towards the close of the 15th century men became weary of following a deceptive vision, and applied with greater severity the discoveries of chemistry to the augmentation of the materia medica.

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And this would naturally bring us to a review of Paracelsus, but we deem it best to retrace our steps a little, in order to notice the foundation of the school of Salernum, in Naples, about the middle of the 7th century, not originally with any special regard to medical science, but rather to the cultivation of the Hebrew, Arabic, and Latin tongues. So celebrated had this school become at the time of Charlemagne that he endowed there a college, probably at the suggestion of our countryman Alcuin, an abbot of Canterbury, to whose influence also is ascribed the foundation of the University of Paris. The origin of the school is assigned to a monastery of Benedictine monks, who, at first, practised medicine according to the usual method of combining superstition with science, but who about the 9th or 10th century entered more regularly upon the study of medicine, taking Galen as their guide. Among the most distinguished of this school was Constantine the African, a native of Carthage, born probably in the early part of the 11th century: a long residence at Babylon and Bagdad rendered him familiar with the language and literature of the East. Taking refuge in Apulia, from some trouble to which he had been exposed on his return to Carthage, he became secretary to Richard Guiscard, Duke of Apulia; and from his residence in Rhegium has been called the Rhegian. He afterwards entered the order of St. Benedict on Mount Casinus. He appears to have been the first to bring into Italy a knowledge of the Greek and Arabian medicine, and was the author of several original works and translations. To his influence, perhaps, may be assigned the patronage extended to the school of Salernum by Duke Robert after he had reduced that city to his power, A. D. 1076. Constantine died about 1087.

The situation of Salernum rendered that city a convenient place of resort to those who were engaged in the crusades, and the fame of its physicians and surgeons induced the wounded warriors to seek their aid. Among the most illustrious of these patients was Robert Duke of Normandy, son of William the Conqueror, who had been wounded in the arm by a poisoned arrow. His physician declared that he could be cured only by the extraction of the poison by suction, but he refused to purchase

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his own restoration by the sacrifice of another. His wife Sybilla, therefore, secretly performed the office while he slept unconscious of the obligation. The story so closely resembles that recorded of our own Edward and his consort as to bring each into doubt: perhaps both are true; perhaps neither should be regarded in any other light than as a delicate but not unwarranted allusion to the source to which suffering humanity may look for the most disinterested and self-sacrificing efforts to afford relief. The skill of the physician may suggest processes painful, tedious, and hazardous in execution, but it remains for the assiduity and courage of female devotion to put them in force. A poem was written in honour of his visit and dedicated to him, entitled Regimen Sanitatis Salerni, which attained considerable celebrity. In imitation, perhaps, of this poetical production, Ægidius, physician to Philip Augustus, an Athenian monk of the order of St. Benedict, wrote another in hexameters on the virtues of medicines, the various kinds of urine, and the pulse, subjects rather foreign to the muse: this poem (in which he refers to the school of Montpellier, then famous) was read in the public schools, and formed the groundwork of a commentary. The school of Salernum was patronized by Duke Roger, first King of the Two Sicilies (1130), and by his successors, William I and II. It was esteemed by Benjamin of Tudela the best school existing among the children of Edom, as he calls the Christians of the West, after he had returned from an extensive tour through the greater part of the world then known (1185). To his judgment we may yield the greater confidence, owing to the high medical reputation enjoyed by the Jews, not only among their own countrymen but also among Christians and Mahometans, whose desire to profit by their skill overcame the prejudices of superstition and even the statutes of the canon law, which forbade a Jew to administer medicine to a Christian. Jewish physicians were, nevertheless, found in the courts of princes and even of popes, and were allowed by the Moors a residence in Cordova and Granada.

The ancient statutes of the school of Salernum are curious. The patron saint was St. Matthew, and the inscription on the seal was Civitas Hippocratis. There were ten teachers; candi-

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dates were strictly examined in the therapeutics of Galen, or in the first book of the first canon of Avicenna, or in the aphorisms. Those who sought the degree of doctor must be at least twenty-one years of age, and must have studied medicine during seven years. A surgeon must have studied anatomy one year. The candidate must swear fidelity and obedience to the society; must engage to refuse rewards from the poor, and to decline any lucrative connection with druggists; a book was then placed in his hand and a ring on his finger; he was crowned with laurel and dismissed with salutation. Apothecaries were bound to mix their medicines in conformity with the precepts of the physician, and to sell them at a fixed rate.

To this school were granted various privileges by Frederic II, about the year 1225: in particular, that no school but those of Salernum and Naples should confer the degree and license to practise. By order of the same monarch the writings of the Arabians were translated into Latin.

It would be tedious and not very profitable to enumerate those who have promoted medical science as we draw near to modern times. We, therefore, hastily notice Arnold of Villeneuve, born about the middle of the 13th century, after whom was named a sect of chemists called Arnoldists. He speaks of the distillation of ardent spirits under the name of aqua vitæ, a recent discovery, which he considered the long sought for panacea. He was the friend and instructor of Raymond Lully, who makes this singular remark concerning alcohol, that he thought the discovery of that substance was concealed from the earlier inhabitants of the earth because men were then in their infancy, while this was reserved for the decrepid old age of the world: hence he inferred from this discovery the near approach of the world's destruction. We may also mention William of Salicetum, professor at Verona, about 1270, who remarks that those nerves of the thorax which proceed from the sixth and seventh pair derive their origin from the cerebrum, and serve for voluntary motion; but those from the cerebellum are appropriated to vital functions and involuntary motion: a distinction adopted long after by Willis. Guy of Cailliac, professor at Montpellier, reduced the art of surgery to a system about

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A. D. 1363, though he modestly disclaims any addition to science. Among the numerous authors to whom he refers, it is remarkable that he omits Celsus. He divides the professors of surgery into five classes. 1—Those who indiscriminately apply cataplasms to all wounds and abscesses; 2—Those who use wine only in their cases, following Bruno and Theodoric; 3—Those who followed William of Salicetum and Lanfranc, who healed wounds with ointments and emollient plaisters; 4—The German sect, chiefly military surgeons, who used wool, potions, and charms; 5—Quacks and women, who in all diseases betook themselves to the saints, and constantly followed the track of each other. He is the first to mention the Cæsarean operation, but merely as resorted to after the mother's death. He gives an account of the plague which ravaged the earth in 1348, beginning in India, and which is said to have consumed one-fourth of the human race. It assumed two forms: one characterized by hæmoptysis and violent fever, proving fatal in every instance within three days; the other by fever, carbuncles and abscesses, particularly in the groin and armpits,—in the beginning as fatal as the other, but less so in the decline.

Towards the close of the 15th century the earth was visited by two other severe scourges: the English or sweating sickness and the venereal disease. The first of these maladies derived its name from its most prominent symptom, and from its being almost confined to the English, even, it is said, in foreign countries, and to the exception of foreigners in England. It first appeared in the army of Henry VII on their arrival at Milford Haven, 1483, and raged in London from September 21 to the end of October: it reappeared five times in England, viz. in 1485, 1506, 1518, 1528, and 1529, when it likewise appeared in Belgium and Germany, and broke off the conference between Luther and Zuinglius. It broke out in England for the last time in 1551, when 120 died in one day in Westminster, including two sons of the Duke of Suffolk. It prevailed particularly in Shropshire, where it came under the notice of Dr. Caius, who has left a minute account of it. In the beginning the patient was affected by internal heat, inextinguishable thirst, restlessness, pain in the epigastrium generally without

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vomiting, headache, delirium, languor and great drowsiness, quick and strong pulse, frequent laborious respiration. Children, the aged, and the poor, were less liable than the more robust. The only effectual treatment was the use of diaphoretics, which proved so successful, that Lord Bacon observes that the patients generally recovered when the remedies were rightly administered (*s. s. c.*).

To the same period is assigned the origin of syphilis: by some said to have been brought from the West by the companions of Columbus (a tremendous punishment for the evils inflicted by Europeans on the natives, but not too severe if falling only on the guilty); while others assert that it first appeared in the French army before Naples; Sydenham says that it was brought from Guinea, Maynard from Spain, while others profess to find it described in the early medical writers of Greece and Arabia. In the treatment mercurial frictions were early recommended by some, and declared by others to be so injurious that to recommend them was criminal. The experience of centuries has proved mercury to be the specific for this disease: the same experience has taught the close analogy between the symptoms of that remedy and those of syphilis. May we not then reasonably suppose that the early physicians employed the right medicine, but in too large quantities? (*s. s. c.*)

The distant voyages to the East Indies undertaken about this period introduced among the sailors therein engaged the scurvy, a disease unknown to the Greeks and Arabians, and from them it was propagated throughout Europe.

Great progress was made in anatomy by the labours of Jacobus Sylvius, Fallopius, Vesalius, Eustachius and others: and Hermolaus Barbarus endeavoured to promote the study of botany, and to correct the errors of Pliny and Dioscorides: and after the taking of Constantinople, many Greeks in their flight carried the writings of the Greek physicians to the western parts of Europe, which led to their extensive circulation and to a comparison of them with the Arabian writers then better known.

We now turn for a little to the consideration of medicine in

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our own country, and particularly to an illustrious Englishman who devoted wealth and time to the investigation of the secrets of Nature, and who, as his reward, reaped indeed the fruits of his industry from the hand of Nature, but from the hand of *man*, ever jealous and suspicious, the charge of cultivating magic and forbidden arts, and, as its consequence, persecution and imprisonment. It is a little curious to observe, that the same line of pursuits which in one age is considered most closely allied to supernatural agency, is in another considered the most purely material and most directly opposed to everything of a spiritual character. In the times of which we have recently been treating men might without censure devote themselves to the most abstruse mysticism, might perplex themselves and others with speculations the most remote from the observation and disproportioned to the capacity of mankind without the slightest imputation on the soundness of their understanding or the correctness of their faith; but should they have brought to light any of the real operations of Nature—should they disclose her workings a little below the surface and bring into activity powers previously unknown, they were calumniated as dealers in the black art and accused of holding intercourse with evil spirits. At present the general feeling is the reverse. Whatever effect may have been produced by the reiterated discovery of the laws of nature, and the irresistible force of evidence by which they are evinced, there is still in the minds of many a tacit suspicion that the investigation of Nature is apt to strengthen the material and weaken the spiritual—an apprehension that we may go too far in the unveiling of Nature, and trace her steps so perfectly that we should, as it were, come to the end of the enquiry, and at length find nothing spiritual remaining.

Roger Bacon was born at Ilchester in Somersetshire in the year 1214: he received his education at Oxford, whence he proceeded to Paris, where his successful assiduity gained him at an early age the dignity of a doctor in theology. He entered the monastic order of St. Francis, and returning in 1240 to England resumed his residence at Oxford, where he pursued his scientific researches with such zeal and reputation, that by the aid of contributions he was able to provide a library and

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apparatus at the expense of £2000, an enormous sum in his time. But intellectual superiority, especially when combined with a moral perception of more than ordinary sensibility, seldom escapes the breath of slander from the lips of those whose ignorance is put to shame or whose morality is made to appear defective by the contrast. Bacon was far before the clergy of his time in knowledge and industry; he was superior to them in his moral convictions, and he had imbibed principles (probably from intercourse with Grostête, Bishop of Lincoln) in unison with those which, in a later age, struck at the root of popular errors. It is not, therefore, surprising that his philosophy should be deemed of unholy origin and his religion heretical; that his books should be proscribed, and that he should himself be subjected to imprisonment during ten years. On his release he returned to Oxford, his favourite residence, where he wrote his last work, a compendium of theology, and died in the 78th year of his age. He deserves a place in our present review, because among his numerous studies he included that of medicine, a subject on which he wrote several works, one on the errors of physicians, another on the retardation of old age. He was a diligent and almost solitary student of chemistry, a science recently introduced from the Arabians, whose chief value was asserted by him to consist in its relation to the life and health of mankind, but destined in his time rather to torture the wits than to encrease the resources of philosophers, though in later ages to form a new era in medicine, and to open a boundless field of philosophical enquiry.

It is not remarkable that he should have laboured with the same view as others in the search after a means of transmuting metals and of conferring a lasting youth on man; nor is it certain that the unsparing and indiscriminate ridicule thrown on such pursuits may not indicate a want of clear understanding of their true character. Certainly the discoveries of chemistry at the present day are such as completely to defy every attempt to set a limit to the kind and degree of powers which further experiments may confer, and they seem to shew that a difference in the relative proportions, and, perhaps, positions of the same elementary atoms, will constitute a difference in the nature of

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the compound substance, which no previous calculation could have suggested, considerations which should avert the charge of folly from those who cultivated the science at a period when its wonders were just opening on the mind as yet unprepared for their reception or solution. The genius of Bacon seems to have been universal. He was alike distinguished as a chemist and an astronomer, by his knowledge of languages, of optics, mechanics, and mathematics; he is said to have anticipated Pope Gregory by 300 years in the reformation of the calendar, and by a still longer interval the most recent efforts of ingenuity in the construction of flying machines and articulating figures; while his knowledge of medicine and of science in general entitled him without the charge of presumption to treat of the errors and shortcomings of physicians and philosophers.

Another distinguished Englishman was Gilbertus Anglicanus, the first practical writer on medicine in this country, little encouragement having been given to the study either at the court or the universities. He flourished towards the close of the 13th century, and has the reputation of much learning and skill, particularly in the knowledge of herbs. He draws largely on the Arabians. To scrofulous swellings he gives the name of the king's evil, because cured by the royal touch, a custom prevalent in England and France, derived probably from the time of Edward the Confessor and Philip I. The virtue is ascribed to various sources; among them to the unction or anointing of the royal hand at coronation, which not being performed on the hand of the queens they do not possess the healing power. This distinction we apprehend is confined to the queens of France, and is, perhaps, owing to the Salique law. Whether it occurs in the ceremony of an English coronation we cannot say, but if so its force is not allowed, for the latest sovereign who "touched for the evil" was Queen Anne. Gilbertus mentions a cure effected in part, at least, by sulphurous baths; and gives the following curious recipe:—Feed a pullet on hellebore for eight days, after which make soup of its flesh, and this will prove gently laxative.

John of Gaddesden flourished early in the 14th century. He wrote a work entitled the English Rose (according to the fanci-

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ful custom of the day), professing to embrace the entire practice of medicine, taken principally from the Arabians, but with some additions of his own. He appears to have been a court doctor, and to have suited his prescriptions as far as possible to the taste of the rich and fastidious, even condescending to the composition of cosmetics and hair dyes, and in his works relieving his graver prose with the effusions of his own poetical imagination. He was the first British physician who enjoyed royal patronage, and was entrusted with the care of the king's son, supposed to be Edward I or II, in small-pox, whom he wrapped up in scarlet cloth, ordering the room to be hung with the same material, by which means he effected a cure without a single blemish. He boasts much of his success, and appears to have been deeply tinged with quackery.

John Arden was an English surgeon of considerable reputation. He practised at Newark from 1349 to 1370, when he removed to London: many of his works remain, and evince a practical acquaintance with his art. He set much value on injections (esteeming salt the best), and invented an instrument for the administration of this mode of remedy; the practice seems not to have been familiar in his time, since he enforces the necessity of a watchful and careful master of the art, informing us that he had himself a hundred times earned fame and money in distant parts by the operation. To the latter object he seems to have been by no means insensible, and in connection with it offers advice to physicians, which might not be without its advantages in the present day, if the strict rules of a dignified etiquette allowed of its adoption; viz. to stipulate for payment before they undertake a case, and to make as good a bargain as they can. It is a little amusing to see the true mercantile spirit first shewing itself in the practice of an *English* surgeon: certainly not the first instance of *selfishness*, but of *bonâ fide* market making.

Thomas Linacre deserves the respect of every friend of literature in general, and medicine in particular. Enriched by the most accurate study of the Greek and Roman classics, and by a residence in Italy at the time of the revival of Greek literature, he was among the first of English scholars to study the

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Greek medical writers in their own language, and to render Aristotle and Galen familiar by an elegant Latin translation. His exertions in behalf of medical science were marked by the greatest judgment as well as the most fervent zeal: he founded lectureships at Oxford and Cambridge, and procured the transference of the right to confer the license to practise from the Bishop of London to a regular college of physicians, founded by his instrumentality, and of which he was the first president, which continues to the present day; an imperfect security, no doubt, but, perhaps, the best that could have been devised against ignorance and incompetence. The changes of circumstances may possibly have demanded greater changes in the rules and practice of that learned body than have hitherto been admitted; and an ear more open to suggestions from without, and a less trembling apprehension of any deviation from routine, might possibly have placed them more decidedly in the van in the march of human intelligence; but it remains to be seen whether the love of innovation, even under the specious name of reform, be not a principle fraught with more danger, and less efficient for good, than a cautious and reverent hesitation to transgress rules originally imposed by wisdom and prudence, and sanctioned by the experience of centuries. A drag would no doubt be an inconvenience in a journey if immovably attached to the wheel; and yet it might be better to bear with such an occasional impediment than, by dispensing with it altogether, to incur the peril of an unchecked descent.

The charter of the college of physicians, obtained from Henry VIII, is dated 1518, and was confirmed by parliament in 1523. The meetings first took place in the house of Linacre, which he bequeathed to the college at his death in 1524.

While the Arabians built wholly upon the Greeks, and the moderns almost exclusively on the Arabians, the encreased attention given to chemistry was laying the foundation for great changes in the theory and practice of medicine. The person most prominently engaged in the establishment of the new school was Paracelsus, one of those extraordinary characters which it is difficult to understand, and which should ever act as a check on those who hastily form and as hastily express their

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judgment of men. He is generally acknowledged to have been a man of considerable ability, a skilful chemist, and a man of independent and original thought; but the instability of his mind, the inordinate extent of his vanity, and the irregularity of his life, lost to the world the benefit which it might have derived from his superior qualities. He was born at Einsiedeln, in Switzerland, in 1493: his father was a physician; his mother appears to have been superior (matron?) of the hospital of the abbey of Einsiedeln. He called himself Aureolus Philippus Theophrastus Paracelsus Bombast ab Hohenheim; some of these were probably assumed names. He was accused of magic, an art of which he speaks in terms of high commendation; of impiety and heresy, of which, perhaps, his writings are not altogether free, though some are of a religious character; and he meditated a reform in religion as well as in medicine: he ascribes his knowledge to the divine teaching. He died at the age of 48, possessed, as he asserted, of the universal remedy. He studied great obscurity in his own language, and hence, while he dogmatically censured others, he could hardly be understood himself: he invented a number of barbarous and unintelligible terms, and gave new meanings to those which were familiar.

He supposed an exact analogy or correspondence to exist between man and the external world or universal frame of Nature, so that particular parts of the body correspond to particular planets; the sun to the heart, the brain to the moon, the liver to Jupiter, the spleen to Saturn, the lungs to Mercury, &c. All created things are derived from one principle or matter, called the great mystery, whose sphere is as extensive as the universe, which contains the seeds of all things, which are severally brought to light in virtue of a celestial power called ἀρχή, which separates and arranges the different elements. He did not acknowledge as elements the four which previously bore that name, but in their stead substituted three,—salt, sulphur and mercury. Besides these he supposed a quintessence (retaining a word appropriate only to those who maintained *four* elements, viz. *quinta essentia*), derived from all things which grow or live, and deprived of all impurity and mortality. This

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he denominates the philosopher's stone or tincture, which he professed to have attained, and by it to effect wonderful cures. Irregularities in the component parts of the body (salt, sulphur and mercury) produce corresponding disease. He believed that medicinal substances had in many cases a mark which pointed out the kind of disease for which they should be employed, as a supposed resemblance to an eye indicated the correct employment of euphrasia. He practised surgery, and was eminently successful in the treatment of malignant ulcers: he rejected actual cautery, suture, and some other means, trusting to the restorative power of the ἀρχή combined with his specifics: he ascribed great value to the magnet, particularly in hæmorrhages and in diseases tending from within outwards.

Paracelsus may be regarded as the founder of the most definite form of the spiritual school of medicine, for in his system the spiritual was not merely used to explain the operations of the animal economy, but the relations of the animal economy with the spiritual world were represented as much more extensive and absolute by him than by others. Every process he considered to be carried on under the regulation of a dominant power (ἀρχή) existing in each individual, and every individual to be connected with the spiritual world in general, in virtue of the mutual relations subsisting between all beings. In following out this theory, its eccentric author fell into somewhat dark and unintelligible mysticism; he clothed vague ideas in enigmatical language, investing the most purely material operations of even the inanimate creation with a spiritual character, by the names imposed on the substances employed and the transformations which they underwent. The ruling principle (ἀρχή) dwelt, according to him, in the stomach, and presided over the chemical processes of that organ, separating the power from the aliment, and giving to nutritious substances the tincture, in virtue of which they became capable of assimilation. To this ruling power should be addressed all the efforts of the physician.

Though encumbered with needless obscurity, there is perhaps little difference between the Φυσις of Hippocrates and the ἀρχή of Paracelsus, which he sometimes calls *Nature;* at one time

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speaking of it as if it were the universal Nature; elsewhere as if a separate ἀρχή presided over different countries modifying the forms of medical treatment according to the locality, thus, that the medicine of Hippocrates might be useful for Greece but not for Germany: he even speaks of a stomach in different organs of the body, by which he probably means an abode for the ἀρχή, viewed as governing the different organs respectively.

Though a disproportion on the three elements would occasion disease, he likewise ascribed this to the influence of stars and spiritual beings. In all his theory of therapeutics and materia medica he directed himself by cabalistic rules. Thus, since all terrestrial bodies have their counterpart in the region of the stars, and since diseases likewise frequently depend on the stars, it is requisite in many cases to know the laws of the harmony subsisting between celestial and terrestrial beings: thus, gold is a specific against diseases of the heart, because in the mystic scale it is found to harmonize with that organ.

But to Paracelsus we must give the credit of having made some improvements in the *preparation* of medicines, and of pointing out that the proper object of chemistry is the discovery of specific medicines, not the creation of gold: also in the *administration* of medicine, in as much as he deprecated complicated prescriptions, and sought to obtain the quintessence or extract of every substance, that it might be employed with the greatest possible purity. He is also to be commended for his endeavour to remove the idea that any disease is incurable.

Strange and unreasonable as the system of Paracelsus may appear, it did not fail to attract many followers, by whom he was esteemed one of the brightest ornaments of medicine and truest reformers of practice. Such a character we conceive is never gained without being in some degree merited; nor is it to be denied that he gave a new and powerful impulse to the study of medicine by associating it with chemistry, and thereby introducing several new medicines, particularly those from the mineral kingdom. These advantages remained and encreased when the errors and mysticism of Paracelsus had been to a certain degree removed by the reiterated attacks of his opponents, among the most celebrated of whom may be mentioned Thomas

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Erastus, Professor at Heidelberg and afterwards at Bâle, equal in his attachment to chemistry and his opposition to Paracelsus, and his zeal to maintain the authority of Galen; and Andrew Libavius, of Halle in Saxony.

The school of which Paracelsus may be regarded as the type, if not actually the origin obtained, indeed, for a time a very extensive sway. His mysticism exerted a powerful influence over the public mind, being in harmony with the prevalent spirit of the times, and the splendour of its aims and magnificence of its promises captivated not only the vulgar and illiterate but the wealthiest monarchs and most learned men. To secure the doubtful art of making gold, much already possessed was wasted in the furnace, and the visionary schemes that even Paracelsus himself had renounced were continued by a sect of partial followers called Rosecrucians.

The first undoubted trace of this society, according to Sprengel, is in the year 1610. In 1614 appeared a work, entitled, "The general Reformation of the whole World, by the Fama of the Fraternity of the Rosecrucians," which professed to restore to light an order veiled in mystery for 1000 years, but possessing important secrets capable of securing for ever the well-being of mankind. In this work it is said that one Christian Rosenkreuz instituted the society in the 14th century, with the design of acquiring great wealth by the occult sciences, to be communicated to kings and princes, to secure their co-operation in the great views of the society, viz. the general reformation of the world. The following are some of their rules. 1. The members were to follow no other profession than that of medicine, and they were forbidden to receive any remuneration from their patients. 2. They were to wear the ordinary dress of the country in which they happened to be. 3. They were to meet annually in the chapel of the Holy Spirit. 4. They were to attract those whom they thought worthy to receive their secrets. 5. They were to choose the word Rosecroix as a word of mutual recognition. 6. They were to keep secret for a century the existence of the society. Associated with these rules were the doctrines of a speedy termination of the world and a general reformation. This fraternity, which exercised a powerful and serious influence

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over the minds of men, is said to have owed its origin to that which was intended as a satire on the alchemists rather than a graver disquisition. Thus Valentine Andrea, who contributed much to the establishment of the sect, speaks of the works that led to its formation, and treats with ridicule those who adhered to it. But no such attempt could recal the power that had given it existence and continued it in operation: the spirit was more easily raised than laid: some openly, others more secretly, maintained the same or kindred principles. Of these were Weigel, Gutmann, Oswald Croll, who gave a clear and exact description of the doctrines of Paracelsus, who was opposed by Libavius of Halle; and others.

Libavius having opened the way to a purer cultivation of chemical medicine, was followed in the 17th century by others. Among the principal was Sala of Vicenza, who adhered to Paracelsus as a guide, while he rejected some of his most visionary doctrines. He was opposed by Henry Lavater, a vehement defender of the Galenists, and enemy to metallic medicines in general. But, perhaps, the most distinguished disciple of the chemical school was Van Helmont. This remarkable man was born at Brussels in 1577, and studied the scholastic philosophy till 17 years of age, when, having reached the period of graduation, his conviction of the emptiness of academical honours deterred him from soliciting them. In pursuit of a higher wisdom than he found at the university he joined a society of Jesuits, but with them he found nothing better than scholastic subtleties. The works of Thomas a Kempis and John Tauler so powerfully influenced his mind, that he relinquished his rank and possessions to surrender himself to contemplation. From a desire to imitate Christ he engaged in the study of medicine, with the view of practising gratuitously. Speedily dissatisfied with the lessons of the Greek schools, he endeavoured to effect a medical reform on the general principles of Paracelsus, whose works seem to have pointed out to him the direction in which a reform might be expected, though he felt no great respect for their author. He adopted his doctrine of the ἀρχαί, and included among the causes of disease circumstances of a supernatural [illegible] as sorcery,

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magic, &c. He conceived all bodies to be derived from water through the means of fermentation; and the only true elements, viz. those which could not be converted mutually into each other, he held to be earth and water. He was the first to notice the properties of different gases: he distinguished carbonic acid gas, under the name of gas Sylvestre, from hydrogen gas, with the inflammable property of which he was acquainted: he considered that no function of the body could be explained without the action of the ἀρχή or sentient soul, whose seat is in the stomach, and which acts through the instrumentality of the vital spirits. There are six kinds of digestion in the body: 1, in the stomach by acid; 2, in the duodenum by bile; 3, in the vessels of the mesentery; 4, in the heart; 5, the change of arterial blood into vital spirits; 6, the elaboration of the nutritive principle in each member. Inflammation arises from an irritation which attracts the blood to the part. In sleep, he thought, the mind held unusually near communion with the Deity. He regulated his practice by his doctrine of the ἀρχή, and employed remedies addressed to the imagination as well as the more ordinary ones of diet and medicine. He was much opposed to bleeding and evacuants generally.

Although the favourable reception given to the visions of Paracelsus and the Rosecrucians may seem to indicate the prevalence of a state of mind little fitted to strict scientific investigation, yet the science of anatomy occupied nearly at the same time the attention of able men, and in consequence was advancing towards the attainment of fixed principles. Among the most distinguished anatomists were Vesalius, Jacobus Sylvius, and Fabricius. But while these added to our knowledge of the details of anatomy, a far more important step was made by Harvey, who in 1619 announced his doctrine of the circulation of the blood. This, like every other great discovery, cannot be so entirely appropriated to one individual as to exclude every former investigator of Nature from all participation in the merit. Even Servetus appears to have had some knowledge of this part of the animal economy. But the claim of Harvey on the respect of anatomists consists in his having established the doctrine by cogent arguments, and in having placed it in

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true position, so as to secure it the reception if not of his own age, at least of an age more capable of forming an impartial judgment. At the present day, the doctrine is so familiar and so necessary to the understanding of the sanguineous system, that it is difficult to imagine how any consistent explanation of that system could have been given without its aid; yet it did not gain a firm footing in the medical world without strong opposition, and a lengthened controversy involving the usual amount of harsh and ungenerous language. Men even condescended to aid their arguments by the feeble weapon of the punster, and designated the followers of Harvey by the equivocal term *circulatores*, which might either express supporters of the doctrine of circulation or itinerant quacks. It is said to have deprived Harvey himself of his practice. The observer of mankind will perceive a strong similarity in the principles that guide their conduct in similar relations in every age of the world and every stage of advancement.

The grounds on which he formed his conclusion are derived—1, from the analogy between the pulmonary vessels and the other vessels of the body, the pulmonary circulation having been previously ascertained; 2, an application of the small or pulmonary circulation to the great or general circulation; 3, a calculation of the quantity of blood expelled at each contraction of the heart, which led him to consider that the quantity expelled in any given time would be greater than the quantity supplied unless the same blood were repeatedly employed, as in circulation. Other arguments were derived from the opposite effects of a ligature on a vein and on an artery, and from the presence of valves in the veins.

In opposition to these arguments were adduced, the authority of the ancients, a different estimate of the quantity of blood sent from the heart, and a different explanation of the intention of the valves in the veins, viz. that they were designed to prevent the excessive flow of blood: the swelling below the ligature was explained by irritation attracting the fluid: the great difference between arterial and venous blood was also considered to forbid the idea of an immediate transmission: and some instances of the Eustachian valve remaining open to adult age were adduced as a

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proof of the general law of free intercourse between the two ventricles of the heart. The controversy was carried on with great energy by men of eminence on both sides: in favour of Harvey, among others, was Descartes: opposed to him was Gassendi, but the only antagonist to whom he replied was Riolan, professor at Paris. The force of evidence was such as to carry conviction to the mind of most who were willing to be guided by it, and the doctrine of Harvey may be said to have been established before his death in 1657.

One of the earliest practical applications of this theory was a proposal to transfer blood from the healthy to the sick; a practice revived in later times, but without such a degree of success as is calculated to excite very sanguine expectations of further advantage.

A great corroboration was given to the theory of circulation by Malpighi, professor at Bologna, who brought the powers of the microscope to bear upon the subject, an instrument used for the same purpose by Molyneux in Dublin and Leuwenhock of Delft.

A more perfect knowledge of the structure of the heart was conveyed by Nicholas Stenor in 1663, who taught more decidedly than had previously been done its muscular character; and by Richard Sower, who described more accurately its form and position, and the nerves with which it is supplied.

It does not appear necessary to enter minutely into all the various theories and discussions connected with the great discovery of Harvey: suffice it to say that every legitimate source of evidence to which appeal was made tended to confirm his doctrine, while the various speculations which were associated with it, erroneous in themselves or based on erroneous principles, were removed or rectified by the advance of science, but left the great truth itself unaffected.

Borelli applied the principles of hydraulics to the doctine of the circulation, and his theory was generally adopted till an improved view of physiology was introduced by Haller, who pointed out the grand distinction between all operations subject to the vital energy and those which are merely mechanical. He taught that all parts provided with muscular fibre were endowed

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with a specific irritability, and that this was brought into action by its appropriate stimulus. This irritability is so far from being the same as sensibility, that he taught that the nerves were sensible but not irritable, while other parts were irritable but not sensible. These doctrines, and his distinctions between the sensible and insensible parts of the body, excited great controversy in the medical world; nor is it indeed easy to believe that the tendons, membranes, ligaments, periosteum, and dura mater, may be burnt with a red-hot iron without producing any sensation. Great service, however, was rendered to physiology by withdrawing the living organism from the supposed subjection to mere mechanical laws. Accordingly, we find the doctrine of irritation early introduced to explain inflammation, which had formerly been explained on mechanical principles; and the systems of Stahl, Hoffmann and Cullen, may be said to be founded on the characteristic idea of Haller: viz., the essential difference of the laws which regulate living substances from those to which inanimate are subjected. Thus a great principle of Cullen is that many symptoms of a disease are the results of the reactive power of vitality, or the tendency of a living substance to resist what is injurious to it; and, by so doing, to induce a state directly opposite to that of the original morbid condition. These views he applied particularly to fever, the different stages of which (debility, cold, heat,) he regarded as holding to each other the relation of cause and effect; but the results to be explained in some cases, merely "by a general law of the animal economy, whereby it happens that powers which have a tendency to hurt and destroy the system often excite such motions as are suited to obviate the effect of the noxious power. This is the *vis medicatrix naturæ*." "The idea of fever may be that a spasm of the extreme vessels proves an irritation to the heart and arteries, and that this continues till the spasm be overcome." This spasm he inclines to think also a part of the operation of this *vis medicatrix naturæ*. Diseases generally he regards rather as explicable by some change in the moving powers of the animal system than in the fluids, according to the more ancient humoral pathology, a doctrine suggested by Hoffmann, though adopted and matured by C[illegible]

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In opposition to Cullen arose Brown, whose theory exerted an extensive influence on the practice of British and foreign physicians. His opposition to Cullen, his benefactor and instructor, seems to have been rather personal than scientific, being a man of strong passions, inordinate pride, and self-assurance, and suffering under a supposed injury: a result of misplaced patronage, unhappily too frequent.

His leading doctrine is that every human being is endowed with a certain amount of excitability: if it be exhausted, that is if no longer capable of excitement, he dies; if it be too violently drawn upon, it works itself out, with the same result: the object of the physician, therefore, is to keep excitement at the correct standard, withdrawing or encreasing according as the case requires. This leading idea wrought into a system reduced the methods of treatment to great simplicity, and assisted by the energy of its founder it became very extensively diffused. The characteristic principles of the system may be thus expressed. 1. Every man at his creation is endowed with a certain amount of excitability, or susceptibility of excitement. 2. All external objects act on the living body as excitants or irritants, differing in *degree*, not in *kind*. 3. So long only as the stock of irritability or excitability lasts does life continue. 4. External objects acting only as irritants: this morbid action must be either that of over excitement or diminished excitement. 5. Hence diseases may be divided into two classes: that of over excitement, or sthenic diseases; and that of under excitement, or asthenic disease, or diseases of debility. 6. And, accordingly, medicines and medical treatment may be simplified by being reduced to two corresponding classes. By far the greater proportion of diseases he regarded as asthenic, and, therefore, as calling for stimulants. It is easy to see that practice thus simplified must be very often erroneous; and that a doctrine which supposes no difference in *kind* but only in *degree* to exist between the effect of all substances that can be brought to bear on the human constitution, is not likely to lead to much discrimination in the application of the materia medica.

The chief characteristic of the theory of Broussais is the vi-

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which he presents of fever, which he ascribes to a local origin, viz. an inflammation of the mucous membrane of the digestive canal, and the consequent use in practice of local depletion by means of leeches, &c. This simple theory and practice has likewise obtained very extensive assent, and is, perhaps, still the most influential, particularly among continental physicians.

In this brief historical survey we may not omit the name of Jenner, whose admirable discovery so directly illustrates the subject which we have kept in view throughout our lectures, and may be regarded as one of the simplest and most obvious instances of the great law of cure, which it is the subject of the following lecture to unfold.

THE SKIN AND ITS DISEASES.

By J. Rutherfurd Russell, M.D.

The morbid appearances of the external surface of the body may be regarded from two essentially distinct points of view; either as constant and characteristic manifestations of some general derangement of the whole system, or as independent affections of the skin itself. This broad and obvious distinction seems to have been constantly present in the mind of Hippocrates whenever he mentioned this class of diseases. For example, in speaking of some eruptions which happen in childhood, he says "Lichen, leprosy, and leucè when they occur in young children and infants, or when they appear at first small, and gradually increase in the course of a long time,—in these cases the eruption is not to be regarded as a deposit but as a disease; but when they set in rank and suddenly, this case is a deposit."*

It seems scarcely credible that a distinction so fundamental and practical should have been allowed to slip from the minds of later writers on dermatology. The explanation of the retrograde movement is apparent if we read almost any recent work on this subject Take, for example, the essay by Dr. Paget,

* The genuine works of Hippocrates. Sydenham Society Edition, vol. i, p. 269.

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which obtained Alibert's prize in 1832.* Here we find the prevailing idea of classification derived from the systems of botany and natural history, and the different methods of arranging diseases are tried by the canons of Decandolle. It seems almost a waste of words to shew that this hopeless departure from the rules of common sense can only deepen the confusion of a subject in its nature sufficiently perplexed and difficult. All classification of objects of natural history is essentially an arbitrary catalogue, arranged for some specific purpose. No sane man can suppose for a moment that the botanical characters of a plant, however complete, express the whole properties or qualities of the individual so designated. If a cook were given the most perfect botanical work in the world, and told to make a dinner out of it for a party of vegetarians, arranging her materials as she found them arranged by Jussieu or Decandolle, she would get no botanist at least to partake of her repast, for he would know that plants which stood side by side in conjugal amity in his table, if transformed to the dinner-table after being subjected to the matrimony of the stewpan, would effectually prevent him from ever making any experiments beyond the province of toxicology. The botanist has no more to do with the poisonous or gustatory properties of plants than the astronomer has with the astral influences on the lives of men; and it would be as reasonable for a believer in astrology to apply to Herschel for his horoscope as it would be for a gastronomist to go to Linnæus for a dinner. Science does not pretend to deal with those finer qualities of its subjects on which their practical utility depends. But it subserves a most important end in giving a perfect catalogue and a general nomenclature to the seemingly innumerable objects around us. For a power to fix a name upon a thing, or an animal, first used by Divine authority in Eden and never become obsolete, will always continue to play an important part in the government of the material universe by man who got along with it the power of speech.

Even in the so-called natural systems, objects are not ar-

* An Essay on the comparative merits of artificial and natural classification as applied to diseases of the skin, by John Paget, M.D.—Edin. Med. and Surgical Journal, No. 115.

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ranged according to their nature, only according to their agreement in possessing a certain number of constant characters; for science having its origin, end, and limitations in the mind of man, can never attain the entire knowledge of nature which stretches into infinitude around us: and there may be a multitude of arrangements all perfect of their kind. The naturalist, the painter, the poet and the practical man may each make a classification sufficient for his purpose; but neither singly nor united do they exhaust all the relations or qualities of their subjects. Medicine being essentially practical or nothing, no good, but, on the contrary, much evil results from transferring systems which do not yield practical service in the treatment of disease into this department of art. That to do so is both futile and mischievous may be seen by the entire failure of the attempt even in the most learned and skilful hands. The essential idea of classification, as we have already said, is that certain constant characters of an object are taken according to which it is designated, and from which it may always be recognized. Let us apply this simple criterion to a so-called disease of the skin. We shall take scarlatina. "The scarlet fever," says Bateman,* "is *characterized* by a close and diffuse effervescence of a high scarlet colour, which appears on the surface of the body, or within the mouth and fauces, usually on the second day of the fever, and terminates about five days." According to Mr. Erasmus Wilson,† by far the best modern English writer on the subject, "Scarlatina is an acute inflammation of the integumentary investment of the entire body, both cutaneous and mucous, associated with fever of an infectious and contagious kind." Inflammation is defined as being redness, heat, pain, and swelling: so that scarlet fever is characterized scientifically by the presence of redness, heat, pain, and swelling of the skin at least; at all events, we may expect always to find redness and heat of skin in this object (for at present we must regard it as an object of natural history). A few pages further on we find that cases occur without any or scarcely perceptible efflorescence, *i. e.*, inflammation of the skin. So *the* character on which the classi-

* A practical synopsis of cutaneous diseases. 4th edition, p. 69.

† On diseases of the skin. Era[illegible] edition, p. 62.

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fication of this object is founded vanishes!—as if we were to define man as an animal with a head, a trunk, and four extremities, and to add that occasionally men are met with who have none of these peculiar signs of humanity! Hence we maintain that the attempt to introduce into medicine the kind of definitions which are suitable for the purposes of natural history, and to found a classification of diseases upon them, is manifestly futile. The mischief done by the attempt, although not quite so apparent, is not less real; for, as the only object in grouping diseases together is to improve our treatment of them, it follows that there should be some similarity in the management of members of a family that are linked together by fraternal propinquity. Let us apply this test to the four junior members of the ancient family of exanthemata Urticaria, Roseola, Purpura and Erythema. Except Morison's pills, we cannot conceive of any medicine which could by any possibility be of use to one without being almost certainly injurious to the others of this group. So that if we were guided in our treatment by this classification, we should undoubtedly be doing harm; and this we take it is a sufficient condemnation of the system.

The most remarkable example of extravagance in classification ever perpetrated in medicine is afforded by Alibert's famous tree, and which should be a warning against any such attempts in future.

Still order is of such paramount importance to the successful conduct of all human affairs, that the effort to obtain a profitable arrangement of the numerous and complicated maladies which affect the skin ought never to be abandoned by the physician; and of late juster principles have begun to be acknowledged, which promise to introduce a new era into this department of study. Recurring to the felicitous expression of Hippocrates, every morbid appearance on the skin is either a deposit or a disease—a deposit if it be merely a symptom of an internal disturbance in the system, a disease if it be a local affection of the cutaneous organs. If the prevailing idea that the true typhus of this country is always attended by a specific eruption be adopted, it would be as rational to call it a disease of the skin as to give that appellation to measles or scarlet-fev

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or small-pox; and had Willan been now alive and in the ascendant, we might have had typhus ranged beside *urticaria* and *purpura*.

In that class of diseases of which we may take measles as the type, there is a tendency to deposit themselves upon the surface, and when this effort is checked they fall upon some other part of the frame, producing often strange and unmanageable disorders. For example, there is an instance narrated in the *Archives Generales*, in which the sudden disappearance of the eruption of measles was followed by total loss of the power of speech, the patient remaining dumb for two years; and the converse of this has been also known to occur, and speech long absent to have returned with the reappearance of measles. Hence we see that although the eruption upon the skin in those diseases does not constitute the true morbid affection, yet there only it seems to find its natural seat of expression; and the changes which the skin undergoes are a legitimate subject of investigation. For the development of a pimple or a vesicle and pustule may be exactly the same whether the exciting cause be from within or from without. The pustule produced by Tartar emetic seems quite identical with that of small-pox, and as a pustule may be studied; so that in a scientific examination of diseases of the skin, all changes of structure in that organ come under consideration, although the part which the eruption plays in the total disease may be quite subordinate and even accidental. As, for example, in *purpura*, which is sometimes confined to the lining membrane of the intestines.* As the internal disturbances of the body affect its external covering, so skin-diseases of a purely local character may, by the irritation they produce, react upon the general health of the rest of the system; and, besides, there are affections which have sometimes a local and sometimes a constitutional origin, as, for example, erythema, which is produced either by some stimulant applied directly to the skin, or occurs as a symptom in the course of a chronic disorder of the whole body.

The confidence we now feel of a great improvement in our

* See a case which occurred in the Edinburgh Infirmary, referred to in Edinburgh Medical Journal, No. 115.

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knowledge and consequent arrangement of diseases of the skin, is derived from the immense progress recently made in the anatomy, physiology and pathology of that organ. It is certainly the most complicated structure in the human frame; and until the various constituent parts were separated, and the laws of their healthy and morbid development ascertained, it was a hopeless task to introduce order into their arrangement. And the advance in pathology will necessarily be followed by a corresponding improvement in the treatment both general and specific,—that is both hygienic and homœopathic; for as all just views of hygiene are derived from physiology, so a more accurate pathology leads to a nicer adaptation of the similar remedy. Indeed a true pathological classification or arrangement is identical with a homœopathic one; for as homœopathic practice consists in adapting to a diseased action the remedy which excites the nearest possible similar diseased state, it follows that a closely allied morbid condition occurring naturally in the system will also be probably benefitted by this remedy, which bears to it too an approximate similitude,—for things equal or like the same thing must be equal or like one another. It is for this reason that we propose to enter very fully into the detail of the structure and pathology of the skin, before making any mention of the treatment proper for its various diseases; and we do so with less reluctance, because many of the most important discoveries in dermatology are of so recent a date as not yet to have been absorbed into the general medical mind.

The cutaneous covering of the human body consists of *epidermis*, cuticle or scurf-skin, *pigmentum nigrum*, *cutis*, *corium*, or true skin, called in German *Leder-haut* or leather-skin, containing muscular fibre and two sets of secreting glands, —the sebiparous yielding the unctuous matter which lubricates the surface, and the sudoriparous which secrete the perspiration; also hair and nails. Each of these may be the subject of independent disease, and the structure and morbid alterations of each we shall discuss in turn.

The cuticle is a tesselated pavement laid over the surface of the true skin. The mosaic appearance it presents is due to its cellular construction. The cells of which it consists are formed of

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granules similar to those of the blood globules whence they are derived. On the surface of the membrane which separates the *cutis* from the cuticle such a granule is deposited. This may be called the embryonic spot of the epidermis. It contains the element of its own independent development, and lives upon the skin, from which it derives the materials of its increase. The first step it takes is to associate to itself other minute granules, out of which combination is formed an aggregated granule, which is one ten-thousandth of an inch in diameter. Around this little mass as a centre other granules range themselves in a circular form, in the centre of which lie the original granules, somewhat changed in appearance by the pressure to which they have been exposed, which being generally unequal gives them an elongated form, and the space between these bodies is filled with a transparent and homogenous matter. Besides the changes which the central or parent nucleus of the cell undergoes, the granules which constitute its circumference become themselves centres of aggregation of other granules, so that there is a continual process of encroachment going on upon these respective territories of the two, which, combined with constant formation of new layers of a similar nature taking place upon the membrane which gives them nourishment, accounts for the appearance of scales they assume as they become external previous to their final exfoliation from the surface. The scales being nothing but a congeries of compressed cells, as the cells are nothing but associated granules. There is no vascular connection between the epidermis and the skin, the one merely lives upon the other as lichen on the bark of a tree, imbibing nourishment from it by the process of endosmose, and turning the food so obtained to its own use. It has no power of regeneration or healing such as the rest of the body enjoys, and if a division be made in its continuity the separated edges do not reunite. It is of various degrees of thickness in different parts of the body, and this variation does not depend upon external causes but upon its own nature, for they are found in the fœtus as well marked as in the adult. The cuticle on the palms of the hands and soles of the feet of the unborn infant being many times thicker than that which covers the rest of the body. At an early period of

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fœtal life the epidermis round the mouth does not consist of scales, but of polygonal cells filled with fluid, such as are met with in plants.* Among the other alterations which the epidermis undergoes as it is pushed outwards by the incessant growth from below is one of a chemical nature. The young cuticle is soluble in vinegar, but the old scales are transformed into horny matter which resists this solvent.

The *pigmentum nigrum* seems to consist simply of coloured granules, similar in all other respects to those just described with a slight admixture of some colouring matter of greater or less amount according to circumstances. In the negro all the central granules are dark, in the European a certain number of dark ones are mixed with the lot.

We may close this description by a few words, explaining the so-called *Rete Melphigi.* This appearance, which was supposed to be owing to an intermediate reticulated membrane between the epidermis and true skin, is satisfactorily accounted for by the lower layers of the cuticle having been moulded round the prominences of the papillæ of the *cutis*, and thus when removed presenting the aspect of holes in a flat surface, the holes corresponding to the places through which the eminences of the true skin protruded. Hence the cribriform appearance by Malphigi mistaken for a net, and called *rete mucosum ;* for, as we have said, the lower strata of the epidermis is of softer structure, more mucous-like, than the more external layers.†

The nails may be included in the epidermic tissue. They are in fact little else than thickened indurated cuticle, consisting of two layers, both laminated, the external one harder and thicker than the one beneath it, which rests upon the true skin. They grow upon a furrowed bed, and increase both at the end, by

* Raschkow Melemeta, p. 12.

† This description is derived chiefly from the works of Erasmus Wilson, Henle, Allgemeine Anatomie, 1841, and an admirable treatise on Skin Dseases by *Dr. Gustav Simon*, entitled Die Hautkrankeiten durch anatomische Untersuchungen erläutert.—Berlin, 1851. As it would have been quite out of the question to have quoted all the authorities referred to by these writers, or to have entered into a discussion upon the grounds for the views advanced, I have stated what seemed to me the most probable opinion on the subject where these writers do not agree.

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which they are attached to the finger or the toe, and along the whole course of their connexion till their free end. The bed on which they are moulded is composed of bundles of papillæ arranged side by side lengthways, those nearer the finger-end are fuller and richer than those at the root of the nail. Hence that obvious difference of colour in the nail: the paler portion is called *lunula*. The rate of growth of a nail does not seem much affected by disease, but its thickness is diminished by any cause which reduces the strength of the system; and this difference is easily seen by inspecting the nail, that part of it which has been formed during illness being separated by a transverse line from the remainder. Hence, as suggested by M. Beau,* if we know how much a nail grows in a given time, we may calculate by this line which divides the healthy from the sick nail what has been the duration of a chronic illness. He maintains that the nails of the hands grow four times as fast as those of the feet. The former grow one *millimetre* a week, and as the length of the thumb nail is twenty *millimetres* it takes twenty weeks or five months to attain its full length, while that of the great toe requires ninety-six weeks or nearly two years to complete its growth. Thus, for example, a groove situated five *millimetres* from the distant end (allowing three *millimetres* to the covered part) dates the attack of illness at eight weeks back: and about the time the thumb nail has outgrown its power to afford information, the mark on the nail of the toe is just becoming visible, and this lasts for two years. Dr. E. Wilson tried the test upon himself, and found it approximately correct. The observation is at all events well worthy of attention by the practical physician.

As we should expect from the nature of its structure, the diseases of the epidermis are very trifling, the most important being no other than the common corn, which perhaps hardly deserves the rank of a disease. Its formation is abundantly simple, arising from the irritation caused by pressure on some part of the foot. The natural consequence of this irritation is slight inflammation of the skin, and as a consequence increased vascularity of its surface, and upon this enriched ground an exces-

* Archiv. Generales de Med., vol. xi, p. 447.

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sive growth of cuticle. This growth being confined on all sides has no alternative but to shoot upwards and downwards, hence the almond shape of a corn. Sometimes the irritation of the descending root is so great as to cause suppuration, according to Rayer: * and Sir E. Home has directed particular attention to the corns which are apt to form upon the bursæ on the lower surface of the foot. He seems to have fallen into error in assigning the bursa as a cause of the corn; it is in fact its natural preventive, being placed on the points of greatest friction and pressure, which are those where corns most readily grow. *Tolle causam* is the only therapeutic indication for the treatment of corns, which might in this instance be translated to give up tight boots; and when required to walk much, to extemporize an external *bursa mucosa* of soap and a thick worsted stocking.

Almost the only change in the colouring matter in the skin which need be noticed is *Chloasma*, for although sunburns (*Ephelis ἐπι ἡλιος*) and freckles are no doubt caused by an excess of colouring matter at spots, they are more usually remedied by cosmetics than drugs. Chloasma, called by Willan *Pityriasis versicolor*, is characterized by patches of a brownish-yellow (*maculæ hepaticæ*) or saffron colour of considerable extent, frequently attended with itching, and followed by desquamation of the epidermis. In women it is generally met with on the chest and *epigastrium*, and in men upon the abdomen. It seems to consist of a preternatural increase of pigmentary cells, which being more friable and less adapted to form scales than the other epidermic cells, give to the surface the mealy appearance characteristic of the disease. It depends upon some derangement of the general health, in women generally on an abnormal state of their uterine functions, and the treatment therefore does not fall under the head of skin diseases at all, although its description does.

It is usual to describe the hairs in connection with the epidermis; but as their relation to the ducts of the sebiparous glands are more important in a pathological and practical point

* Theoretical and Practical Diseases of the Skin. By P. Rayer, M.D. 2nd edition, 1835, p. 991.

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of view, we prefer postponing their history till we speak of those glands.

The *derma* or true skin may be likened to cloth woven of fibres of different kinds, and studded all over its surface with minute eminences called *papillæ*. The greatest part of its substance is composed of common fibrous tissue, the filaments of which interlace one another, and the spaces between are filled with adipose tissue; in the external layer of the skin yellow elastic fibres are also observed, and in those parts of the body which are covered with hair distinct muscular fibres have been discovered by Kölliker.* The accuracy of the observation is admitted by Bowman and Erasmus Wilson, and so we may consider this important discovery established. It is owing to the presence of these muscular fibres that the erection of the hairs in *cutis anserina* takes place. The papillæ are so many little nipples as it were drawn out of the upper surface of the skin. In the more sensitive parts of the body they are arranged in small clumps side by side, some eight in each clump, while in the less sensitive portions they are scattered irregularly. This accounts probably for the fact that in some parts, as the finger, if two points at a slight distance from one another be pressed or pricked, say with a pair of compasses, it gives rise to two distinct sensations; whereas if spaces at the same distance apart be similarly experimented on in other places of the surface, the sensation of only one prick or pressure is produced.

Into each papilla composed of fibrous and elastic tissue, and padded all round with fatty support, there enters a nerve and bloodvessel. In those papillæ which are for touch, the nerve terminates after forming a loop at the top, and the bloodvessel also after a tortuous course ends in a loop. So that these rows of highly injected elevations, thus amply supplied by nerves, are a kind of erectile tissue, which expand themselves to their full stretch when we exercise the faculty of touch, and lose this fine power almost entirely when flaccid from cold or other causes. Man possesses the faculty of touch in much greater perfection than any other vertebrated animal; but among the

* Zeitschrift für Wissenschaftliche Zoologie, von V. Siebold und Kölliker. 1 Bd., 1 Heft. 1848. § 48.

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lower classes in which the other senses are either imperfect or altogether defective, this remaining sense is given in compensating superabundance, and in some it is so exquisite, that, according to Cuvier,* they are able by it to perceive light, so that a certain fulfilment is given to the melancholy demand of our great blind poet when he says—

> Since light so necessary is to life
> And almost life itself, if it be true
> That light is in the soul,
> She all in every part, why was this sight
> To such a tender ball as the eye confined,
> So obvious and so easy to be quenched,
> And not as feeling through all parts diffused,
> That she might look at will through every pore?
>
> *Samson Agonistes.*

It is natural to expect that living boundary which separates the world within us with its multitudinous and incessant operations from that without us whence all the materials for the works are derived, the great medium of intercourse between these two allied yet distinct creations, which may also be regarded as the sky of the mind, growing pale from grief, fear, and dismay, flushing red in hope or joy, glowing crimson in shame, and turning even livid in intense rage, should be the seat of as many morbid appearances as the number of its uses is great and various. To enter here into a minute detail of each would be manifestly impossible, all we can hope is to describe an example of the most characteristic forms of these alterations, and seek in the light afforded by investigating the laws which regulate their successive changes, a guide both to their arrangement and to that of their remedies.

Inflammation of the corium may be either diffused or circumscribed, and may terminate either by resolution, by effusion of lymph, or pus, or by the formation of diseased cuticle, or some peculiar product. The diffused form of inflammation embraces *Erythema, Roseola, Urticaria,* and *Erysipelas;* the circumscribed is the origin of all papular, vesicular, and pustular eruptions, and of boils and carbuncles.

* Cuvier's Lectures on Comp. Anat., vol. ii, p. 551.

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In erythema the inflammatory process is so slight that there is scarcely any sensible thickening of the skin, merely redness, sometimes attended with considerable itching; after its disappearance the affected part retains for some time a purplish hue, and desquamation of the cuticle takes place. It occurs either as a symptom of some internal disorder, frequently of the mucous membrane of the bowels, in which case its seat is the abdomen, or it is caused by friction (*erythema intertrigo*) situated in the folds of the skin, especially of infants, and is attended with a very troublesome irritating seropurulent discharge; it sometimes disappears on one part to re-appear suddenly on another (*fugax*), and it is sometimes attended with œdema of the affected surface (*œdematosum*). The other varieties (*papulatum, tuberosum,* and *nodosum*) need not detain us.

Roseola is a designation applied very loosely to various slight red eruptions. The only one of much constancy and importance which is called *Roseola variolosa*, consists of an erythematous inflammation of the skin, which occasionally attends the fever of inoculated small-pox, appearing the second day from the commencement of the constitutional symptoms, and upon the ninth or tenth day after inoculation. A similar eruption is also met with after vaccination (*Roseola vaccina*). Rayer describes an eruption which he observed in cholera after the period of reaction, as *Roseola cholerica*. No such eruption was observed here as a constant symptom, and what he describes has probably been owing to accidental causes peculiar to the place—Paris, and the time—1832.

Urticaria or nettle-rash is very well named, the whitish or red wheals on the skin bearing a close resemblance both in appearance and in the pricking, itching sensation they give, to those produced by the sting of a nettle. The disease consists of an inflammation more or less diffused over the surface of the skin, and without that amount of heat and pain which generally attends inflammatory action. It seems to depend upon some specific internal irritation, either occurring spontaneously in the system, or caused by food poisonous to the person, such as shell-fish or bitter almonds. The appearance of the eruption generally coincides with the alleviation of the general suffering;

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hence it may be considered as a vicarious action of the skin. Its disappearance is sometimes attended with great constitutional disturbance. Willan mentions a case which terminated fatally, the improvement which had taken place while the eruption lasted being converted into violent aggravation of all the symptoms attended with delirium which ended in death, notwithstanding the reappearance of a slight eruption just before the end.

Erysipelas, both in severity and frequency, is much the most important form of diffused inflammation of the skin. According to its intensity and the depth to which it penetrates does it vary in its symptoms; when slight, differing little from *Erythema;* when severe, going on to extensive suppuration, and even gangrene. It is always attended with heat, pain, and swelling; when the swelling is considerable it depends upon œdema of the part, owing, according to Henle, to the deficient action of the absorbing lymphatic vessels. When the more superficial layer of the skin is chiefly affected and yet the inflammation severe it gives rise to blisters, and this variety goes by the name of *Erysipelas bullosum*. The worst form is the phlegmonous, which spreads a gangrenous destruction even below the skin into the areolar tissue and subjacent *fasciæ*.*

The causes of the disease are little known—it certainly occurs much more frequently in certain seasons and in particular localities than in others. It is alleged to have a strong affinity with puerperal fevers, and that these two have the power of reciprocal propagation.† From whatever source derived, and whatever form it assumes, it is always attended with considerable, often severe, constitutional symptoms: and when it affects the head, is a disease of great danger. According to Simon‡ and Schönlein the urine is affected at an early stage of the disease, frequently being loaded with bile-pigment, and of a reddish-brown or red colour. It is generally easily recognized by the rigors which usher it in, and the quick, hard pulse, nausea, and general *malaise* which precede the appearance of the characteristic eruption.

* See a case related by Dr. Wielobycki in this Journal, January, 1852.

† Ranking's Abstract of Med. Science, vol. iv, 1846.

‡ Simon's Animal Chemistry, vol. ii, p. 278.

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Diffused inflammation of the skin gives rise also to a superabundant development of cuticle, which is sometimes likewise unnatural in structure. Hence arise the squamous diseases, *Pityriasis*, *Psoriasis*, and *Pellagra*. The first of these, *pityriasis*, consists merely of excessive desquamation, and occasionally occurs in *phthisis* from the imperfect nutrition afforded to the dermoid tissue which shews itself in the curved and weakened nail, characteristic of that malady. It may be a question whether the exfoliation of cuticle in this disease be always the result of inflammation of the subjacent tissue; in certain varieties (*p. rubra*) it certainly is so; in others, and these the more common, there is little appearance of any vascular change in the skin;—however, Hebra, a great authority in this matter, does not allow any distinction of kind between the *rubra* and other forms. At all events, the cause of the disease is unquestionably some change in the corium which induces too abundant a crop of insufficiently formed epidermic scales. It may affect any part of the body, and the predisposing causes are but little known.

Psoriasis, called also *lepra*, differs rather in degree than in kind from its predecessor, except that the papillæ of the skin are here enlarged so as to look like warts in some cases, and the cuticular scales are more changed, being loose in texture, which gives them a shining silvery appearance characteristic of the disease. The amount of these scales rubbed off in the course of the day is sometimes very great, from 65 to 385 grains in one case, related by Henle.* The favourite seats of psoriasis are the elbows and about the knees, where it generally assumes a circular form, and when it goes off the first improvement is visible in the centre of the patch. Besides the epidermic scales which are thrown off, there is too great a secretion of the intermediate semifluid substance on which these grow, which produces a moist state of the skin after their exfoliation, and there is often intolerable itching of the affected parts. It receives different names according to the different parts of the body it affects—as *palmaris*, on the palms of the hand—*labialis*, on the lips, and so on; but there is no essential difference in the nature of the affection wherever it is located, and these subdivi-

* Prager Vierteljahrschrift, iii, Bd., § 104

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sions seem unnecessary. It seems prone to attack persons of a gouty habit; and there is one variety commonly associated with secondary syphilis.

Pellagra is a disease almost confined to the northern parts of Italy. It consists of an excessive formation of cuticle generally of a brown or black colour, on those portions of the skin much exposed to the sun-rays. It is usually preceded by a manifest erythematous condition of the skin, but sometimes appears without this precursor. It is associated with a derangement in the nervous and digestive systems.

A *papula* or pimple is the first stage in most circumscribed inflammations of the skin, and the formation of this has been accurately investigated by Simon. He rubbed tartar emetic ointment upon the skin of a dog from which the hair had been shaved, and so soon as the effects of this substance had been produced he killed the animal and examined the affected skin. He found the cuticle healthy, and in the most superficial layer of the true skin a small eminence about the size of half a barley-corn. This little mound was caused by the injection of the part with blood; the injection extended to about half-way through the skin, and below this, and all round the mound there was an effusion of fluid. The fluid resembled the blood-serum in consistence, and contained minute molecules and fat globules. In the immediate neighbourhood of the inflamed spot there was an unusual quantity of blood, and beyond this the skin was perfectly healthy. This description corresponds with that given by Henle and Rokitansky,* and differs from that of Rosenbaum, Hebra, and others, who conceive the sebiparous glands to be implicated in papular affections. The effused fluid may either be absorbed, and so on the subsidence of the injection of the vessels the pimple disappear, or it may be of so great an amount as to convert the *papula* into a vesicle, and this vesicle may in its turn be transformed into a pustule.

The papular eruptions are those of measles, *strophulus*, *lichen*, and *prurigo*.

The eruption of measles consists of roundish red spots slightly elevated above the surrounding skin, with little swelling

* Handbuch der Patholog. Anatomie. Bd. ii, § 90.

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of the integument, except upon the face. It assumes the form of semi-circular patches divided from one another by unreddened skin. The cause of this peculiar form is not known, but t seems to depend upon what may be called the general geography of the skin, for the mottled appearance which it presents in healthy children after exposure to cold has the same semi-lunar aspect. Simon * cut out a pimple produced by measles and examined it under the microscope; he found it to consist of a spot injected with blood, but perceived no fluid such as was observed in those pimples he had produced artificially; however, the absence of fluid might be accounted for by the pressure employed during the operation, and it is most probable that the elevation of the spot depends upon the presence of an effusion. The cuticle adhered to the skin in a healthy manner, and there was no increase nor any unnatural appearance in the papillæ of the skin. All the spots he examined were perforated by a hair, the ducts of which were healthy, and he adduces good grounds for disbelieving that the sebiparous glands are connected with this eruption, an opinion maintained by some writers on the subject. The eruption generally appears on the fourth day of the fever, and is attended with heat and itching; in children with a very delicate skin it sometimes occurs on the third day, and in those exposed to cold it may be as late as the fifth or sixth. In ordinary cases it reaches its height on the seventh day. It appears first on the face, then on the trunk, and lastly, on the limbs, and recedes from the sixth day of its invasion in the same order of march. Of the general disease of which the eruption is the symptom it would be out of place to speak here, it demands attention now only because it furnishes pimples which rise and grow and fade according to the same laws which regulate other pimples.

Strophulus is an eruption of small pimples diffused either partially or entirely over the body of infants. It is known by the name of red gum or gown, and is unattended with constitutional symptoms of any kind. There are various varieties (*intertinctus*, *confertus*, *candidus*, &c.), but the pimples which form the essential character of the disease are the same in all.

* Op. cit., p. 124.

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Lichen (from λειχην) is closely allied to strophulus, but affects persons in adult life, while the other confines itself to infancy. It consists of an eruption of conical pimples of a red or natural colour over a part or the whole of the surface of the body, attended with tingling and itching. The most remarkable form of the complaint is the *Lichen tropicus* or prickly-heat, which is described by Dr. Winterbottom in a letter to Willan from personal experience, as consisting of numerous *papillæ* about the size of a pin's head of a vivid red colour, and attended with intolerable itching, and the sensation as if a number of pins were piercing the skin. Dr. James Johnstone says—"The sensations arising from prickly heat are perfectly indescribable, being compounded of pricking, itching, tingling, and many other feelings for which I have no appropriate appellation."

Prurigo, although sometimes an eruption of pimples, more frequently consists of induration of the derma in small flat elevations, caused by the swelling of the little angular compartments between the lines traced upon the skin. Its diagnostic peculiarity, as the name implies, is excessive itching. Mr. E. Wilson ascribes this itching to a disordered condition of the nerves, and attributes the affections of the skin to this as a consequence; sometimes it may be and is, but manifestly the cutaneous disease produced by neglect of cleanliness, is the cause and not the consequence of the nervous derangement; and the inference he draws that the ducts of the glands and hair-tubes are primary seats of morbid action seems unwarranted, and is denied by Simon on the strength of microscopic inspection of the parts. Simon finds no difference between the essential character of the eruption in *prurigo* from that of the two other papular eruptions. The pimple instead of being conical is a flat table of skin thickened by excessive vascularity, and probably also by some effusion into its substance.

The sufferings produced by this disease are dreadful; patients describe themselves as being tormented "with burning fires, maddening itchiness," and an unfortunate ecclesiastic, "un malheureux ecclésiastique," as Alibert* calls him, thus expressed himself—"Je suis sur le gril et j'endure le martyre de Saint Laurent."

* Alibert—Op. cit., p. 703.

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A still more dreadful form of the complaint is characterized according to Cazenave and Schedel* in their excellent treatise on skin diseases, by the generation of countless pediculi or such-like animals wherever there is cover for them to lodge themselves. They call this revolting variety of the disease *prurigo pediculaire*, and describe it as usually affecting old people, but give an example of its occurrence in a young woman in Biett's ward in the hospital of St. Louis. This species of disease is denied, both by Mr. E. Wilson and Simon, but, as it seems to us, on insufficient grounds. That it usually attends unclean habits is true, but it is equally certain that it sometimes affects those whose position render such an origin impossible; and that it was known among the ancients by whom it was attributed to the anger of the gods, and who were notorious for their attention to cleanliness, especially the Greeks. It is supposed to have been some form of this malady which terminated the criminal career of Herod Tetrarch of Galilee.

When an effusion of serum takes place upon the surface of an inflamed spot then a vesicle or blister is formed, and, according to the size and arrangement of the vesicles so formed, the affection of the skin assumes various well-marked appearances, constituting the diseases called—*Bullæ* and *Vesiculæ*. The most important of these are—*Pemphigus*, *Rupia*, *Herpes*, *Eczema*, *Miliaria*, *Scabies*, and *Varicella*.

Pemphigus (πεμφιξ, a bubble), and *Pompholyx* (πομφολυξ, a water-bubble), for these are merely varieties of the same disease, is a blister varying in size from that of a split-pea to a hen's egg, situated on an inflamed base somewhat smaller than itself, filled with fluid at first transparent and yellowish, afterwards pinkish, sanguineous, and turbid, which is discharged by the bursting of the confining cuticle, and a thin dark crust remains. These blisters generally occur in successive crops, often unattended with constitutional symptoms, are either local or general on the surface, and last from a few days to several months or even years. When chronic it is often associated with prurigo, particularly in old people, and excites such distressing irritation as sometimes to cause death. The blisters sometimes

* Abrégé Pratique des Maladies de la Peau. Paris, 1828, p. 283.

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extend to the mucous membrane of the mouth; and in a case related by Rayer which he attended, the inflammatory process involved the intestines and bladder.* The disease seems sometimes to be vicarious with pulmonary affections. Rayer mentions an instance of hæmoptysis disappearing on the occurrence of an attack of *pemphigus*, and adds, that the sudden disappearance of this eruption is attended with danger to the constitution. It is generally connected with some disorder of the gastro-intestinal system, and Biett frequently found fatty degeneration of the liver in those who died of it. Mr. E. Wilson† mentions a case which seemed produced by some mercurial preparation; it occurred in a girl of twenty-two years of age, who had "poisoned" her hand some years before in cleaning brass with a red paste (mercurial?), and from that time to the date of Mr. Wilson's inspection had been affected with ecchymosed spots and bladders on the wrist and forearm, which he attributes to the poison. If he be correct in his inference, the case has great interest for us in many ways.

Rupia (ῥυπος, sordes) is a modification of *pemphigus*, which occurs in persons of cachectic and debilitated constitutions. It consists of small flattened blisters, few and dispersed, each surrounded by a narrow red ring. They contain a fluid, at first serous, but soon sanguinolent or purulent, which leaves on its escape dark greenish or blackish rough crusts. The larger ones look somewhat like an oyster-shell, the smaller like that of a limpet. When the crusts fall off they leave behind ill-conditioned ulcers, which discharge much ichorous fœtid fluid, and are indisposed to heal. Rupia is tedious in its course, and lasts for several weeks or months.

The most formidable variety of the disease is called *Rupia escharotica*, known in Ireland under the name of "white blisters," "eating hive," and "burnt holes."‡ It attacked the ill-fed children of that wretched country. Sometimes it is preceded by a general livid colour of the skin, but more frequently the blisters are the first indication of the disease. These are a little larger than the pustules of small-pox, discharge a thin

* Rayer—Op. cit., 214. † Op. cit. p. 191.

‡ See in Dublin Medical Essays, 1807, a paper by Dr. Whitley Stokes.

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offensive fluid, and leave behind a painful spreading ulcer with livid edges. It often affects the head, destroys the ears and the eyes, and terminates in death, preceded by convulsions or general lividity, upon the tenth or twelfth day of the attack. We are not aware whether this dreadful disease still occurs in Ireland. It was always confined to certain localities, and it is to be hoped that it will disappear as the general amelioration of of that opprobrium of this empire advances.

Closely allied to *Rupia* is *Herpes* (ἕρπειν, to creep), which is an eruption of clusters of small globular vesicles upon inflamed patches of irregular or rounded form and of small extent. Each vesicle takes about ten days to complete its course, and ends by absorption of the contained fluid or by rupture of cuticle, and the formation of a brownish scab which soon falls off. In some forms of the disease, *Herpes phlyctenodes* for example, the vesicles assume no regular arrangement, but are scattered in groups of various forms over the surface, and the complaint receives its specific appellation from its seat, being called *labialis, palpebralis, preputialis,* and *pudendalis,* according to its occurrence in the various localities indicated by those adjectives. At other times it assumes regular forms, constituting *Herpes circinatus* and *Herpes zoster.* In the former the vesicles form rings, and the disease is called vesicular ringworm.

Herpes zoster, or shingles, consists of a belt of little globular blisters, which generally extend round half the body. From the time of Pliny it has been a popular belief that if the girdle completed the circle of the body death ensued. This seems to be an error. It generally occurs about the middle of the trunk and extends up towards the shoulders behind. There seems good grounds for adopting the opinion which Simon* is inclined to, that this disease has its origin in some affection of the nerves; and that the form it assumes depends upon the distribution of their underlying branches. Whether this be so or not, there is no doubt that it is both preceded and followed by severe neuralgic pain; and we know one instance, in which neuralgia of the side which commenced in an attack of *Herpes zoster* has continued to afflict the patient for ten years, not-

* Op. cit. p. 196.

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withstanding every variety of remedial measures which the whole faculty allopathic and homœopathic could suggest.

There is another rare and remarkable form of this disease, called *Herpes iris*, from being composed of consecutive rings of different colours. It is generally about the size of a shilling, and the innermost ring is reddish-brown, the second from the centre yellowish and somewhat elevated, the third vivid red, and the fourth of a pinkish hue which gradually shades off into the colour of the surrounding skin. It may appear on any part of the body, but has been most frequently observed on the face and hands and round the joints. It usually lasts from ten to twelve days.*

In the various vesicular diseases hitherto mentioned, the vesicles remain for the most part separate during their whole course from their origin to their decline. This is not the case however with *Eczema*. *Eczema* (ἐκζειν, to boil out) consists of an eruption of numerous minute vesicles tending to unite. It spreads over a large space, and terminates either by absorption of the fluid, or by moist excoriations ending in thin crusts, or furfuraceous desquamation. It is prone to affect those parts of the body which are covered with hair. It is sometimes attended with considerable inflammation of the skin, *Eczema rubrum;* and the fluid of the vesicles in one form of the disease, *Eczema impetiyinodes*, becomes converted into a turbid purulent secretion, which is effused upon the surface of the skin and hardens into yellow lamellated crusts, which when removed leave the skin of a vivid crimson colour, coated here and there with films of whitish lymph, and secreting a quantity of ichorous fluid of a reddish tint. When chronic, the subcutaneous tissue becomes dense and marked with numerous chaps and fissures, from which there constantly oozes an offensive discharge. This form is attended with severe itching, which in some situations, as the *anus* and *vulva*, becomes quite intolerable, and is aggravated by the patient's fruitless attempts to relieve it by scratching.

A very frequent and troublesome variety of this disease is met with in the heads of children, *Eczema capitis;* it consists

* See a paper by Dr. Marshall Hall in the Edin. Med. and Surgical Journal.

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of numerous vesicles which form about the roots of the hair, but are not perforated by them, when it continues, by the bursting of the vesicles and the discharge of their contents, the hairs become matted together at their roots, and then thick yellow crusts are formed, which are gradually raised from the scalp by the growth of the hair at the edges first both before and behind.* When chronic, it may be either moist or dry, according to the quantity of discharge; both varieties are met with in the same scalp, and they pass insensibly into one another: the dry is composed of thin scales, which are sometimes cup-shaped in their centre, so as somewhat to resemble those of *Favus*, from which, however, they are essentially different, as we shall afterwards see. It is observed by Rayer, and the observation coincides with the popular belief here, that this disease has a certain protective virtue, and gives immunity from convulsions and diarrhœas, and that its sudden subsidence is attended with danger.

The next vesicular affection, *Miliaria*, is widely different from the preceding, being, properly speaking, not a disease at all, but the consequence of the sudden restoration of a suspended function. As we have already seen, the cuticle is composed of layers of minute cells, and the growth and healthiness of these depend upon the state of their nourishing ground, the true skin. In diseases in which this is dry, from want of perspiration, the upper layers of the cuticle become thin and shrivelled; and when the secretion of this fluid returns in its full natural vigour, or even in increased quantity, it is thrown so rapidly out of the little tubes which carry it from the glands to the surface, that the ordinary process of endosmose, by which it is gradually diffused, is insufficient for the purpose, from the imperfect state of the upper tier of epidermic cells, and what they cannot transmit they retain, and hence are raised into little blisters the size of millet seeds. This explanation, which we believe was first fully given by V. Bärensprung, agrees with the analysis made by Vogel and others, of the fluid contained in the vesicles, which in no important particular differs from healthy perspiration.

* See a Practical Treatise on Skin Diseases, by J. E. Erichsen, 1842—a work much praised; but, as it seems to us, more remarkable for its getting up than for its intrinsic merits.

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Scabies is an affection of the skin characterized by scaliness of the epidermis, vesicles, and in severe cases pustules. It usually begins between the fingers, and spreads over the wrists and other parts of the body. It is attended with itching, and from the scratching this induces, the original form becomes lost in abrasions. The cause of this disease is a minute insect called the *acarus scabiei*, which burrows under the cuticle, forming little roads called *cuniculi* between the true skin and cuticle. The vesicle is close to the insect but does not communicate with the cuniculus. The disease is variously modified by the constitution and condition of the person attacked, being more rapid in the stout and florid than in the weakly. As we have in a former paper in this Journal, vol. vi, given a very full description of this disease, to which we beg to refer our readers, it need not detain us longer now.

Varicella, although strictly speaking a vesicular affection, has so many relations with small-pox as to be classed along with it generally, and by many to be considered merely that disease arrested in its development. It begins with small red papular spots, on which vesicles about as large as a barleycorn rise; these are filled with fluid, at first clear, afterwards turbid, but never fully purulent. At the end of a few days, four or five, the vesicles dry up into brownish scabs, which fall off in a few more days; and neither during its invasion, progress, or decline, is the disease attended with serious constitutional symptoms. The strong fact against its being a form of small-pox is, that the contents of the vesicles when introduced into the skin of another person never cause small-pox, rarely any regular action, and, if any, vesicles similar to those of varicella.*

The transition from the vesicular to the pustular diseases is very natural, for all pustules begin in vesicles, and all vesicles tend to assume some amount of purulent transformation of their contents. The most important pustular diseases are *Variola*, *Impetigo*, and *Ecthyma*. We omit *vaccinia*, as not being properly speaking a disease incidental to man, but only artificially produced for a specific purpose, and therefore not requiring treatment.

* Naumann, Handbuch der Med. Klinik. Berlin, 1831, Bd. 3: 1 Abth.: § 649.

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Variola or small-pox is, in a dermatological point of view, an acute inflammation of circumscribed portions of the skin, the inflammation beginning at innumerable points all over the surface; these points are at first red, then they rise into pimples on which flattened and umbilicated vesicles form, and then transform themselves into pustules, and end in hard brown scabs. The pustules sometimes unite, and the disease then becomes confluent small-pox. The cause of the umbilicated appearance of the vesicles, which is characteristic of the disease and appears on the third or fourth day, has been a subject of much discussion, and there is as yet no satisfactory result attained. On the whole the most probable opinion seems to be that on the summit of the pimple an exudation either of plastic lymph capable of forming a false membrane, or simply glutinous serum entangling epidermic scales is formed, this secretion spreads from the highest point of the pimple over the surface and binds the cuticle to the cutis, when the serum which forms the contents of the vesicle is forced out by the skin, it meets with greater resistance at this point than at any other, and when the whole lid of the pimple, so to speak, is raised, the centre is for a time detained by bands of the deposit and prevented rising so quickly or so high. This layer which coated the skin and cuticle, afterwards forms a transverse partition of the pustule, broken at the edges so that the two chambers communicate. In some instances no doubt the depression is caused by the centre of the vesicle being anchored to the skin by a hair tube, but this is not always the case, as some writers assert.

The suppuration begins on the sixth day of the eruption, and is complete on the eighth; on the eleventh the pustule bursts and some of its contents escape. After the escape of the pus from the pustule the desiccation begins, and crusts of hardened secretion form over the little ulcers left behind by the destructive inflammation. The ulcers heal by cicatrization, and in severe cases the true skin gives place to a multitude of scars, which remain a deformity for life. For scars are a sorry substitute for the natural envelopment of the body, and hence the vast importance of preventing a disease whose cure at the best is often so imperfect.

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A similar step which leads from *varicella* to *variola* conducts from *eczema* to *impetigo*. *Impetigo* (ab impetu, according to Pliny) is a subacute inflammation of the skin, characterized by an eruption of small hemispheroidal or flattened pustules on a slightly inflamed base, which burst in the course of three or four days, and are succeeded by a rough yellowish transparent crust of considerable thickness. The pustules may be either sprinkled (*I. sparsa*) over the surface without any definite arrangement, or may be of a circular or other well defined figure (*I. figurata.*) In the affected part the cuticle is absent, the vessels of the true skin injected, but the hair and glandular apparatus is generally quite healthy.*

The most important variety of the disease from the frequency of its occurrence and the annoyance it produces is *Impetigo capitis*, called also *Crusta lactea*, or the milk crust of young children. It is attended with severe itching, and the scratching thereby provoked breaks the crusts and fissures the surface of the skin, over which a viscid seropurulent discharge exudes. On the removal of the crusts the red and shining skin below is gradually reinvested with its natural epidermic covering, and no permanent injury is sustained, for the baldness which this disease produces, as it does not arise from the destruction of the hair bulbs or glandular apparatus, is merely temporary. Like other eruptions on the scalp, it is sometimes vicarious, and its sudden stoppage is dangerous.

Ecthyma (ἐκθυειν, to burst forth) consists of an eruption of round prominent pustules of considerable size, upon any part of the body, attended with sharp pain, and is either acute or chronic. It begins, according to Reyer,† in a conical elevation of the corium; at the apex of the cone *serum* and *pus* are effused, which gradually extend over the whole surface of the tumour, and then a membranous deposit takes place in the centre; after the pustule bursts a small ulcer remains, surrounded by hard, thick, puffed edges, and this ends in a cicatrix whose centre corresponds to the point where the deposit took place. It may be artificially produced by Tartrate of antimony,‡ and is so often

* Simon. † *Op. cit.* 530.

‡ Simon (?) and Helbert, de exanthematibus arte factis.

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caused by bad food that one variety is called *Ecthyma cachecticum*. In the well known experiments of Dr. Stark, who lived for some time on nothing but sugar, an eruption like Ecthyma made its appearance. The pustules produced by Tartar emetic have sometimes the umbilicated appearance of those of small-pox, probably from the same cause.

The morbid affections of the skin hitherto described have been confined to its surface, those which follow involve the deeper structures of that organ. And first may be taken, boils and carbuncles.

Furunculus and *Anthrax* are essentially the same, they both consist of an inflammation of the corium and subcutaneous cellular tissue, which terminates in the formation of deposit, called in German, *Pfropf*. This deposit is composed chiefly of the matter identical with the fibrine of the blood.* Round this as a centre, suppuration takes place, and if there be but one *pfropf* the result is a furuncle or boil; but if there be several, then a carbuncle or *anthrax* is formed. In the course of the suppuration these *pfropfs* become separated, and not unfrequently the whole of the tissues become involved in gangrenous destruction.†

The hairs and glandular apparatus still remain to be described. The hairs are planted obliquely in their sheaths; these sheaths are pouches about a tenth or twentieth of an inch in length, somewhat larger at the shut than at the open end. They are formed of three layers; the most external consists of cellular tissue, that next the hair of a clear membrane, and between these there lie muscular fibres; the bottom of the pouch is spread with minute granules and cells which afford nourishment to the hair. The hair itself is composed of three structures, the outermost consists of epidermic cells arranged so that the lower over lap the upper, like the tiles on a house; the next is composed of two sets of fibres, one like ribbon, the other like threads; they form the bulk of the hair, and extend downwards from the point to the root, which bulges out, and there the fibres are more separated, like the sporules of a plant. The

* Ascherson, in Casper's Wochenschrift, 1837, s. 729.

† Rokitansky, Handbuch der Pathol. Anatomie, 2 bd., s. 89.

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central part consists of medulla or pith, which is composed of a cellular structure containing fluid or air. According to the most recent investigation of Griffith and Steinlin, it is upon the presence of these little air bladders that the colour of the air depends.* The sides of the hair are not in immediate contact with its pouch, but a membrane, of the nature of which there is still some difference of opinion, lies between them and unites them. In each hair pouch or bulb there ends the duct of a sebiparous gland, so that the hair is continually lubricated from this little oil vessel. These glands are lobulated and embedded in the substance of the skin, the several ducts from the different lobuli unite into a main trunk, which terminates generally in the hair pouch, sometimes on the surface of the skin. Thus it will be seen that the ducts of these glands and the hair pouch form a common cavity, and hence it is sometimes difficult to determine which of these organs is at fault in the morbid alteration of the part. The number of these glands is very great, according to a calculation of Chevalier's, there are 120 millions of them on the surface of the body, † and this fact alone, independently of the diseases we shall presently see to be occasioned by any obstruction in their ducts, is sufficient to impress us with the importance of employing efficient means, by washing and rubbing, to maintain this vast apparatus in a healthy state. It may suggest the enquiry, whether we have done wisely in giving up entirely the use of oil, which the ancients employed so largely upon the skin, since the soap which has superseded it is valued rather for its detergent properties in cleansing the exposed parts of the body than for any unctuous qualities by which the skin might be lubricated. It would be well for those who devote attention to the restoration of health by the use of water, exercise, and such like methods, to be familiar with the means by which the Greeks attained to such perfection of manly vigour and beauty.

The chief diseases of the sebiparous glands and the ducts common to them and the hairs, depend on an increase of their secretion, or the obstruction of the outlet in some way. Of the

* Zeitschrift für ration. Med. von Henle and Pfeufer, ix, ii, s. 320.

† Lectures on the general Structure of the Human Body, &c. 1823.

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diseases the chief are *Ichthyosis, Comedo, Molluscum, Acne* and *Sycosis.*

Ichthyosis of fish-skin disease consists of an excessive secretion of sebaceous substance upon the surface, it takes the polygonal form marked out by the lines of the skin, and forms raised crusts of considerable thickness; they adhere to the epidermic scales, and become discoloured from the impurities of the atmosphere, which naturally imbed themselves in so convenient a retreat. The affection may occur on any part of the body, but is most frequent on the forehead and nose, the joints and abdomen. It is attended with little or no constitutional disturbance, and may last for months, or even years. Instead of this increased secretion being general over the surface, it may be confined to one duct, and thus a horn is formed. The most remarkable case of this kind on record is that of Paul Rodriguez whose horn, situated on the upper part of the side of the head, measured fourteen inches in circumference at its shaft, and divided into three branches.*

Comedo is an enlargement of the duct of the sebiparous gland, which leads to an increase in the tube common to it and the hair; at least this is Krause's view, and a probable cause of this is atony of the muscular fibres, which Kölliker has described as surrounding the canal; this atony prevents the expulsion of the contents, these accumulate and distend first the duct of the gland itself, and then the hair pouch, with a tallow-like substance, which shows itself at length on the surface. A small animal, called by its discoverer, Simon, *Acarus folliculorum*, is frequently present, also in the ducts, so often indeed that it can hardly be reckoned a morbid appearance. It is of an elongated form, on the thorax are four pair of legs, and the abdomen three times as long as the thorax, tapers slightly away and ends in a blunt point; the head consists of two palpi and a proboscis between them. Its entire length is $^1/_{133}$th of an inch. The subjoined representation is taken from Mr. E. Wilson's work, who corroborates Simon's description, but objects to the name, and proposes to call the intruder *Steatozoon folliculorum.*

* New York Medical Repository for 1820.

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Molluscum is a tumour having the appearance and being about the size of a ripe currant; it consists of an enlargement of the sebiparous gland, or of the branches of the duct nearest to the gland, so that when cut into it is found to be composed of compartments corresponding to these divisions. According to Dr. Henderson, who has given the best description and delineation of the disease,† the tumour has the appearance of a conglomerate gland, its substance is impacted with sebaceous matter similar to that found in *Comedones*. The cells of which it consists vary much, both in form and size, but seem to be of a healthy and not a morbid character; the disease in fact appears to be an hypertrophy of the sebiparous glands. By some it is considered contagious, this however is doubtful. It is not attended with danger, and terminates either by the bursting of the tumours and discharge of their contents, or by the sloughing out of the whole mass; when this takes place an ugly scar remains.

Acne (from ακμη, as it occurs in the acme of life) is an inflammation of the sebiparous glands and ducts and hair follicles, or of the latter alone. It is characterized by an eruption of hard conical tumours of moderate size dispersed over the body, especially on those parts where the skin is thick. It often happens that in the centre of each of these little cones a round blackish spot is perceptible (*acne punctata*), which is the opening of the hair follicle distended with inspissated sebaceous matter, which may be pressed out. The other variety, *acne rosacea*, is recognised by the redness of the tumours, which is not unfrequently accompanied with a varicose state of the neighbouring veins. The disease, as the name implies, generally attends particular periods of growth, and is dependent upon constitutional causes. One form is a well known exponent of intemperate habits, and vulgarly called grog blossom.

* Edin. Med. and Surg. Journal, Vol. lvi. 1841.

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Sycosis or *Mentagra* differs little from *acne*, except in its situation being confined to those parts of the face which are covered with hair. It consists of conical elevations, at first red, then yellow, from suppuration at their apex, each of which is traversed by a hair; the little tumours on bursting form a yellow crust. The disease probably begins in the sebiparous glands, and gradually involves the hair follicles. It is tedious, and gives a very unsightly appearance to the face. Gruby of Vienna describes a vegetable parasite as having its abode in the eruption of sycosis, and calls the disease *Mentagroplyte*.* It is doubtful, however, whether these cryptogamic plants have any etiological relation to the disease, at the utmost their only practical interest may be their diagnostic value, nor can this be very great when Mr. E. Wilson failed to discover them.

The morbid alterations incident to the hair itself are not numerous, but it shews its participation in various affections both physical and moral, by the sudden and marked changes it undergoes. The unhappy queens of Scotland and France, Mary Stuart and Marie Antoinette, both became grey before their execution, and one night is said to have blanched Sir Thomas More, who might well have said,—

"O nox! quam longa es quæ facis una senem!

We have seen a remarkable example of the opposite kind in a young lady subject to tic douloureux, whose hair naturally of a light brown colour always changes to a dark colour, approaching perfect black, after an attack of that complaint.

Of the diseases proper to the hair itself the most important are, *Tinia*, *Plica polonica*, and *Favus*.

Tinia trichonosis furfuracea (θριξ, capellus et νοσος morbus), or common ringworm, is recognised by circular or oval patches of skin in a dry furfuraceous state, on which the hairs that grow are whitish, twisted or bent, shrivelled and brittle, some broken off near their roots, others matted into bundles and mixed with yellowish-grey crusts. When the part is clean the patches look parched and the hairs dried up. Later the spots become bald or nearly so. At the beginning of the attack

* Comptes Rendus, 1842.

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a thin layer of scurf may be perceived in patches here and there, which are slightly itchy; the skin under these patches is reddish, and then the papillæ appear as in *cutis anserina*. These pyramidal eminences are the swollen mouths of the hair follicles, which look as if they had been drawn up by the growth of the hair. The hairs themselves are like tow bent and broken off, so as to have a moth-eaten appearance, whence the name *tinia* is derived. The greyish or yellowish crusts are composed of furfuraceous scales and diseased hairs glued together by the moisture which exudes from the diseased surface. The disease consists in a morbid alteration of the hair and hair follicle. The hair instead of being only $^1/_{400}$th of an inch in diameter is sometimes only $^1/_{150}$th. This enlargement of size depends upon a change in the fibrous portion of the hair. The fibres of this layer which we have already described are made up of granules; the disease seems seated in these granules; they are more numerous than in health, and, instead of being in regular rows, are undulating, and new granules of a nucleated character are mixed with them either singly or in long rows. Hence the disease is very well called by Mr. E. Wilson granular degeneration of the hair. This excellent observer is opposed to the theory of Gruby and others, who ascribe tinia to a vegetable parasite; he also denies that it is contagious, and supports this opinion by some very strong arguments, which seem to us satisfactory. As the question of contagion of this disease is one of great practical importance, we should be somewhat shy in adopting the negative view, for the opposite if an error is comparatively harmless, but this if wrong is dangerous.

Plica polonica, a disease fortunately unknown in this country, seems to be of essentially of the same nature as *tinia*, and to consist of granular degeneration of the hairs, which are swollen with blood and adhere into a matted mass, painful to the touch, offensive to the smell, full of lice, and altogether disgusting. The disease sometimes begins not at the root but about an inch above it, and affects only the upper part of the hair.*

Favus is unlike all other scalp affections in that its seat is below not above the epidermis, so that it presents a perfectly

* Bidder, Müller Archiv. 1840.

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dry and very slightly raised cupped appearance of a bright yellow colour. Owing to the depression of the centre of these bright crusts it gets its name *favus* or honeycomb. Erichsen* describes the disease as the formation of tuberculous matter in the hair follicle, the first effect of this is to cement the root to its bed; as the formation of more tuberculous matter goes on the whole capsule in which the hair grows becomes filled. Mr. E. Wilson regards the affection as degeneration of the epidermic cells at the period when they are in the process of formation, from the primitive granules derived from the blood. These minute bodies, instead of developing themselves by aggregation into healthy epidermic cells, become transformed into others resembling pus cells, and present the appearance of the stems and branches of a plant. This change takes place at the root of the hair, and these cells linked together fill the little vessel in which the hairs grow, and also enter like a chain into the hair itself, running up through its substance and destroying its texture as in tinia: the hair in fact adopts these spurious bodies into it instead of the properly growing cells it ought to receive, so it may be said to pith itself with a spike of what may be figuratively called a plant, but what is in reality only a structure of diseased cells. This explanation seems to us more satisfactory than either Erichsen's or Gruby's. On the contagiousness of this disease the opinions are diverse, and the same amount of doubt, suggesting a similar degree of caution, hangs over this as over *Tinia*. Both these diseases undoubtedly are due to constitutional causes. Favus is one of the worst diseases which affect the scalp, for the bald spot it leaves behind after its cure is permanent and defies all kalydors: the reason of this is that the hair follicle or matrix is destroyed, and no new growth can take place in it.

All that remains now is to describe the *sudoriferous glands*, which are small oblong bodies composed of one or more convoluted tubes, or of a congeries of sacs which open into a common duct, from which the perspiration which continually sensibly or insensibly moistens or bedews the surface is pressed out. The entire length of each little tube, including the gland which is

* Op. cit.

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situated in the deepest and middle layer of the corium, is about a quarter of an inch. The duct and tubes are lined by an inflection of the epidermis, thicker and funnel-shaped at the orifice, and delicately fine in the interior. The number of these tubes and glands is very great, no less than 3528 having been counted in a square inch on the palm of the hand. The total length of all the tubes in an ordinary sized person if added together, so as to make one line, would be twenty-eight miles. From this fact we may form some estimate of the immense value of their function in preserving the health of the body, and of the importance of those curative methods which rely chiefly upon their power of regulating this machinery, which is so extensive and is so closely allied by sympathy with all the other secreting apparatus in the system. We are not aware of any morbid affection to which it is liable; and as we must reserve our observations on treatment to another opportunity, we shall here conclude, with the request that we should feel grateful to those who have had experience in treating the class of maladies of which we have been describing, to favour us with any materials they may consider as available for what remains of our work.

SIX MONTHS OF HOSPITAL PRACTICE.

By R. E. Dudgeon, M.D.

The Hahnemann Hospital, in which the subjoined cases were observed, was opened for the reception of patients on the 1st November, 1850; and the medical officers being much more numerous than the internal service of the hospital required, it was arranged that they should be divided into three detachments, each of which should do the internal duties for three months only at a time. This arrangement is attended with many and obvious disadvantages which did not occur to those by whom it was primarily proposed, but which were very speedily discovered by the medical officers. The chief of these disadvantages arose from the short period of service of each batch of medical officers; owing to which they could not but

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feel that their tenure of office was only provisional, and many measures they might otherwise have adopted for the more perfect working of the hospital they naturally felt disinclined to take, as they did not know that these might not all be overturned by the succeeding batch which would come into office at the end of a few weeks. Then the abrupt termination of their connexion with the patients indisposed them from taking patients in towards the termination of their period, whose cases they could not watch to their conclusion; and it is obvious that the small number of beds each officer possessed (not exceeding twelve a piece) would not allow of many changes of patients during the twelve weeks of his service; and while it is perfectly apparent that that time was insufficient for the purpose of enabling the medical officer to profit much by the advantages of his situation, in as far as regarded his own experience, it is equally indisputable that the period was much too short to enable him to impart useful clinical instruction to the students and medical men who frequented the hospital for the purpose of gaining an insight into homœopathy.

Had I the ordering of this hospital, containing say fifty beds, I should appoint to it, for a period of not less than one year, two or at most three medical officers, able and willing to give clinical instruction on the cases that presented themselves. By this arrangement the interests of both patients and students would be best consulted.

However, it was under the arrangement I have just described that I held office in the Hahnemann Hospital during two trimestrial periods, and the results of my practice I shall now detail.

Before, however, entering on a consideration of the cases, I may observe that on the first opening of the hospital the number of acute diseases, for which alone the hospital was designed, that presented themselves was so small that, in order to have the beds occupied at all, it was resolved to admit chronic cases that were likely to be benefitted by the advantages of an hospital, and this was occasionally the case during both periods of my tenure of office.

I shall now give an account of all the cases that fell under

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my care during the above period, without any selection, merely placing the same diseases in juxtaposition.

Continued Fever.

Six cases of this formidable disease presented themselves. All of them were severe cases, and some of them offered very instructive features.

Case I.—Napoleon A—, aged 13, admitted 18th October,* 1850. His mother stated that he had always been a delicate boy, and particularly subject to inflammation of the eyes. He was taken ill on the 13th inst. with rigors, followed by heat and perspiration, headache, nausea and vomiting. He got some purgative medicines, which acted freely on the bowels. Since then he has had frequent alternations of heat and cold. During the night of the 16th and 17th had profuse epistaxis. The bowels were relaxed yesterday, fæces dark and watery. His present state is this: he complains much of headache across the forehead; is occasionally delirious, when he raves about going out to walk and his ordinary occupations; the light is very disagreeable to him, and the conjunctiva is injected; the hearing is more acute than natural, and noises are disagreeable; tongue furred, white, with a red patch in the centre; he complains much of thirst; the abdomen, especially the right iliac fossa, is very sensitive to pressure, and he complains much of belly-ache; there is great heat of body, especially at night; pulse 112. Since he was brought into the hospital he has had some sleep and profuse perspiration, during which he complained much of cold, which was followed by the appearance of the characteristic typhus exanthema, consisting of mulberry and rose red spots, scattered over the body and limbs.

Prescription.—Tinct. Arsen. 3 and Tinct. Bell. 3, a drop of each in six ounces of water; to take a spoonful of each alter-

* I stated above that the hospital was first opened for the reception of patients on the 1st Nov. An exception was made in the case of this poor boy, whose dwelling was so miserable that he could not have been treated there with any prospect of success, so a bed was hastily fitted up for him in the still unfinished hospital.

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nately every four hours. If delirious, Belladonna alone every two hours. To be sponged with tepid water. Water for drink.

19th October.—Headache gone; he was very delirious during the night; the bowels have not been moved since yesterday; exanthema as before; great thirst; passed much clear, pale urine. Cont. med.

20th.—The attendant (his mother) omitted to give the Bell. last night in alternation with the Ars. He was again very delirious during the evening; said he saw people standing about the bed; talked about cabs, &c. The delirium afterwards went off after one dose of Bellad. To-day, he complains of headache over the left eye, at the seat of a former blow; pupils contracted, intolerance of light great, wishes to be entirely in the dark; tongue dry, red at the tip, white elsewhere; sordes on the lips; complains of soreness of the throat on swallowing; asks for something to eat; abdomen less tender; had five or six watery stools, fetid and black, during the day, yesterday; passes a large quantity of clear urine; complains of pain round the chest, and has some cough without expectoration; pulse 120; no sleep; the exanthema still visible, that on the arms of a mulberry colour.

Prescription.—Ars. 3, Bry. 3, a dose alternately every four hours. To be sponged twice a day. To have a few grapes.

21st.—Was very delirious during the night, saw people about the bed; tongue moist; passed much pale, clear urine; complains of hunger; no more diarrhœa; no headache; had a great rattling in the throat last night, which alarmed the attendants; did not sleep; pulse 120, soft but full.

Prescription.—Cont. med. Bry. 3 to be given every two hours during the night if the delirium should return.

22nd.—Had no delirium last night; had several hours of sleep; no headache; no stool; complains of pain in the abdomen, but it is less tender to the touch; tongue very white; a good deal of mucus collects about the throat; he can bear the light much better; says he is hungry, but would not eat a little arrow-root; urine copious, dark yellow; skin nearly natural, exanthema gone. Bry. 3 every four hours.

23rd.—Better; passed much urine; skin natural; pulse 116;

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tongue moist, cleaner; abdomen hard, tympanitic, not tender; no stool. Cont. med. every six hours.

24th.—Better; pulse 90; tongue cleaner; bowels relieved once yesterday, dark coloured motion. To have some rice. Cont. med.

25th.—Slept all night; tongue red round the edges, furred white in the middle; looks much better. Did not like the rice; to have a roasted apple. Cont. med.

26th.—Tongue clean; slept well. Omit med.

27th.—Bowels open this morning. To have an egg. No med.

28th.—Bowels open last night, healthy and light coloured; pulse weak, 60; tongue clean. To have a mutton chop. Urine orange coloured. Sat up a few minutes yesterday. No med.

29th.—Pulse stronger; very hungry, but still weak; diet as yesterday.

30th.—Is up and dressed; no bad symptoms; can walk pretty well. Dismissed cured.

Remarks.—Though the symptoms in this case were rather severe, the case went on without any untoward sign, and the recovery was extremely rapid. The peculiar delirium, talking about the ordinary occupations, and imagining persons are about the bed, of whom the patient has a certain dread, as if they were going to do him some injury, which was well marked in this case, together with the great secretion of clear urine, guided me to give Bryonia, which seems to have acted admirably. It will be observed that on the 20th he asked for something to eat. This is frequently the case at the commencement or in the very height of typhus. At that period it is a false appetite, but it is difficult to persuade the patient of this without offering him some food, which he finds he turns from in disgust. This it will be noticed I proved on the 22nd. When real hunger sets in, I think it the best plan to give food cautiously, and this even although the tongue is very much furred. I have often noticed that when the patient begins to eat, this state of the tongue becomes soon altered. In the above case this happened on the 25th. The tongue was then very foul, but the patient

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pleaded hunger; he got a little food, and next day the report was that the tongue was clean. Cold or tepid sponging is very useful in allaying the restlessness and the dry heat of skin, and it is very grateful to the patient and often procures him sleep: on this account I always recommend it in continued fever.

Case II.—John A—, aged 47 (the father of the preceding case), a shoemaker; admitted 19th November, 1850. For many years he has been in a weakly state of health, owing most probably to his dissipated habits. He would often be drunk and incapable of working at his business, like his prototype Souter Johnny, "for weeks thegither;" not an unusual circumstance be it remarked among the whole tribe of *souters* or cobblers. The advice "ne sutor ultra crepidam" is no doubt very good, but is not much followed by the class to whom it is addressed, for it is notorious that among them the greatest pothouse politicians and drunkards are to be found. However, to return to our patient. The course of life he had led had rendered him liable to repeated attacks of delirium tremens, and he had for many years been subject to a cough with expectoration, which got worse every winter. About five days ago, shooting pains in different parts of his limbs and body, which had been flying about him for some time, got more intense. Yesterday afternoon he sweated considerably, and he was very hot all last night, and to-day the characteristic typhus mulberry coloured rash, so well described and depicted by Dr. Jenner, has come out. He complains much of pain in the back, knees, legs and thighs, and of headache across the forehead. The cough is very troublesome, and increases the pain in the head to such a degree that it feels as though it would burst. No appetite; great thirst: tongue dry, much furred in the centre, and very tremulous; pulse 90. He was very sick last night, and the bowels were twice purged; motions watery and offensive. His countenance wore a peculiarly anxious frightened expression, and he frequently expressed his belief that he would not recover.

Prescription.—Tinct. Arsen. 3, half a drop in water every four hours. To be sponged all over twice a day with tepid water. No food, and only water for drink.

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20th November.—The bowels were opened last night, the motions as before; the cough distresses him much, and he complains much of it hurting his head; no urine passed since he came into the hospital; very tremulous in all his movements; tongue and pulse as at last report.

Prescription.—Arsen. 3 and Bryon. 3 alternately every four hours.

21st.—Still no secretion of urine; incoherency of speech; great thirst; bowels still purged; tremulousness and anxiety.

Prescription.—Arsen. 3 and Bell. 3 alternately every four hours.

22nd.—Tongue dry, protruded with difficulty. Passed about a tablespoonful of urine, and a small quantity of dark green liquid fæces; has constant desire to go to stool though without result. Drinks much water. Is excessively weak and does not sleep, but only dozes a little, with muttering delirium. Pulse 108, small and weak.

Prescription.—Opium 3 gtt. j statim; three hours afterwards Tart. em. 3 every four hours.

Vespere.—Is incoherent and muttering, otherwise does not appear worse.

I was summoned to the hospital about one o'clock A. M., and on my arrival at half-past one found that he had just breathed his last. He had lain since I had seen him in the evening in much the same state, muttering occasionally but replying sensibly when roused, until half-past twelve, when he was suddenly seized with violent convulsions which lasted some minutes, after which he rapidly sank and died in less than an hour.

The *post mortem*, which was held next day, revealed nothing particular.

Remarks.—This case presented from the first most dangerous symptoms. I was not informed, however, of his extremely intemperate habits until after his death. There were combined with the symptoms of typhus many symptoms of delirium tremens,—the anxious frightened look and despairing state of mind, the muttering delirium, the trembling and great difficulty of protruding the tongue, the extreme weakness aad lowness; but the most alarming symptom was the total suppression of

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the urinary secretion for several days. When this returned, though to a slight extent, on the 22nd, I hoped that a change for the better was about to occur; but the unforeseen attack of convulsions, which hurried him off, showed the futility of these hopes. Had I known the previously excessively dissipated habits of the poor patient, I should have felt it incumbent on me to allow him a certain quantity of wine or spirits; but on this point the patient misled me, and to my query as to his habits, he acknowledged that in former years he used to indulge rather freely but that latterly he was not given to exceed, whereas I subsequently ascertained from his wife that he had been drunk for a week before the fever seized upon him. Under these circumstances the chances were very much against his recovery, still I am inclined to think he might have had a prospect of getting through the fever had he got a moderate allowance of stimulants.

Case III.—Isabella A—, aged 35 (wife of Case II), admitted 19th November, 1850. Has been ill for ten days; was before that in attendance on Case I, her son. At present she is little able to give an account of herself. The bowels were relaxed before she was admitted, and she was delirious last night. She is covered with the mulberry coloured spots; complains of great pain in the head; tongue covered with a black crust, and lips with black sordes; has some tenderness of the abdomen; urine dark coloured; is very thirsty, but drinking causes her to cough much; pulse 132, weak.

Prescription.—Tinct. Arsen. 3, a dose every six hours. To be sponged twice a day.

20th November.—No delirium last night; bowels not moved; pulse 110, weak; lies in a sort of stupified sleep, but is easily roused to answer coherently; tongue very black; complains of the head. Cont. med.

21st.—She made a great noise last night and was quite delirious. To-day she is quiet, sleeps a good deal. Pulse 112, weak. Cont. med.

22nd.—Was very restless during the night and delirious, raved about domestic affairs and said she saw people standing

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at the foot of the bed; she tried to get out of bed three times in order to run away. She passed no urine, but perspired much during the night; tongue and pulse as at last report.

Prescription.—Tinct. Bryon. 3, a dose every four hours.

23rd.—Was very delirious all last night, and is still so this morning, talks about going home; picks at the bed-clothes. She slept a little at six o'clock. Tried to get out of bed last night when not well watched. The parotid gland is somewhat swelled.

Prescription.—Tinct. Bellad. 3, a dose every four hours.

Vespere.—The parotid gland is still more swelled; she seems rather better, but is still delirious; has slept a little.

24th.—Was delirious all night; pulse 96; she expresses great dislike to being sponged; is constantly calling out for her husband, who was by this time dead; she frequently makes a movement with her hands as if she were washing clothes; parotid more swollen.

Prescription.—Bellad. 3 and Stram. 3, a dose of each alternately every four hours.

25th.—She had a violent convulsive fit last night that lasted forty minutes; she fell asleep about 4 A.M.; is sensible this morning; tongue cleaner; the bowels were opened for the first time naturally yesterday; she complains of great noise in the head; the eruption is dying off.

Prescription.—Cont. med. To have Opium 3 every ten minutes if a fit comes on again. Wet cloths to the parotid gland and head.

26th.—Decidedly better. Tongue cleaning; rash fading; has some appetite; parotid as before; still complains of the noise in the head; had a good night, was quiet, and slept at intervals. The catamenia came on yesterday, and are pretty copious to-day.

Prescription.—Bryonia 3, a dose every six hours.

27th.—Is better, but is again very delirious, and wishes to get out of bed; she had a very restless night, and slept very little.

Prescription.—Bry. 3 and Bell. 3, alternately every four hours.

28th.—Better. Slept better than ever last night; she wants something to eat. Cont. med.

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29th.—Was very ill last night. The mouth to-day is covered with black sordes; pulse 96, strong; alleges that she is very hungry; the swelling of parotid continues.

Prescription.—Carbo veg. 5, half a drop in water every four hours. To have some beef-tea.

30th.—Better during the night; slept little, but had no delirium; she was very cold yesterday afternoon. Cont. Carb. veg. alternately with Merc. 5 every four hours.

1st December.—Is very weak and low, but the pulse is firm; she always lies on her back; she gets very cold occasionally; she did not relish the beef-tea yesterday, and would not take it; the swelling of the parotid subsiding.

Prescription.—Cont. med. To have a little arrow-root with a couple of teaspoonfuls of brandy in it.

2nd.—She seems better; the tongue is cleaning; says she is hungry; passes much dark urine; pulse 84.

Prescription.—Cont. med. To have a little boiled rice, and at her own urgent request a little weak tea with bread and butter.

3rd.—Better, but seemed rather feverish last night. Cont. med. every six hours.

4th.—Better, but slightly delirious, feverish and thirsty last night. Cont. Merc. 5 every twelve hours.

6th.—Better, but very sleepless and weak. To have beef-tea again. China 3 every twelve hours.

7th.—Not so well; imagined she saw her husband (whose death she was not aware of) standing at the foot of the bed and beckoning to her. Bry. 3 every twelve hours.

She gradually improved after this, though her nights were uncommonly sleepless, and this sleeplesness did not yield to either Coffea or Opium. On the 13th she began to have solid meat, in the shape of a mutton-chop. Her bowels were not again opened till the 16th, on which night she had a violent attack of palpitation, when she again saw her husband beckoning to her. The next morning the pulse was 180, very small. It should be observed that before this fever she was very subject to attacks of palpitation. She got on that occasion Stram. 3, a dose every eight hours. After this she went on gradually gaining

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strength, but she only got sleep about every other night. On the 2nd January, 1851, she complained of some pain in the left ham, which was relieved by a dose of Rhus 6, and she was dismissed cured on the 3rd January.

Remarks.—This case presented such serious symptoms when first admitted that I entered on my notes: "Prognosis unfavourable." There were many causes for alarm at various periods of her illness: the incoherency and delirium, which lasted so long; the stupified sleepy condition that she at one time presented; the picking at the bed-clothes and other movements with the hands; the violent convulsive fit that occurred on the 25th November; the low sinking state that came on on the 1st December; and many other disagreeable circumstances made me almost despair of bringing her through. I think the small quantity of stimulant given on the 1st December had a decidedly good effect; it was remarkable to notice how rapidly the tongue began to clean after this. Altogether this seemed a much more unpromising case than the one immediately preceding it, which had a fatal termination; but here the constitution had not been utterly ruined by habits of excessive intemperance, as was the case with her husband; and though the patient, from hard work, poverty, and excessive watching by the bedside of her sick child, was not in a very favourable condition for resisting the attack of typhus, as the event proved, she was much more so than her drunken husband.

Case IV.—Robert L—, aged 16, admitted 12th September, 1851. Ten days ago he woke up with violent headache; he attempted to work (he was a clerk in an office), but was obliged to desist. A violent diarrhœa then came on, which has continued ever since. Some homœopathic medicines was given him by a dilettante without much effect. He has for the two last days had a cough, which causes great pain across the epigastrium. The breathing is very short; pulse 106; skin hot; bowels purged; he is unable to sleep though he feels excessively drowsy; the tongue is furred white, with a red tip; the cheeks are flushed; on percussing the chest, considerable dulness was perceptible at the lower third of the right lung, but the auscultatory sounds,

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with the exception of a few large mucous rattles, were not abnormal.

Prescription.—Acon. 3 and Bell. 3, an eighth of a drop of each alternately every two hours. To be sponged.

13th September.—Says he feels better. The chest is much less dull on percussion, and he no longer complains of the pain in the epigastrium; passed one fetid greenish stool; the lips are dry; pulse 100, soft; tongue cleaner. Cont. Bell. 3, one eighth of a drop every four hours.

14th.—The lips are very dry, and they and the teeth are covered with black sordes; the bowels are very loose, watery, open very frequently; pulse soft 98; chest oppressed.

Prescription.—Arsen. 3/6 one-eighth every three hours.

15th.—Says he is better. Bowels very loose; open six or seven times during the twenty-four hours; pulse soft, 84; no oppression of the chest. Cont. med. every four hours.

16th.—Better; bowels not opened again; pulse rather quick, but soft and full. Cont. med.

17th.—The bowels have again become loose, and are moved unconsciously.

Prescription.—Phos-ac. 3/6, 1/4th every six hours.

18th.—The bowels are again right, no motion having occurred since last report; the tongue is dry and sore. Cont. med.

20th.—He was so much better that I omitted all medicine, and let him have some beef-tea.

21st.—Has got a severe cough occasionally.

Prescription.—Bry. 3/6, 1/6th three time a day.

By the 25th the cough was gone, a more liberal diet allowed, and all medicine omitted. He now gradually improved and gained in strength; a costive state of the bowels that occurred was combatted by a few doses of Nux vomica 6, and he was discharged cured and pretty strong, and able to resume his occupation on the 12th October.

Remarks.—This case presents little of a noteworthy character except the readiness with which the symptoms yielded to the prescribed remedies. It cannot be said to have presented any very serious symptoms, though the character of the diarrhœa on

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the 17th September occasioned some misgivings, but these were speedily removed by seeing how rapidly this symptom yielded to the remedy employed. The great dulness of the lower part of the right lung surprised me, as I could detect no other physical signs of pneumonia: the rapidity of its removal satisfied me that the phenomenon depended on simple hypostatic congestion.

CASE V.—Thomas W—, aged 23, admitted 27th September, 1851. This man presented himself among the out-patients to-day, but he struck me as being so extremely ill that I ordered him into the house. He could scarcely stagger along; his eye had an uncertain glassy look, and he trembled and shook excessively. When admitted, he stated that he had been ill a fortnight. The first symptoms he experienced were pains in the head and back. He continued to grow worse and worse, and was often quite light-headed. He was not able to give a more complete account of his previous state, as his intellects were decidedly confused, and speaking seemed too great an exertion for him. His present state is as follows:—Much trembling and shuddering; tongue coated yellow; pulse very weak and irregular; no appetite, but great thirst; lips parched; perspires much at night; complains of pain in the limbs when he moves them, but he has no headache.

Prescription.—To be sponged twice a day; no food, but water *ad libitum*, Bry. 3, 1/8th of a drop in water every six hours.

28th.—Much the same; had a very black diarrhœic motion last night, preceded by pain in the abdomen; complains of very disagreeable taste in the mouth.

Prescription.—Nux vomica, 3 1/8th of a drop every six hours.

29th.—The same state; did not sleep all night; had another motion similar to the former one; says he is hungry; some beef-tea was offered him but he would not take it.

Prescription.—Arsen. 3/6, 1/8th every six hours.

30th.—No better; two diarrhœic motions. Cont. med.; no food.

1st October.—No better; sleepless; bowels still purged, motions more yellowish but watery; the skin is covered with the rose-coloured exanthema of typhus.

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Prescription.—Phos. ac. $^{3}/_{6}$, $^{1}/_{8}$th every six hours.

2nd.—He slept better last night; the bowels were only once opened, and the motion was less watery. Cont. med.

3rd.—Slept a little last night; bowels once open, motion very watery and white. Cont. med.

4th.—Much the same; excessively weak; he was rather delirious last night; dreams much.

Prescription.—Bell. 3, $^{1}/_{8}$th of a drop every four hours.

5th.—Slept better; did not dream so much; bowels were once relaxed in the night; still complains of bad taste, and has not the slightest appetite; pulse still very weak; the patient's state seemed so bad, and the weakness had so much increased, that it was deemed advisable to remove him from the ward to a room by himself, especially as it seemed unlikely that he would recover, as he had never shewn the slightest symptoms of rallying. Cont. med.

6th.—His state seemed still worse, and he was evidently sinking rapidly; he could not turn in bed, and lay on his back more dead than alive; the tongue was brown and dry; the teeth covered with sordes; there was "no speculation in the eye," and the diarrhœa still continued; there was also a peculiar trembling or twitching about the bloodless lips that was unpleasant to look at, and the eyelids were never closed even when he was dozing; the pulse had now got excessively weak, thready, and irregular in its beats. Under these circumstances I thought it requisite to employ some stimulant; I therefore ordered a tea-spoonful of port wine to be given every quarter of an hour for two hours, and the same medicine to be continued.

7th.—Slept well after the wine, which he had not done for some days previously; the pulse is decidedly better and stronger, but he seems still as weak and helpless, and the bowels are still purged; the tongue brown, and the lips covered with sordes; he also complains of horrible taste in the mouth. Continue the wine every hour, and let him have Arsen. 3 $^{1}/_{8}$th of a drop every three hours.

8th.—Much the same, but the bowels were not opened since last report. Cont. the medicine and the wine every two hours.

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9th.—Seems a little better; more expression in the face; the tongue is very dry and fissured. Cont. med. and wine.

10th.—Same report.

11th.—Seems decidedly better; says he would like something to eat; bowels not again opened. To have a tea-cupful of weak beef-tea. Cont. med.; omit wine.

12th.—Better; expresses a wish for more nourishment. To have two cups of beef-tea; omit med.

From this time he went on gradually improving. On the 15th he began to get a little meat, and he was soon able to be put on the full diet of the hospital. The bowels only began to act again on the 19th, after which they continued to be quite regular. He was able to leave the hospital quite well and pretty strong on the 30th of the month.

Remarks.—This case is remarkable, more for the excessively low type of the disease, than for any particular violence in the symptoms themselves. The feebleness of the pulse, the extreme listlesness of the patient who lay on his bed without giving a sign of life except his uncertain breathing, which seemed as though it would cease every minute; the parched and black state of the tongue and mouth, and the increasing sinking from day to day, together with the watery stools that were often passed unconsciously beneath him; all these signs inspired me with serious apprehension as to the result, so much so indeed, that my usual question to the house-surgeon for several mornings was not "How is W—?" but "Is W— still alive?" I do not think he would have rallied at all had it not been for the administration of the stimulant, and it will be noticed how speedily his state began to mend after the port wine was commenced. This was not, however, sufficient to check the diarrhœa which went on until I changed the medicine and gave Arsenicum, a medicine which, like all the others administered, seemed to have little or no beneficial result before the stimulant was administered. It will also be noticed how soon his appetite, which had been hitherto nil, returned after the wine was given.

Case VI.—James C—, aged 23. Admitted 14th October,

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1851. Has been ill for a week; the first symptoms he felt were headache and great giddiness; he then felt hot all over, and still feels so; the bowels have been relaxed for four or five days, and no appetite for the same length of time; is very thirsty, and complains of burning pains from the back right through to the stomach.

Prescription.—Barley-water for drink; Arsen. 3 1/8th of a drop every six hours.

15th October.—The bowels were only opened once last night; he complains of great thirst; he seems to lie generally in a sort of stupified sleep, from which, however, he can be easily roused, and looks up with bright but suffused eyes; the pulse is full and quick; his body is damp with perspiration, and he feels very hot; tongue white.

Prescription.—Acon. 3, 1/8th of a drop every four hours.

16th.—Says he is better; there is not much difference to be observed; bowels still relaxed; the stupified state continues. Cont. med.

17th.—Bowels still very relaxed; pulse now weak; says he feels cold; tongue white; no appetite; is rather deaf.

Prescription.—Arsen. 3, 1/8th of a drop every six hours.

18th.—Bowels more relaxed and watery; appearance of stupor greater; is very deaf, and can only hear when shouted to.

Prescription.—Phos. ac. 3/6, 1/8th every six hours.

19th.—The same state, only one loose motion; says he slept better last night, probably because he was less disturbed by his bowels. Cont. med.

20th.—The purging returned more severely last night; the motions very watery, unattended with pain; deafness very great.

Prescription.—Rhus 3, 1/8th of a drop every six hours.

21st.—The deafness is not so great; the eyes have still their injected appearance, and he seems to be constantly in a state of stupified sleep; The teeth are covered with sordes. Cont. med. To be sponged with tepid water.

23rd.—Tongue brown and dry; bowels still very loose.

Prescription.—Phos. ac. 3, 1/8th of a drop every six hours.

25th.—Bowels very much relaxed last night, motions extremely watery; no pain.

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Prescription.—Arsen. $^3/_6$, $^1/_8$th every six hours.

26th.—The bowels were only once moved last night; he slept better; is still somewhat deaf; says he is hungry. To have a tea-cupful of beef-tea; cont. med.

27th.—Is better; enjoyed his beef-tea; tongue clean, no sordes; to have two cups of beef-tea, with bread. Cont. med.

29th.—No return of the diarrhœa; to have a small bit of meat. Cont. med. twice a-day.

The following day he had no morbid symptoms about him but weakness; he got half-diet and no more medicine, and was able to leave the hospital two days afterwards.

Remarks.—The evident signs of congestion of the head in this case, as shewn by the state of stupor in which the patient almost constantly lay, the suffused eyes, and the excessive deafness rendered it difficult to obtain much information from him regarding his state. When roused, he usually had a half-startled, half-sleepy look, and invariably answered that he was better even when he was decidedly worse. From the difficulty of eliciting any satisfactory account from himself I was somewhat at a loss for the medicine to give him, so changed about from Arsen. to Phos. ac., and from that to Rhus., then back again to Arsen.; but I believe I should have done best to have kept him entirely on *arsen.*, as that was the remedy which at length seemed to stop the diarrhœa. When once recovery began it proceeded very rapidly, and I never saw a fever case rally so speedily, and this in spite of the long-continued and exhausting diarrhœa.

These are all the cases of pure continued fever I had during the six months of my attendance at the hospital. Four of them, viz.:—Cases I, II, III, and V, were well marked and severe cases of typhus fever; the fatal one, Case II, being hopelessly complicated with delirium tremens.

I have no belief that homœopathic or any other treatment will "cut short," as it is termed, a case of typhus; and, therefore, all the physician has to do is to treat the urgent symptoms as they arise, and by removing or alleviating them, bring the case to a successful termination. Typhus is a disease in which it is often necessary to change the medicines frequently, as it pre-

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sents so many different phases, each requiring a different medication, and the treatment that answers for one case will not do for another, as the character of the disease varies so much with dif ferent individuals. Besides the homœopathic medicines there are several other means to be attended to, and to be occasionally resorted to, without the use of which we will not succeed as well as if we employ them judiciously. Such are:—1. The free ventilation of the apartment; for nothing retards the recovery of acute cases in general, and more especially of fevers, so much as a close, ill-ventilated apartment; therefore our first care should be to see that there is a thorough circulation of fresh air through the room. 2. The free use of cold or skin-hot water for sponging the body all over once or twice a-day; though the patient usually shrinks from this at first, he feels it so grateful and refreshing, so powerful for allaying the dry burning heat of skin, for soothing his uneasy restlesness, and for procuring sleep, that he will subsequently beg it to be repeated. 3. The giving of stimulants in certain cases—when the patient shows no power of rallying, but continues to sink, when the pulse is low, thready, and almost imperceptible, when the tongue is dry and parched and extended tremulously, when the extremities are below the normal temperature, when there is low muttering delirium, when

> "The pure brain
> Doth, by the idle comments that it makes
> Foretell the ending of mortality,"

when there is colliquative diarrhœa with great sinking;—in such cases the judicious administration of stimulants will often turn the scale, and effect what nothing else could have done—the production of a re-action of the whole system. It is surprising to see how when wine is cautiously administered under such circumstances, the pulse will gain strength and regularity, the tongue will clean, the mouth become moist, the delirium cease, the diarrhœa will abate, and the patient will ask for food, probably for the first time since the commencement of his illness. 4. The administration of food. While on the one hand much harm is sometimes done by forcing food upon the patient before he is capable of digesting it, and before the voice of nature—the

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appetite—demands it, on the other incalculable mischief is not unfrequently done by refusing food when the patient desires it, from some fancied notion that it ought not to be given until the tongue is clean or the mouth moist. Hahnemann's advice on this point is so excellent that I may repeat it :—

" In acute diseases," says he, " the subtle, unerring internal sense of the life-preserving faculty determines so clearly and precisely, that the physician only requires to counsel the friends and attendants to put no obstacles in the way of this voice of nature, by a refusal of anything the patient urgently desires in the way of food, or by asking and persuading him to partake of anything injurious."—*Organon*, § cclxii.

On those principles I always act, except, as I before remarked, at the commencement of the fever, when the patient often asks for food from no real hunger, but from some fixed idea that if he does not eat he will starve, or often from sheer *ennui*. In such cases I generally offer a few tea-spoonfuls of arrow-root or gruel, and the patient soon perceives that his stomach turns from food of all sorts with repugnance, and never again asks for it until the appetite really returns, which it often does before the tongue gets clean or the mouth ceases to be covered with black sordes, but in that case it is surprising what effect a little food has in cleansing and moistening the mouth, in procuring comfort, and in cleaning the tongue. Several of the cases above-detailed prove this.

Small-Pox.

Only two Cases of this disease presented themselves, the first of which was an extremely mild case of modified small-pox occurring after vaccination; the second, a pretty smart attack of natural small-pox.

Case VII.—Adolphine D——, aged 20, a French bonne. Admitted 19th January, 1851. States that eight days ago she was seized with shiverings, pain in the stomach, nausea and vomiting, great pain in the back, and headache. Four days afterwards the eruption of small-pox appeared after a considerable amount of fever. At present her whole body is pretty

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thickly studded over with the variolous pustules, which are fully filled with milky-looking fluid. The bowels have not been opened for three days; she complains of no pain anywhere; the skin is hot; the pulse small and quick, and the tongue very red; she has no appetite, but is thirsty; she was vaccinated when an infant.

Prescription.—Tart. em. 5, ½ a drop every eight hours; barley-water for drink.

20th January.—Is free from fever this morning; no thirst, but no appetite; bowels relieved. Cont. med.

This patient went on quite favourably without the occurrence of an untoward symptom. On the 22nd I discontinued all medicine and gave her beef-tea; on the 26th her appetite was very good; and on the 28th she was dismissed completely cured.

Remarks.—This was one of those cases of modified small-pox where, although the eruption was considerable, and the symptoms of the invasion of the disease tolerably severe, the disease declined very suddenly, thereby shewing that the influence of the vaccination, though not powerful enough to prevent the occurrence of the disease, is still felt by the system, and renders the variola perfectly innocuous. I do not suppose the medicine I gave, Tart. em., had any influence in bringing about the speedy recovery, for I have observed under allopathic treatment, and under no treatment, equally rapid convalescence, in cases of the modified disease; and even where the invasion of the disease was much more severe, and the eruption much more extensive than in this case, even where it has had a completely confluent character. The disease in such cases seems to experience a sort of a blight when the pocks become filled, and the much-dreaded suppurative fever is scarcely or not at all perceptible. The pocks do not seem, as in natural small-pox, to fill with pus, but wither away with only a milky-looking fluid in them, and produce no destruction of substance, so as to cause no disfiguring pock-marks.

Case VIII.—Patrick R—, aged 6. Admitted 24th September, 1851. Eight days ago symptoms of fever occurred, which

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were said by a medical man to be indicative of inflammation of the brain, and sundry allopathic medicines were administered. No improvement being perceptible, and the head-symptoms increasing in intensity, the father gave his child a quantity of brandy and sulphur. The following morning (four days ago) the small-pox eruption appeared, and the alarming head-symptoms, which chiefly consisted of a wandering and comatose state, declined. The eruption presents to-day the appearance of vessels filled with transparent lymph; the pocks are very numerous, covering the whole body and limbs; on the cheeks and nose they are confluent, and on many parts of the body and limbs nearly so. The prepuce is beset with them, and the inflammation and swelling are so great as to cause complete phimosis. He complains of great pain in the penis, and a purulent fluid exudes from the end of the penis when it is pressed; the pulse is very quick; no pain in throat, though there are some pocks in the mouth; no inflammation of the eyes or pain in the back; he has never been vaccinated. I took some lymph from the pocks, and with diluted alcohol formed the 1st dilution, of which he was ordered to have two drops every hour, while awake. The face was painted over with collodion.

25th.—Passed a tolerable night; has passed no urine since he came into the hospital; is afraid to do so on account of the pain in his penis; I induced him to pass water, which was very high-coloured; the prepuce is in the same state as yesterday. Cont. Varioline, one drop every hour.

26th.—No bad symptoms; complains much of the smarting caused by the application of the collodion; prepuce as before; bowels not moved; says he is very hungry. To have rice-biscuit. Cont. Variol., a drop every two hours.

27th.—Cries much when the collodion is applied; the face to be smeared with oil instead; in other respects is better; less pain; slept well; still hungry; biscuit as before, and Variol. one drop every three hours.

28th.—The pustules on the face are drying up, those on the body fully filled with purulent matter, those on the legs filling; penis better; bowels opened last night, natural motion. Cont. Variol. every four hours.

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29th.—Says he is quite well; nothing to complain of except that he is very hungry; the pustules on the extremities quite distended; those on face and chest fast drying up; to have two rice-cakes and some sago-pudding. Cont. Variol.

30th.—Going on well; bowels open yesterday; slept well; very hungry; to have beef-tea and rice-cakes. Cont. Variol. every six hours.

1st October.—The redness around the pustules is disappearing; feels very well; to have beef-tea and pudding to dinner. Cont. Variol.

2nd.—Most of the pustules drying up; he says he is quite well, and wishes to "gang hame;" to have quarter diet, and beef-tea for lunch. Omit med.

He went on nicely after this without one untoward symptom. On the 6th he got half-diet, and on the 12th he was dismissed; and to his great joy, as he had become very impatient of his solitary existence in the hospital.

Remarks.—This case which was, as regards the symptoms of invasion and the extent of the eruption, a pretty severe attack of natural small-pox, seemed to me a favourable one for testing the plan of treatment by varioline recommended by Schnappauf and Trinks (see this Journal, Vol. IX, p. 470), and I have every reason to be satisfied with the result of the experiment. When I first took the virus the pocks scarcely contained any lymph, and it was with difficulty I procured enough of fluid to make a first dilution. The next day, however, the pocks were in a more favourable state for procuring lymph, and on the third day after admission I could obtain plenty of matter from almost any part of the body. I have every reason to believe that the disease was greatly modified by the administration of the Varioline. The fever rapidly declined—indeed, the third day after admission there was no trace of fever. The pocks did not become filled with pus, the lymph in them only became turbid and milky; there was not the slightest trace of suppurative fever, and, as far as I could judge, the patient would not be marked at all; for though the application of the collodion and the oil would doubtless have a great effect in preventing deep cicatrices, still there did not seem to be that loss of substance on other parts not so

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protected which usually attends natural small-pox. Although I would hesitate to draw inferences from only one case, however striking, yet when this is added to those adduced by Schnappauf and Trinks, it will serve to corroborate and authenticate their deduction; and I trust, to induce others to have recourse to what I cannot but consider a simple and efficacious mode of treatment—I was about to say "*rational,*" but though the employment of contagious viruses for the treatment of the diseases they produce falls in with my own theoretical views respecting the curative process, I am well aware that others, including Hahnemann himself, have protested against isopathy on theoretical grounds. This, however, is not the proper place to enter on a discussion of the theoretical view on which the rationality of isopathy may be defended.

As regards the treatment of small-pox in general, there is something more to be considered than the mere selection of the medicinal curative agent. One of the most important points is securing a complete ventilation of the apartment by allowing a free circulation of air, for there is no exanthematic fever that is more apt to degenerate into a low typhoid state by a neglect of this precaution, than variola. Another is the exclusion of light from the apartment, which is not only called for by the intolerance of light that usually accompanies the disease, owing to the inflamed state of the eyes, but also by the circumstance that light seems to have a great effect in increasing the destructive process, whereby the pock-marks are produced. To prevent the disfiguration of deep cicatrices the application of various substances has been recommended—unguents, gold-leaf, and latterly, collodion have been used with great success. The principle on which they act seems to be the exclusion of the air, and though the unguents that used to be employed for this purpose were generally medicinal, containing Mercury or Zinc, on which their virtue was supposed to depend, it has lately been found that a simple oleaginous substance is quite sufficient of itself to prevent disfiguration, and that curious substance, collodion, which hardens into a sort of cuticle the moment it is applied, seems admirably adapted for this purpose. I accordingly applied it in this case, but the little Scotch laddie begged so piteously—

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"Dinna paint me," that I latterly substituted oil for the collodion.

Measles.

Case IX.—Only one case of this exanthematic fever fell under my care. It was that of a little girl who came into the hospital covered with the eruption, very feverish, and with some cough, and inflammation of the eyes; the eyelids were so swollen, and the photophobia so great that it was impossible to see the cornea. The treatment, which I need not enter into, consisted of Aconite 3, Pulsatilla 6, and Sulphur and Belladonna for the photophobia that remained after the eruption was gone, and the cough much better. She was dismissed cured on the seventh day after admission.

Measles is a disease very little formidable under homœopathic treatment, as the statistics shew out of 510 cases treated homœopathically only 11 deaths occurred; or, only one out of 46 cases, which is small indeed in comparison with the allopathic mortality. Indeed, such is the certainty of the homœopathic treatment of this disease that I have known many families employing a homœopathic medical attendant who have not found it necessary to send for him when the measles broke out among their children.—Measles are very apt to quicken the latent seeds of scrofulous affections, to leave behind them, ophthalmia, blepharophthalmia, and corneitis, or to cause the lymphatic glands to swell and sometimes suppurate, or to excite the breaking out of some chronic cutaneous malady. These accidents, however, seem to occur less frequently under homœopathic treatment, and where they do occur the prompt employment of specifics dispels them with great rapidity.

Sequelæ of Scarlet Fever.

Case X.—Amelia W—, aged 17, admitted 28th January, 1851. In December last she had scarlet fever, from which she was making a good recovery, but indulged rather freely in the good things that were going about at Christmas-time, whereupon she had an attack of what appeared from her description to be something like cholera. She had great coldness and excruciating pain in the abdomen, followed by violent purging

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and vomiting. After this she became affected with dropsical swellings, at first in the head and arms, then her abdomen became much distended, and latterly the œdema settled in her legs, which have continued to increase in size for the last eight or ten days. They are very much swollen, the swelling being of a semitransparent character, pitting deeply on pressure, and extending nearly up to the groin. The urine is thick and scanty, but not coagulable. Her appetite is good, indeed almost ravenous; she is also very thirsty. Bowels regular. The state of her legs prevents her putting her feet to the ground without great discomfort.

Prescription.—Tinct. Helleb. 3, 1/8th of a drop every six hours.

29th January.—The legs are less swelled. Cont. med.

30th.—The swelling continues to decrease, and the urine is plentiful; less thirst.

The next day the swelling of the legs was quite gone, and she got out of bed and sat up without inconvenience or any return of the swelling, and was able to leave the hospital on the following day quite well.

Diarrhœa.

Ordinary cases of diarrhœa are certainly not subjects for hospital treatment, and such of course would not be admitted into the Hahnemann Hospital, but in the one I am about to record, the long continuance of the disease, and the state of debility to which the patient was reduced, rendered it requisite that the patient should be admitted into the house.

Case XI.—Mary Ann C—, aged 22, admitted 23rd September, 1851. For three weeks has had severe diarrhœa, for which she has been treated by an allopathic medical man at home. She has taken a great deal of medicine, but she could not inform me what kind. She presents a very weak and emaciated appearance. The sclerotic is quite yellow, the skin has a clammy moisture on it, and she breaks out into profuse perspiration on the least movement, and trembles excessively. She complains of pain across the upper part of the abdomen;

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the bowels are open many times in the course of the day, and the motions are perfectly watery; the gums are sore; there is no want of appetite, but food increases the diarrhœa; pulse 132, thready and weak.

Prescription.—Merc. $^{2}/_{6}$, $^{1}/_{6}$th every three hours; to have barley-water.

24th September.—Is better, but did not sleep much during the night; the bowels were open three or four times during the night; the sclerotic is less yellow; there is no pain in the stomach. She is still very weak, and complains much of hunger. To have beef-tea for dinner, and for breakfast milk and water and a little bread. Cont. med.

25th.—Better; slept well; pulse 118; bowels only open once since last report, the colour of the motion quite natural; the yellowness of the sclerotic is gone, and there is no more soreness of gums. Though still very weak, she does not perspire so readily. Feels hungry. The same diet. Cont. med.

26th.—Better; bowels only open once last night; motion natural; pulse 100. To have a bit of roast meat. Cont. med. every six hours.

Thus she went on gaining strength and improving in every respect. She was soon on full diet, and on the first of October the state was evidently so much improved, no symptom remaining but weakness, that all medicine was omitted. On the 3rd October she got a little cold and cough, with pains in wrists and side, for which she got Bryonia 6 for a few days. It was not deemed expedient to let her leave the hospital until the 13th October, when her health and strength were perfectly re-established.

Remarks.—This case is interesting on account of the excessive severity of the symptoms, which resisted all the treatment of the old school for three weeks, but which gave way as it were by magic on the administration of the homœopathic medicine. The symptoms that led me to the selection of Mercurius were, not so much the character of the diarrhœa, for which Phosphoric acid, Arsenicum or China might have appeared more suitable, as for the concomitant symptoms, the excessive tendency to perspiration, the weakness and trembling,

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the yellow sclerotic, and the sore gums. That this choice was correct the almost instantaneous improvement would seem to shew. It will be observed that she was almost immediately able to eat comfortably after the homœopathic treatment was commenced, though before coming into the hospital, all she took seemed to do her more harm than good. It was of great importance to feed this patient as early as possible, as the state of exhaustion was such that it was impossible she could have held out much longer had she not been able to have nourishment. Accordingly the dietary was almost immediately on the most liberal scale consistent with prudence.

Bronchitis.

Four cases of bronchitis of more or less severity presented themselves. Three of them have nothing of particular interest about them, but the fourth offers some remarkable features, not merely from the intensity of the disease, which was great, but from the probable exciting cause, which would almost seem to bear out the views of Hahnemann, Autenrieth and others, respecting the repercussion of the itch.

Case XII.—George A—, aged 4, admitted 20th December, 1850. This child was originally an out-patient, and was under my care for scabies, which he had to a very great extent. The tracks of the acari were quite distinct about the wrists and fingers, and the whole body was covered more or less with the peculiar scabious rash, attended with extreme itching, causing him to scratch till the blood came; otherwise the boy was free from all signs of malady. Despairing of effecting a cure by internal remedies, I ordered that the parts where the acarus was—viz., the hands, wrists, elbows, and ankles—should be bathed in a tincture of Sulphur, made by mixing an ounce of flowers of Sulphur with a pint of whisky. The mother, misunderstanding my directions, rubbed the child all over with this preparation every day. Under this treatment the eruption disappeared very rapidly, but no sooner had it done so than he was seized (five days ago) with severe cough, dyspnœa, and pain in the throat, if one could judge from his cries and

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grasping at the throat. Every day about three or four o'clock in the afternoon the pain, which is always present to a certain degree, increases much in violence; the face becomes red and swollen; the dyspnœa and cough are aggravated; the skin becomes hot; and he is delirious all night; the pulse is very quick and full; there is great thirst. The bowels have not been moved for five days; much sibilant and mucous râles in the chest.

Prescription —Tinct. Acon. 3, Bryon. 3, 1/6th of a drop of each alternately every four hours. Barley-water.

21st December.—Was very feverish and cried all night, but was not delirious; seems to have pain in chest; the cough is very bad and there is much wheezing. Wishes something to eat. To have bread and butter. Cont. med.

22nd.—Again feverish last night, and the cough very bad. Cont. med.

23rd.—Decidedly better in every respect. Cont. med.

24th.—Was again somewhat delirious last night, but is altogether better as to the cough.

Prescription.—Bellad. 3, 1/6th of a drop every six hours.

25th.—Cough getting loose; passed a quiet night; slept well and perspired. Cont. med.

26th.—Cough quite loose; no fever; appetite good. Has had beef-tea, arrow-root and light puddings the last few days. The bowels are rather confined, not having been opened for several days.

Prescription.—Nux 3/6 at night.

27th.—With the exception of having been rather restless during the night he appears quite well to-day. The bowels have been opened naturally. To go out to-morrow.

A few days after leaving the hospital an eruption of a pustular character, accompanied with great itching, broke out on this child, and I continued to treat him as an out-patient. The eruption yielded in a few weeks to the remedies employed, chiefly Mercurius and Hepar, and the child remained perfectly cured.

Remarks.—Though it might be alleged that the bronchitis in this case was quite accidental, and had nothing to do with

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the sudden disappearance of the eruption, yet I am inclined to think, that this is not the correct view of the case, and though one cannot draw deductions from a single case as to the occurrence or non-occurrence of such a metaschematismus, as the Germans term it, yet there are so many cases of this phenomenon recorded in the writings of Hahnemann and his predecessors as well as followers, that I am disposed to think the above was a case of that kind, the more so as immediately after the cure of the bronchitis, an eruption on the skin made its appearance. This last eruption was not scabies properly so called, the acarus was not present, and it yielded after a moderate length of treatment to internal medicines alone. Whether the same result would have occurred had the local application originally used been applied only to the spots indicated for the purpose of killing the acarus, it is impossible at this moment to tell, but from some experience of that method which was first introduced by Hebra I am disposed to believe that if the external application, whatever it may be, tincture of sulphur, sulphur ointment, turpentine, or common lard, be applied only to the seat of the acarus for the purpose of killing that tiresome vermin no bad result will ensue, and the exanthema on other parts will gradually subside of its own accord the instant the acarus is killed, and that without causing any disturbance to the health.

Cerebral Disturbance.

Case XIII.—Henry H—, aged 35, admitted 31st December 1850. This patient had formerly been under my care for tic douloureux, of which he was cured, but had since been occasionally subject to a pain over the right eye. He has of late had a good deal of mental trouble. He has now been ill nine days. During that time he has had no appetite, and has ate nothing, but has drunk from three to four pints of beer daily. He has been all the time very feverish, and in a low, melancholy state. On attempting to eat anything he was immediately seized with sickness and vomiting. The urine has been very dark, sometimes almost black, at present it is not so. He complains of violent, indescribable pains in the forehead, which were so bad last night that he beat his head with his fist,

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and his mind wandered. Indeed he has been more or less delirious every night, so that his wife could not pacify him at all. His delirium takes the form of violent passion. For the last three days he has vomited very much; the bowels are relaxed, the motions almost as black as coal and very fetid; the face has been swollen for three days. He complains of pain in the front of the chest; he trembles much; pulse 78, weak; tongue somewhat furred.

Prescription.—Tinct. Arsen. 3 and Tinct. Bell. 3, 1/6th of a drop alternately every four hours. No food.

1st January, 1851.—Says he is much better to-day in every way, only he cannot sleep. When he dozes off a pain in the head wakes him up with a start. Cont. med. Half-diet.

2nd.—Headache nearly gone; he had none of it last night, but could not sleep a bit better in consequence of a griping pain in the bowels that lasted all night; sickness gone.

Prescription.—Coloc. 3, 1/6th of a drop every six hours.

3rd.—Last night he was very violent and delirious; he began abusing every body, and presented the appearance of a person in a passionate fit of anger. He complained also loudly of violent racking pains in the joints. Happening to be at the hospital when this occurred I ordered him Hyoscyamus 3, which composed him, and soon after taking it he fell into a profuse perspiration and slept. He is this morning free from pain.

Prescription.—Merc. 5, 1/6th of a drop every six hours; Hyos. as before if violent at night.

4th.—Had a good night; no delirium; begins to have an appetite; has no pain anywhere; bowels regular. Cont. Merc.

He had no bad symptom after this, and left the hospital quite well on the 11th January.

Remarks.—The exact nature of this affection of the brain is not very apparent. He was not a man addicted to drink; on the contrary he was a very temperate person. Before the attack, he had, as I have observed, been subjected to much mental distress and worry, whereby his system became so deranged thut he was unable to eat anything, and by way of keeping up

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his strength he took considerably more than his usual allowance of beer during the day, though not sufficient to have occasioned any inconvenience had he been in health. It is probable that this beer, the only thing that he took in fact, acting upon a highly excitable temperament, whose irritability was further increased by the mental emotion, caused the cerebral disturbance for which he came under treatment. I thought at first it was a case of delirium tremens, but it evidently did not amount to that, though the symptoms were sufficiently grave, occurring as they did in a robust, excitable man. In his delirious rage he was quite wild, and though usually a quiet, inoffensive individual, he broke out into such invectives and threats against the nurses at night that they were quite alarmed; and at my visit in the morning after such an attack he complained loudly of the nurses being in a conspiracy against him, and he accused them of the greatest cruelty towards himself.

Case XIV.—Julia R—, aged 15, admitted August 26th, 1851. This girl was brought from the Gray's Inn Road Workhouse, and in consequence of her incoherent mode of talking I was unable to elicit from her a connected account of herself. She looked extremely feeble and trembled excessively. She was thin and pale, and had an uncertain look about her eyes that betrayed the aberration of her mind. The person that brought her did not tell much about her history, except that she had had fits, consisting principally of trembling and shaking, and had had on a straight-jacket, and had been in her present state for some weeks. She talks all manner of nonsense, and when questioned, says she has pain in her head. Pulse very feeble, and her legs give way under her when she attempts to stand. She does not seem to have any appetite, though the tongue is clean.

Prescription.—Bellad. 6, 1/8th of a drop four times a day. Beef-tea and arrow-root.

27th August.—Says she is better, and has no headache; answers rationally, and has not had any more of the raving. Cont. med. Half-diet.

28th.—Is considerably deranged in the bowels to-day—

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probably the half-diet has been too much for her; she had three or four loose motions this morning; no incoherency. Omit med. Not to have any animal food.

29th.—Yesterday the diarrhœa continued, with pain in the bowels; the bowels have not been open since last night, but she now complains of pain in the throat and chest.

Prescription.—Merc. $^3/_6$, $^1/_8$th every six hours. Diet as before.

30th.—The bowels are now right. To have half-diet. Omit med.

31st.—For the last twelve or fourteen hours has done nothing but laugh excessively. The laughter is not exactly like that of hysteria, but an almost irresistible tendency to view everything in a ludicrous light, which by a violent effort she can overcome for a short time, but presently she breaks out again, and, though evidently ashamed of herself, cannot help laughing. Her laughter is not loud but subdued, and she is able to answer rationally, though merrily, every question put to her.

Prescription.—Crocus 3, $^1/_4$th of a drop night and morning.

The next day all propensity to laugh went off, and the medicine was discontinued. She continued to gain in strength, and with the exception of a little frontal headache, which was removed by Nux vomica, she had no bad symptom, and was dismissed cured on the 16th of September.

Remarks.—My impression of this case was that it was a state of imbecility, brought on probably by insufficient diet at the period of puberty. She had never had the catamenia, and probably there was a complication of hysteria in the case. After the first day in the hospital she never had any incoherency, but she used to lie all day without speaking and almost without moving, as if the brain had no energy in it. She was in a fearful state of filth and emaciation when she came into the hospital, and the fingers had evidently been the seat of numerous whitlows. Indeed she had one or two when she first came in, but though they looked bad enough she seemed to suffer no pain from them, and could bear them to be handled and pressed without making any complaint. The whole sensibility of the system seemed to be almost deadened. On being

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cautiously fed and kept very clean a wonderful change for the better in her appearance took place in a very short time, and she could scarcely be recognized as the same person when she quitted the hospital.

Gonorrhœa, Ophthalmia, Orchitis, etc.

Case XV.—George E—, aged 18, admitted 27th September, 1851. Has had gonorrhœa for two months, for which he has been taking Cubebs three times a day without much effect. He has great chordée at night and scalding in making water, but he was admitted into the hospital on account of the state of his eyes: the conjunctiva is much inflamed and very much chemosed, forming an elevated cushion round the cornea; this commenced on the 24th slightly and has increased ever since. He has much pain in the eyes and intolerance of light. Fearing the commencement of that formidable affection ophthalmia gonorrhoïca, I ordered him into the hospital. In addition to the symptoms just noted he had great pain in the left foot for a week past; this foot had been injured three months previously by being trod upon by a horse. The gonorrhœal discharge from the urethra is considerable, of a greenish-yellow colour.

Prescription.—Tinct. Argent. nitr. 3, 1/6th of a drop in water every four hours; a compress of cold water to the penis. Diet farinaceous.

28th September.—The eyes are much better; the chordée much less, and the discharge diminished. Is very hungry. Cont. med.

29th.—Commenced to be feverish last night. To-day the pulse is very rapid, the tongue dry, and the skin hot. He complains of pain in the right testicle, which has begun to swell and is hot. He has also much pain in the left shoulder. The eyes are nearly well.

Prescription.—Tinct. Acon. 3 gtt. vj, 1/24th part every hour. Low diet.

30th.—The fever is abated, but the testicle more swollen and painful; eyes well; chordée gone. Still gonorrhœal discharge and scalding of urine.

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Prescription.—Acon. 3, Puls. 3, 1/6th of a drop of each alternately every four hours; cold water compress to testicle.

1st October.—The swelling and pain of the testicle increased; no fever.

Prescription.—Acon. 3, Clem. 3, 1/6th of a drop of each alternately every three hours.

2nd.—The testicle more painful and swollen, it feels as if bruised; the pulse is quick and the tongue white. He can get no sleep at night.

Prescription.—Acon. 3, Merc. 3, as above.

3rd.—The testicle more swollen, not so painful. Cont. med.

4th.—The testicle in the same state; no fever.

Prescription.—Merc. 3rd trit. half a grain every three hours.

5th.—Testicle better, nearly free from pain, softer. Cont. med. every six hours.

6th.—Had severe colic last night; the bowels have not been open for four or five days. When he gets up he has pain all over him, and he perspires much; the tongue is white and the throat sore and inflamed; the urethral discharge is less, and the pain and swelling of the testicle much abated. Omit med. To have an injection of water.

7th.—Last night was seized with a violent pain in the abdomen just above the pubes; it was so excessively violent that he actually bellowed with it and writhed in agony. After it had lasted about three hours the house-surgeon imagining from the seat of the pain that the bladder must be inflamed prescribed Cantharis 30. Three hours afterwards the pain went off. This morning the discharge is gone; the testicle much smaller, but he is excessively weak; pulse 120; face hot and flushed; great pain in the back of the head; tongue very much coated; he vomited much bile this morning; the abdomen is extremely tender to the slightest touch, merely laying the finger on it makes him call out. There is no irritability of bladder. The bowels were freely opened by the injection.

Prescription.—Acon. 3, Bry. 3, 1/6th of a drop of each alternately every three hours.

8th.—Better; pulse 85; the muscles of the abdomen are very tense and hard; pressure with the flat hand gives no pain,

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but he experiences severe pain when the point of the finger is pressed on any part of the abdomen. He perspired freely yesterday after the Acon. and Bry. Urine natural; tongue very white; no appetite; has a disagreeable taste in the mouth; has a frightened, anxious look, and is very feeble. Cont. med.

9th.—Better; no pain in the abdomen, except when the fingers are pressed in; bowels not open since injection; tongue furred; taste not so bad; testicle much less, not painful.

Prescription.—Bry. 3, 1/8th of a drop every four hours. To have beef-tea and bread.

After this he continued to improve. The abdominal tenderness gradually went off; the tongue cleaned; the appetite became normal; the testicle returned to its normal size. The urethral discharge however returned, and on the 12th he got Cannabis 3 for it. It was not gone however entirely, though nearly so, on the 17th, when he got Petroselinum 3 for it, and two days afterwards he was enabled to leave the hospital quite well, with the exception of some slight remains of the clap, for which he was treated a fortnight longer as out-patient, and the discharge entirely removed.

Remarks.—This is a very instructive case in a pathological point of view. The highly inflammatory diathesis of this individual was very strongly marked in the successive inflammations of the eye, the testicle, the throat, and lastly, the peritoneum, as I believe. The appearance of the eyes, the pain and excessive chemosis of the conjunctiva bulbi, led me to believe that this was the commencement of an attack of ophthalmia gonorrhoïca of the severest form, still certain circumstances shewed that it differed from other cases that I have seen or read of. Thus it did not appear that the patient had ever conveyed any of the gonorrhœal matter to his eyes, and as in the diseases so produced but one eye is generally alone or at first affected, the existence of a metastatic gonorrhœal ophthalmia I was inclined to doubt, partly from never having seen an instance of the disease myself, and partly from never having read of an unexceptionable instance of the kind; besides, the urethral discharge not being gone or even diminished, precluded

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the idea of this being such a case, if such there be. I believe this was one of those cases of sympathetic gonorrhœal ophthalmia which occur occasionally, and give rise to the erroneous notion of inaccurate observers respecting the metastasis of urethritis to the eyes.

Some authors, as Saint-Yves and Plenck, consider that gonorrhœal ophthalmia is never a result of local infection but always of metastasis; but this opinion is evidently erroneous, as the disease has frequently been produced by actual inoculation without the slightest effect upon the urethral discharge, as Mackenzie has satisfactorily shewn in several instances, and the experiments of Piringer and others demonstrate. Others admit the production of the disease sometimes from local infection, sometimes from metastasis, but opinions vary as to the force of the disease produced by these two causes. Himly asserts that the disease produced by inoculation is very slight, and not much more intense than an ordinary catarrhal ophthalmia. He asserts that the O. gonorrhoïca symptomatica is the severe disease, and asserts it to be produced in the following manner. The disease, he says, generally occurs in old rakes, whose urethras from frequent infection have become almost unsusceptible of contracting the disease again, which in consequence fixes on some other mucous membrane, and that is generally the conjunctiva. Weller, on the contrary, asserts that the true gonorrhœal ophthalmia is purely a metastatic disease, and occurs chiefly in young and robust individuals. It occurs, according to him, from suppression of the urethritis in its inflammatory stage by astringent injections, excessive indulgence in spirituous drinks, the use of balsamic remedies, &c. Hence arises the severe and destructive gonorrhœal ophthalmia according to him. The inoculated matter of gonorrhœa produces he asserts a mild and unimportant disease. Without going through the various authors who have written on the subject, I may state that Mackenzie, the greatest of British ophthalmologists, alleges that the inoculated disease is the severe and destructive one, and the most usual one. He admits the existence of a metastatic disease, but there is no proof the case he cites as such is metastatic. Mackenzie, Jäger, Piringer,

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and several others, have shewn, by direct experiment, that the inoculated disease is what we understand by the severe gonorrhœal ophthalmia. This is my own opinion. I do not think we have any evidence of the occurrence of a metastasis, as alleged by Weller; and Himly's mode of accounting for the production of the disease is far-fetched and evidently erroneous; for it is by no means always or generally the case that the disease occurs in those who by excessive dissipation have rendered their urethra insensible to a fresh inoculation, but, on the contrary, ophthalmia gonorrhoïca will generally be found co-existent with urethritis of more or less severity. That there is such a thing as sympathetic gonorrhœal ophthalmia,—in other words, that the conjunctiva sympathises with the urethral mucous membrane, and often readily takes on severe inflammation,—I can easily believe, and that the inflammation so arising is more intense as a rule than ordinary catarrhal ophthalmia I can also understand, and the cases related by Mackenzie and others as instances of metastasis seem to be entirely of this character. In this form both eyes are generally affected, and no particular danger attends the affection; whereas, by the admission of all writers, the malignant gonorrhœal ophthalmia attacks as a rule but one eye, generally the right one: and this circumstance is supposed by the advocates of inoculation to be a further proof of their theory that it is produced by the actual conveyance to the eye of the gonorrhœal matter.

I consider the case under consideration to have been one of this sympathetic ophthalmia. The symptoms, though threatening at first, declined so rapidly, that I am disposed to ascribe the favourable and speedy termination of the disease to the action of the Argent. nitr., which has a very powerful specific influence on the mucous membranes both of the urethra and of the eye.

It will be observed that no sooner had the inflammatory symptoms of the eye disappeared than, without any visible cause, the right testicle became severely inflamed. The urethral discharge was not thereby affected, and the orchitis ran its usual course. As it subsided, first the fauces became slightly inflamed, and then those alarming symptoms of the 7th October

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occurred, which, as far as I can judge, proceeded from a slight attack of peritoneal inflammation. The violent febrile symptoms, the excessive anxiety, and the extreme tenderness of the abdomen to the slightest touch, led me to adopt this view. That it was not the abdominal muscles that were the seat of the affection was evident from this, that he could bring them into play without any difficulty or pain. I was at first apprehensive that in the administration of the enema some violence had been used, and the peritoneal covering of the gut injured, so alarming were the symptoms and so great was the prostration of the patient. These symptoms rapidly yielded to the remedies indicated, viz. Aconite and Bryonia. It is noteworthy that the discharge from the urethra went away entirely whilst these inflammatory symptoms lasted, and returned after their decline.

The above are the cases of greatest interest that presented themselves to my observation during the six months of my service in the Hahnemann Hospital. The other cases that occurred I shall now briefly allude to.

Rheumatic affection of the heart. This was a girl of 13, who had two years previously been in St. George's Hospital for St. Vitus' dance, and about a year ago in Middlesex Hospital for rheumatic fever with affection of the heart, and latterly in the Convalescent Asylum at Carshalton. She was admitted for some shooting pains in the cardiac region affecting respiration; there was a souffle most distinctly heard at the heart's apex with the first sound, and rheumatic pains in the knees and elbows. These symptoms yielded speedily to *spigelia* and *bryonia,* and in ten days she left the hospital well.

A case of *diarrhœa* and *severe colic,* probably of a saturnine character, as the patient was a painter and his gums shewed the characteristic lead border, was sent into the hospital; but previously to this a homœopathic practitioner had given him some doses of Colocynth, and he had no more diarrhœa or colic after he came in, so, after keeping him a few days and finding that he remained well, he was dismissed.

A case of *diabetes mellitus* with enormous saccharine secretion was a month under my treatment without appreciable bene-

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fit; he afterwards passed under Dr. Curie's care, and after some time a great amendment ensued as regards the quantity of urine secreted. He was, I believe, discharged for irregularity of conduct, but though much benefitted the urine had not lost its saccharine character.

A complicated case of *uterine, spinal, and stomachic disease,* remained in the hospital nearly ten months, and though much benefitted was far from cured when she left. The case is not very instructive, so I need give no further details respecting it.

Another complicated *nervous, gastric and uterine affection,* with *immense lateral curvature of the spine,* was treated for about six weeks with benefit, but dismissed before anything like a cure was obtained, if that had been possible, which I doubt.

A case of *sprain of the forearm* with *erysipelatous inflammation of the skin* was rapidly cured by Rhus. He had previously been treated in St. George's Hospital.

A case of *housemaid's knee* was sent in by mistake. I transferred the girl to the out-patients, and she was speedily cured by Rhus internally and cold wet compresses to the affected part. I have had several cases of this disease, which have yielded promptly to the same treatment.

A case of *low fever,* brought on by watching and over-anxiety, complicated with *uterine affection,* was received: the fever yielded after a few days, but the uterine affection required a longer treatment. She left the hospital after two months of treatment much better of the uterine complaint, and of the accompanying dyspeptic, nervous, and cephalalgic affections. The details of the case it would be tedious to give; I may, however mention that she derived considerable benefit from the local application of Calendula to the congested and ulcerated cervix uteri, by means of injections.

A case of *paralysis* (hemiplegia) of many years standing was admitted a few days before my retirement, also a case of *ulceration of the cornea* in an old woman.

A severe case of *rheumatism* in a man of 40 was much benefitted by Bryonia, Aconite and Colchicum, but the cure was not completed when I left, though the man was then free from pain and had merely some stiffness of the affected joints remaining.

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A case of *chronic induration of the testicle* and *affection of the urinary apparatus* was sent up from the country and kept in the hospital for a week, at the end of which time he was dismissed improved; but as the disease was of a very chronic nature, and the man able to go about, it was not considered a fit case for the hospital.

The last case I have to allude to is one of a Spanish woman, who was received in the last stage of *phthisis*. This case was inadvertently admitted on the report that it was one of acute bronchitis. It was evident that she was dying when admitted, but as it would have been cruel to send her home again, she was permitted to die in the hospital. Her decease took place ten days after admission. Extensive cavities were detected in both lungs superiorly on admission, and the quantity of pus discharged from her lungs was enormous. Of course no medicine was of the slightest avail.

The total number of cases treated by me during these six months was only 31, a very inconsiderable number indeed; but among them, I believe, will be found some cases of considerable interest, if not of much practical importance. They suffice to illustrate the advantages that a large and well appointed hospital would offer to the student of homœopathy, which advantages are indeed partially afforded by the Hahnemann Hospital, for the cases I have recorded only constitute one-fourth part of what were actually treated in the hospital during my period of attendance on the patients in the house, as there were three other medical officers doing the internal duties during the same period with an equal number of beds each. Nor is this the only opportunity the hospital offers to the student for acquiring a knowledge of homœopathy, for much may be learnt by a diligent attendance on the treatment of the out-patients, the numbers of which are very large. Lectures on the Theory and Practice of Homœopathy, the Materia Medica, and Clinical Medicine and Surgery, have also been commenced this year at the hospital, so that this institution now presents to the student an opportunity of becoming tolerably well acquainted with homœopathy both theoretically and practically.

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CLINICAL NOTES ON ACUTE PLEURISY.

By William R. Beilby, M.D.

The following cases of pleurisy, with the remarks suggested by them, are published as a contribution to the clinical essays which have lately appeared in this Journal on the treatment of acute inflammatory affections of the organs of respiration. The cases, eighteen in number, include all the examples of uncomplicated acute pleurisy, that have come under my notice during the last two years, with the exception of one case, which is not recorded in the present series, as the patient was moribund when first seen by me.

Of this number, ten cases were of the variety termed serous pleurisy, that is, accompanied by more or less copious effusion of serum into the pleura; and eight belonged to the variety termed dry pleurisy. Again, of these last, six were cases of acute plastic pleurisy, characterized by more or less copious effusion of plastic lymph upon the pleural surface, and two belonged to the variety variously designated, according to the views held of its nature, or as to the conditions necessary for its occurrence, as asthenic, erysipelatous, or typhoid pleurisy.

Acute pleurisy is most common in Glasgow, as at Dresden,* in the beginning of winter. Seven of the cases occurred in the month of November, three in March, two in February, two in June, and one in each of the months of January, May, August, and September. The connexion of this disease with phthisis, and the liability of particular families to be attacked with it, are also worthy of remark. Cases II and III occurred in the person of a young lady, a sister of whom died of phthisis, and who herself has had two slight attacks of hæmoptysis. The subjects of cases X and XII are sister and brother, another sister is at present labouring under phthisis. Case VII is the only surviving member of a large family, most of whom have died of consumption. Cases IX and VI are mother and son.

In narrating these cases it will be convenient to follow the arrangement before referred to, and, accordingly, I proceed to

* Trinks. Brit. Jour. Hom., vol. viii, p. 478.

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detail, in the order of their occurrence, first the cases of serous pleurisy.

Case I.

Feb. 6th, 1850.—A charwoman, aged 30, presented herself at the dispensary, complaining of acute stitch-pain under the left mamma, aggravated by coughing; short dry cough, worse morning and evening, also after eating anything; a harsh friction sound is audible on full inspiration over the seat of pain; percussion of lower left back normal; pulse 120; thirst.

Tinct. Bryon. 3, gtt. $^1/_6$th* every four hours, for two days.

10th.—Little pain now, even on full inspiration, and very little cough; pulse 92; friction sound gone; percussion impaired, and respiration very faint, in the lower left back; voice in this space ægophonous. Bryonia 3, gtt. $^1/_6$th, night and morning.

13th.—Felt very well yesterday morning, and went out to wash; continued at her work till afternoon, when the pain returned. Slight trace of friction sound audible at a spot about two inches below, and internal to the left mamma; percussion of back equal on both sides; pulse 82. Tinct. Sulph. ϕ gtt. $^1/_6$th night and morning.

20th.—Pain in the chest almost gone; still a little cough on rising in the morning; complains much since the 15th of constant frontal headache, aggravated on stooping;† tongue foul; pulse 93.

Bryonia 6, one globule night and morning for three days.

25th.—Dismissed cured.

Case II.

August 24th, 1850.—A young married lady, aged about 22, called upon me to complain of a pain under the left mamma, which has been coming on gradually for two or three days past, but which to-day is so severe as to prevent free inspiration; has felt very chilly; no cough; pulse 130. Being dressed I could not conveniently examine her chest at the time.

Aconite $^3/_2$, Bryonia $^3/_2$, alternately every four hours.

25th.—Much less pain in the side; pulse 130; percussion dull over the whole extent of the left back; respiration strongly bronchial in a large portion of the upper half of this region; vocal fremitus

* That is, one drop of the medicine in a wine glassful of water; a teaspoonful for a dose.

† Maladies Chron. *Sulph.* S. 62.

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impaired on this side; voice bleating; when lying on the face, the percussion of the left back becomes somewhat more resonant.

Tinct. Acon. 1 gtt. $^1/_8$th, alternately with Bryonia 3 gtt. $^1/_4$th, every four hours.

26th.—Feels better; pulse 120; less heat of skin; thirst; no appetite; much shooting pain in the left side, especially on coughing; feels weak; chest as at last report.

Tinct. Rhus 3, gtt. $^1/_8$th every six hours.

27th.—Less shooting pain; otherwise as before.

Tinct. Arsen. alb. 6, gtt. $^1/_6$th three times a day.

29th.—Continues to feel better; physical signs remain unchanged.

Cont. Arsen. night and morning.

31st.—Improving. Pulse reported to have been 86 this morning in bed, is now 120; she is sitting up, dressed; dulness does not extend so high up in the left back, bronchial respiration continues over the dull portion; the urine, previously scanty, has increased in quantity. Cont. Ars. night and morning.

Sept. 3rd.—Percussion clear at a much lower level than at last report; still impaired for about a hand's-breadth in the lower left back. Cont. Ars. night and morning.

7th.—Line of dull percussion somewhat lower since last report. Feels well. Tinct. Sulph. ϕ gtt. $^1/_4$th night and morning.

12th.—Percussion normal. Omit. med.

Remarks.—On reconsidering this case now, subsequent experience has convinced me of several errors in the treatment that was adopted. First, it was improper at the commencement of the disease to give the two medicines Aconite and Bryonia alternately. The continuous alternation of two medicines, in rapid succession, I have always felt to be as unsatisfactory as, unquestionably, it is irrational; and considerable experience in the treatment of acute disease has led me now to abandon this method altogether. In particular, it is commonly the practice in the treatment of inflammatory diseases, to alternate Aconite with the medicine deemed specific to the local affection. This procedure is seldom or never necessary. If the remedy be homœopathic to the local affection, it will of necessity be also homœopathic to the fever which accompanies it, of whatever type that may be; and in the very few inflammatory diseases, for example croup, in the same type of which two medicines

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may perhaps be necessary, it will be much more satisfactory to give but one of them at a time * In the preceding case the Bryonia should have been given alone, from the first, and continued until the pulse fell to the natural standard. By this means, in all probability, the recovery would have been hastened by several days. When this case came under treatment I had not seen Dr. Trinks' remarks on Bryonia, which have since been translated in this Journal.† His observation regarding the efficacy of Bryonia in inflammations which tend to the effusion of serum is one of the most valuable that has yet been made in clinical medicine. It is to inflammation tending to serous effusion that the efficacy of Bryonia is *limited;* while, on the other hand, the sphere of Aconite is restricted to inflammation resulting in plastic exudation. This important distinction it is one chief object of the following cases to illustrate. The next case occurred, subsequently, in the person of the same lady as the preceding one.

Case III.

November 20th, 1850.—A young married lady, after feeling unwell for some days, was seized on the 17th with shivering, and next day with acute pain in the right side of the chest. Yesterday (19th) the shivering continued, and she had a good deal of short dry cough. The pain was very severe through last night; pulse 120; percussion of right back impaired as high as the shoulder, quite dull at the lowest part; percusssion slightly improved by placing the patient prone; respiration absent.

Bryonia 3, gtt. $^1/_8$th every six hours.

21st.—Pulse 118; pain in the right side felt only on coughing or yawning. Cont. Bryonia.

22nd.—Pulse 101; feels rather better; occasional pain only through last night; percussion a shade better in the upper part of the right back. Cont. Bry.

* I instance inflammatory croup as a disease in which two medicines may be required, although it is a disease which I have never myself seen. For although it always appears specified as a cause of death in the monthly mortality registers of this city, yet I am assured that it has never been met with in the practice of two of the leading allopathic practitioners here, of most extensive experience in the diseases of children.

† Loc. cit. p. 482.

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23rd.—Pulse 93; feels quite well; line of dulness in the right back a very little lower than yesterday. Cont. Bry.

25th.—Pulse 96; no change in the chest.

Tinct. Arsen. alb. 6, gtt. $\frac{1}{8}$th night and morning.

25th.—Is up and feels quite well; percussion still a very little impaired in the upper right back, and quite dull below.

Cont. Arsen. 6 night and morning.

December 7th.—Percussion equal or nearly so on both sides; pulse 82. Omit.

Remarks.—The Bryonia might, possibly, have been given rather more frequently, with advantage, in this case. Its specific effect was marked. Recent experience has led me to believe that in some cases at least, if not in all, it is the best practice to suspend medicine as soon as the pulse has fallen to nearly its natural standard, regardless altogether of the amount of effusion that may be present in the chest. When the fever has subsided, absorption of the effused fluid will in many cases go on spontaneously. In such cases it would be manifestly improper to persevere in the administration of medicine, guided merely by the physical signs of effusion. Every physician, familiar with physical diagnosis, is aware of the fact, that in inflammatory affections of the lungs the local disease may appear to be advancing, while, at the same time, the general condition of the patient progressively improves. This is the case in bronchitis and pneumonia as well as pleurisy. It must not be forgotten that it is by the general or subjective symptoms of disease, chiefly, that the selection and repetition of homœopathic remedies is determined: and, although it is impossible to over-estimate the importance of a careful physical exploration of the chest, at the outset, so as to determine with accuracy the precise nature of the affection present, yet, this once ascertained, and the appropriate remedy selected, the physical symptoms will hold but a secondary importance in the subsequent conduct of the treatment, which ought mainly to be guided by the subjective and general symptoms. And as it is impossible to effect a satisfactory examination in acute inflammations of the chest without subjecting the patient to a great deal of pain and annoyance from the movement necessary, such examinations

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should be conducted only as frequently as is consistent with a due regard to the patient's general comfort and well-being.

Case IV.

November 14th, 1850.—A delicate looking young lady, aged 12, was seized yesterday with rigor, followed by thirst, anorexia, cough, and fever. She is now perspiring profusely, and the cough is very troublesome; pulse 120, full and strong; nothing remarkable in the physical signs of the chest.

Tinct. Aconit. 1, gtt. $^1/_8$th every three hours.

15th.—Pulse 120; respirations 24; complains of some shooting pains in the left side; cough less.

Cont. Acon. every four hours.

16th, 10, a. m.—Pulse 120; pain in the side quite gone; slept well; is very thirsty; tongue white; is perspiring profusely; perspiration sour smelling.

Cont. Acon. every six hours.

9½, p. m.—Has been removed to a bed-room down stairs since morning, and ever since has complained more of cough and pain in the chest; pulse 110; respirations 36; The respiration in the left back is mild bronchial, and percussion is doubtfully impaired in the upper part, more decidedly so below.

Cont. Acon. every four hours.

17th, 9, a. m.—Pulse 110; respirations 42; face much flushed; a restless night, with a good deal of cough, and occasional expectoration of yellowish mucus; bronchial respiration strongly marked in the left scapular region, where, also, much pain is felt, especially on moving.

Tinct. Acon. 1, gtt. $^1/_8$th alternately with Tinct. Bryonia, 3 gtt. $^1/_8$th every two hours.

9½, p. m.—Pulse 108; respirations 39; feels easier; perspiring less. Bryonia 3, gtt. $^1/_8$th at 12, p. m. and 4 a. m.

18th, 8½, a. m.—Pulse 104; respirations 26; percussion of the lower left back dull, and respiration bronchial; voice equally resonant on both sides of the back; a great deal of loose cough, with expectoration of clear froth, mixed with yellow mucus. After the the dose of Bryonia at 4, a. m., she slept until 8. Her attendant affirms that, when she awoke her pulse was 96.

Bryonia 3, gtt. $^1/_6$th at 10, a. m.

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3, p. m.—Before getting the Bryonia at 10 o'clock her attendant ascertained the pulse to be 96. Ate breakfast with relish. By mistake, a dose of Bryonia was given at half-past 1 o'clock, in addition to the dose at 10, a. m. Pulse now 110.

Suspend medicine.

10, p. m.—Has slept a good deal all day, especially this afternoon and evening; pulse now 100 while asleep; respirations 38; has eaten some bread and milk.

Still suspend medicine.

19th, 8½, a. m.—At 12, p.m., last night, her attendant ascertained the pulse to be 92. From this time she slept until 4, a. m., when she expressed herself as much better, and quite free of pain; pulse now 77; respirations 22; percussion of the left back quite dull, as high as the spine of the scapula; more or less, over the same space, the voice is ægophonous, and the respiration strongly bronchial.

Still suspend medicine.

10, p. m.—Pulse 80; feels easy; has eaten light food with relish.

20th.—Pulse 78; no complaint but of slight cough; percussion dull, and respiration and voice bronchial in left back.

Still suspend medicine.

21st.—Pulse 62: no cough; respiration still bronchial, but less harsh; dulness of percussion still marked in the lower left back, but it does not extend so high up as formerly, especially when she is made to lie upon her face.

24th.—Percussion improved; respiration still harsh in the left back, but much less so.

30th.—Patient is up and feels quite well; slight ægophony in the left back. Tinct. Arsen. 3, gtt. ⅛th night and morning.

December 4th.—Percussion normal in left back.

Omit medicine.

Remarks.—There are several points in this case worthy of remark. The case illustrates the fact that Aconite has little or no homœopathic relation to serous pleurisy, either as regards the local symptoms or the attendant fever. In this case the Aconite was continued, at short intervals, for upwards of three days, during which space of time the pulse fell only ten beats, viz., from 120 to 110. It is probable that a very minute attention to the subjective symptoms in acute pleurisy would

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succeed in determining the characteristic indications for Bryonia before effusion has taken place, but, when once effusion has occurred, there can no longer be any doubt, and in such circumstances Aconite should never be administered. Further, inasmuch as serous pleurisy is the more common form of the acute affection, as a general rule Bryonia should be administered at the commencement of the treatment, although no effusion may as yet have taken place. Remark, secondly, the suddenness of the effusion in this case, and the corresponding change in the physical signs between the morning and the evening of the 16th. On the morning nothing special could be noted on this head; in the evening there was bronchial respiration, with impaired percussion, the resonance of voice continuing unchanged.

This case further illustrates the evil of a too speedy repetition of the dose of a perfectly homœopathic remedy. The two doses of Bryonia on the morning of the 18th, given at an interval of three hours, raised the pulse from 96 to 110; and that this was in reality a medicinal aggravation was obvious, from the circumstance that the pulse gradually fell again to 62, merely by suspending the medicine.

Case V.

November 21st, 1850.—A boy, aged 5 years, on the 19th complained of headache, and vomited through the night. Thereafter he seemed well again until last night, when he awoke screaming. When his mother left home, half an hour ago, to come to the dispensary, he was complaining of head-ache, and dread of light; when sleeping his eyes are half open; is very feverish and coughs.

Tinct. Acon. 1, gtt. $\frac{1}{8}$th every two hours.

9, p. m.—Pulse 140; skin hot; head perspiring profusely; cough short and frequent, with probably some little expectoration, but he does not spit it out; percussion dull, and respiratory murmur absent over the whole of the left chest, before and behind; the skin is raw from the application of a blister.

Tinct. Acon. 1, gtt. $\frac{1}{8}$th every four hours.

22nd.—No better; pulse 140: physical signs as formerly.

Tinct. Bryonia, 3 gtt. $\frac{1}{8}$th every four hours.

23rd.—Pulse 122; percussion much improved over the whole of the left chest, before and behind; respiratory sounds audible, but

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very faint; cough still urgent, and accompanied with a good deal of yellow mucous expectoration.

Tinct. Bryonia 3, gtt. $^1/_6$th every six hours.

26th.—Pulse 96; percussion almost equal in scapular regions; still impaired in the lower left back.

Sulph. ♁ gtt. $^1/_6$th night and morning.

28th.—Feels quite well; great appetite; physical signs equal in both lungs.

Remark.—In this case of serous pleurisy we have to remark the total inefficiency of Aconite to diminish, in any degree, the febrile and local symptoms; and, on the other hand, the immediate effect of Bryonia upon both.

Case VI.

January 22nd, 1851.—A delicate boy, aged 10. Has been looking pale and out of health for some time; took to bed of his present symptoms on the 16th; complains of tenderness on pressure in the anterior part of the right hypochondrium; short dry cough; pulse 124; thirst; anorexia; urine scanty, thick; bowels moved by purgatives; respiratory sounds faint in the lower part of the right chest, in front; disposition querulous; cannot examine his back, as movement causes him much pain; lies on his back.

Tinct. Aconit. 1, gtt. $^1/_6$th every hour for three hours, then every third hour.

23rd.—Pulse 122; tongue loaded, white; thirst; dry lips; cheeks sometimes red, sometimes pale; picks his nose; cough distressing, accompanied with sharp shooting pain in the right side; percussion impaired in the right back, as high as the lower angle of the scapula; respiratory murmur faint in this space; absent altogether below.

Tinct. Bryonia 3, gtt. $^1/_6$th every four hours.

24th.—Pulse 94; much less cough; percussion of right back a shade improved.

Bryonia 3, gtt. $^1/_6$th every six hours.

25th.—Pulse 96; rather more cough, but it is loose; otherwise feels well; still lies chiefly on the back, but to day he can lie a little on the right side also.

Cont. Bry. 3, every six hours.

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27th.—Pulse 88; tongue cleaning; percussion of both sides equal behind, and respiratory sounds pure.

Tinct. sulph. ♁ gtt. 1/8th night and morning.

30th.—Feels quite well. Omit med.

In this case we have again to remark the inefficiency of Aconite to subdue the acute symptoms, and the speedy amelioration from Bryonia. The seat of pain was somewhat unusual; in this case the inflammation was probably confined to the diaphragmatic pleura. In this case also, the vocal thrill was undiminished over the seat of effusion, a circumstance which is remarkable, as the natural vocal thrill is generally very inconsiderable in young children.

Case VII.

A lady, aged about 60, convalescent from a severe attack of bronchitis, of four weeks duration, during the first three weeks of which she was under allopathic treatment, had been out of her bedroom but one day, when, on returning to bed, she was seized with shivering, coldness of the legs, and shortly afterwards with acute stitch pain under the right mamma, which gradually increased to such an extent as to prevent full inspiration. Next morning when visited

February 4th, 1851, 10, a. m.—Complains of severe stich pain below the right nipple, aggravated by inspiration; pulse 90; anorexia; tongue foul, yellow; impatience; little or no cough; there is nothing unnatural in the physical signs.

Tinct. Aconit. 1, gtt. 1/8th every three hours.

8½, p. m.—Pain no less; pulse 96; percussion very slightly impaired in the right back; voice ægophonous; fremitus scarcely diminished; respiration pure, faint.

Tinct. Bryon. 3, gtt. 1/8th at 10 p. m., 1 a. m., and 5 a. m.

5th, 9½, a. m.—Has just had some little breakfast; pulse 92; excessive nausea, anxiety and agitation; has perspired profusely all night. Bryonia 3, now, and again at 2 p. m.

10, p. m.—Pulse 86; excessive nausea; pain in the right mamma still acute. Bryonia 3, now, and at 4 a. m.

6th, 10, a. m.—Feels her chest much better, can breathe more freely and with much less pain; has perspired most profusely through the night, from the waist upwards to the head; ægophony less dis-

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tinct, and dulness on percussion more marked on the right back; respiratory murmur and vocal fremitus absent in this space; excessive nausea, is sure the medicine makes her sick; pulse 88.

Suspend medicine.

10, p. m.—Less nausea; less pain; pulse 74.

Still suspend medicine.

7th, 5, p. m.—Had a slight return of acute pain this morning, and took at her own hands a dose of Bryonia 3 (one eighth part of a drop) at 7, a. m., and another at 2, p. m. All day she has felt excessively sick. Suspend medicine.

8th.—Perspired profusely all night; the nausea has ceased; little pain to day, except on very full inspiration; pulse 84.

10th.—Appetite better; still very slight pain on full inspiration; percussion impaired, but less so: ægophony is audible again at the inner angle of the scapula; frequent sighing.

14th.—No pain, even on full inspiration; percussion equal on both sides; respiratory murmur pure, but faint; no complaint but of want of appetite. Sulph. ♁ gtt. j., one dose.

17th.—Feels quite well.

Remarks.—This case also illustrates the inadaptation of Aconite to acute serous pleurisy. The specific effect of Bryonia was accompanied with a good deal of nausea and perspiration, both of which ceased on suspending the medicine. This case further illustrates the importance of delaying the administration of medicines for the removal of the effusion until nature's spontaneous efforts for this end have been fairly proved. The function of absorption is very active during convalescence from acute disease, provided the powers of nature have not been exhausted by depletory measures of treatment.

Case VIII.

April 1st, 1851.—A young lady, aged 22, was seized this day week with shivering, followed by severe stitch pain in the right hypochondrium; frequent, short, dry cough, and fever. As she lives at some distance from town, her friends were administering medicines to her at their own hands, guided by one of those books styled Manuals of Domestic Homœopathy. At the period of my first visit, she had had repeated doses of Aconite, Nux vomica, and Arsenic. She is very excitable; pulse 154, but after sitting by her bed-side for a time, it

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fell to 124; percussion of the right back quite dull throughout, and respiratory sounds absent; thirst.

Tinct. Bryonia 3, gtt. $^1/_8$th every four hours.

2nd.—Feels much better; pain less; cough less frequent; less thirst; pulse 110; physical signs as yesterday.

Cont. Bry. 3, every six hours.

4th.—Better; pulse 104; percussion of the right back no better.

Bry. 3, every eight hours.

7th.—Continues to feel better; pulse 96; otherwise no change.

Tinct. Arsen. 3, gtt. $^1/_4$th every eight hours.

12th.—Dulness on percussion decidedly less; pulse 88.

Cont. Arsen. night and morning.

16th.—Little change since last report.

Tinct. Sulph. Φ gtt. $^1/_4$th night and morning.

22nd.—A distant friction sound is audible, at the close of full inspiration, in the lower right back, where dulness on percussion is most marked. Cont. Sulph.

30th.—Friction sound more marked in the lower right back; dulness on percussion in this region less perfect, and it does not extend so high up as formerly, and altogether not more than three fingers breadth; is going about the house and feels well.

Sulph. 6, night and morning six days.

This patient when in Edinburgh shortly afterwards was examined by Dr. Henderson, who informed me that the friction sound was still audible, to some extent, about a month after the date of my last report.

November 1st, 1851.—The patient is well and strong, and the chest is free from all trace of the pleuritic attack.

Remarks.—In this case the absorption of the serous effusion was very long delayed, a circumstance which must be attributed in part, to the late period of the disease at which the case came under treatment; and also, partly, to the circumstance of there being considerable plastic exudation, in addition to the serous effusion—as manifested by the appearance of the friction sound on the partial removal of the effusion. In plastic pleurisy the exudation of lymph which takes place over the surface of the pleura, is removed much more slowly by absorption than is serous effusion; and when, in addition to plastic exudation,

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serous effusion takes place, it is obvious that the removal of this by the absorbent vessels of the pleura must be much impeded by the more or less continuous layer of plastic exudation which is interposed.

CASE IX.

June 17th, 1851.—A married woman, aged 36, was seized yesterday with shivering and acute stitch pain under the left mamma, aggravated by full inspiration, by sitting up, and by turning the body; pulse 116; nausea; there is no peculiarity in the physical signs. Tinct. Bryonia 3, gtt. $^1/_8$th every four hours.

18th.—Less pain; can now move with freedom; pulse 104; percussion slightly impaired in the left back, in which region also the respiration is faint; respiration puerile in the right back; still some pain on full inspiration in the left infra-mammary region; thirst; tongue clean, with bright red edges; bitter taste in the mouth.

Cont. Bry. every four hours.

19th.—Little pain, even on full inspiration; pulse 84.

Sulph. ℘ gtt. $^1/_4$th night and morning.

21st.—A good deal of pain, and sensibility to touch, of the left side of the chest; percussion of the left back slightly impaired for about two finger's breadth from below upwards, and in this space the respiratory murmur is faint; pulse 88; much flatulence; tongue white; bad taste in the mouth; thirst; no stool for five days.

Tinct. Nux vom. 3, gtt. $^1/_8$th night and morning.

24th.—Percussion quite dull in the left back, and respiration absent; vocal resonance and fremitus much impaired; can now lie without pain on either side; no stool for a week.

Tinct. Arsen. alb. 3, gtt. $^1/_8$th every six hours.

29th.—No improvement in the percussion of left back; bowels have moved since last report; nausea and retching every morning; tongue foul, yellow; pulse 92.

Suspend medicine.

July 1st.—A shade better than at last report, does not vomit now in the mornings.

Tinct. Sulph. ℘ gtt. $^1/_8$th three times a day.

4th.—Respiratory murmur and vocal fremitus still absent in the left back; tongue clean. Cont. Sulph.

From this date she continued to take Sulphur up till the 16th, when the medicine was omitted, very little diminution of the effusion

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having taken place. Her general health being quite restored, she then went to the country. About three months subsequently I had an opportunity of examining her chest again, when I ascertained that the effusion had wholly disappeared.

Remarks.—In this case I commenced the treatment with Bryonia, although no effusion had taken place, partly, because as before stated, serous pleurisy is the more common form of the disease, but chiefly because this patient was mother to the subject of Case VI, in whom the efficacy of Bryonia was demonstrated after Aconite had failed. An error was committed on the 19th, by giving Sulphur, which evidently did no good. On this day the medicine should have been either altogether suspended, or the Bryonia continued at much longer intervals. Subsequently, it is doubtful whether the Arsenicum and Sulphur were not more injurious than otherwise. In such cases as this, as before observed, the better practice would be to suspend medicine when the febrile and subjective symptoms have disappeared, and leave the removal of the effusion, at least for a time, to nature.

Case X.

November 12th, 1851, a young lady, aged about 20, has been complaining for some days past of excessive chilliness and pain in the left side of the chest, accompanied with short, hard cough. Is still shivering; pulse 136; thirst; percussion of the left back quite dull; respiration strongly bronchial, especially in the scapular and supra-scapular regions; vocal resonance and fremitus equal on both sides; the dulness on percussion was so complete, and the respiration so tubular, that after a hasty examination I concluded it was a case of pneumonia. Tinct. Phosph. 3, gtt. $\frac{1}{8}$th every six hours.

13th.—Less cough; little pain when lying still, but it is excited by the least movement. In addition to the physical signs of yesterday, there is partial ægophony in the left interscapular space; the vocal fremitus is unchanged.

Tinct. Bryonia 3, gtt. $\frac{1}{8}$th every six hours.

15th.—Little change; perhaps less pain.

Tinct. Sulph. ϕ gtt. $\frac{1}{8}$th every six hours.

16th.—Cannot yawn, or cough, without pain in the side; frequent short, dry cough, especially when moving in bed; percussion quite

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dull, and voice ægophonous, in the left back; bronchial respiration has disappeared, and the respiratory murmur is suppressed; tongue foul, yellow; pulse 120; thirst.

Bryonia 3, gtt. $\frac{1}{8}$th every eight hours.

17th.—Pulse 112; feels easier.

Continue Bry.

19th.—Pulse 92; percussion of left back somewhat improved; bronchial respiration has appeared again in the supra-scapular space.

Continue Bry.

From this date she continued daily to improve; the Bryonia was given at longer intervals, and medicine was altogether omitted on the 24th.

27th.—Percussion very slightly impaired in the left back; no ægophony nor bronchial respiration; friction sound is audible in the left scapula, and especially in the left supra-scapular space; cough gone; appetite good.

December 3rd.—Physical signs equal on both sides, with the exception of a trace of the friction sound at the close of full inspiration in the left supra-scapular space; no complaint but of an occasional feeling of stiffness in the left side.

January 10th, 1852.—I was requested to examine the chest to ascertain whether any trace remained of the late attack, when I found the physical signs healthy on both sides, and the friction sound, above noted, entirely gone.

Remarks.—The ordinary physical signs of pleuritic effusion vary, according to the amount of fluid in the chest, from mere impairment to complete dulness on percussion of the affected side, and from diminution, or faintness, of the respiratory murmur, to complete absence of it, and of the thrill and resonance of the voice. When the amount of effusion is not too great to prevent altogether the transmission of the vocal vibration, there is also ægophony in the back, particularly over the roots of the lungs; and when the amount of effusion is very great, so that the lung is carnified, and forced upwards in the cavity of the chest, there will also be broncophony under the clavicle of the affected side, more especially, if, as is very frequently the case, there be adhesion of the upper lobes of the lung to the parietes of the chest. The preceding signs refer to

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the affected side of the chest: on the sound side the respiratory murmur is generally developed, or puerile if the amount of effusion on the affected side be considerable. In several of the cases of serous pleurisy just related,* there was present, in addition to the preceding signs, more or less of *bronchial respiration.* Although a variety of bronchial respiration, this sign when present in acute pleurisy differs from the true bronchial respiration of the condensed lung, as well in its character, as in its progress and duration. The best observations on the bronchial respiration of pleurisy that I have met with are those by MM. Rilliett and Barthez in their chapter on the pleurisy of children.† It was observed by them in children of all ages, between five and fifteen, and in all degrees of pleuritic effusion. At a period near to the commencement of the disease it was audible over the whole back of the affected lung; later, only in the neighbourhood of the inferior angle of the scapula, or in the inter-scapular space. They found its duration very variable. Sometimes it disappeared with great rapidity in one, two, or three days from its first manifestation; in other cases it persisted much longer, and then it was audible, sometimes during inspiration only, and sometimes only during expiration. It was observed by them, on the twenty-seventh day of the disease, in the case of a boy, three years of age, who died on the twenty-eighth day; and they refer to other cases in which, where the disease proved fatal, the sign of bronchial respiration was heard up till the last day of life. In none of the cases of pleurisy in which this sign was observed by them could any trace of pneumonia be discovered after death: it seemed, in every instance, to be the result of the effusion. Dr. Graves gives two cases, and Dr. Stokes gives another, in which the sign of bronchial respiration occurred in connection with empyema with consolidation of the lung.‡ When pleuritic effusion supervenes upon condensation of the lung, the ordinary result is a considerable development of the bronchial respiration, but along with this there is also considerable exaggeration of the resonance of the voice, which is not the case in simple effusion without concomitant consolidation of the

* Cases II, IV, and X. † Maladies des Enfans, tom. i, p. 148.
‡ Dublin Hospital Reports, vol. v.

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lung. The ægophony of pleuritic effusion is certainly not an exaggeration, but rather a diminution, or at least a mere modification, of the vocal resonance. Dr. Stokes, however, mentions the occurrence of this sign without any such physical conditions as those just referred to, viz., in cases of very acute uncomplicated pleurisy, he says—"The sign of bronchial respiration has been considered too much as peculiar to solidity of the lung. It is by no means uncommon in pleuritic effusion, and may be observed in the most recent as well as in chronic cases." Its mechanism is not yet understood.* The occasional appearance of bronchial respiration in pleurisy has been remarked by Andral, and is attributed by him to condensation of the air-vesicles by the pressure of the effused fluid. Dr. Walshe appears to take a similar view.† But, as Dr. Stokes has justly observed, were this the only condition necessary for its occurrence, bronchial respiration ought never to be absent in pleuritic effusion, which always necessarily involves compression of the lung. Grisolle appears to have met with this sign very frequently. He says he has observed bronchial respiration in twenty-five out of fifty cases of pleuritic effusion, the histories of which had been preserved by him, and in one-fifth of these the respiration was undistinguishable from that of pneumonic consolidation of the lung.‡ He concludes that this sign is not so pathognomonic of consolidation of the lung as Andral, Barth, and Roger, as well as most other stethoscopists, have assigned to it. The bronchial respiration of pleurisy is in general easily distinguished from that of pneumonia by the absence in the former of the crepitant râle in the surrounding parts, and by the diminution of the resonance of voice, and of the vocal fremitus;‖ also, in some cases, by an improvement of the percussion over the part affected by placing the patient prone, although I quite agree with Dr. Stokes that a change in the extent of the dulness on percussion produced by altering the position of the patient, is by no means so constant, or so serviceable a symp-

* Diagnosis of Diseases of the chest, p. 494.

† Diseases of the Heart and Lungs, p. 284.

‡ Sur la Pneumonie, p. 508.

‖ The vocal resonance and fremitus were unaltered in Case X when first examined.

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tom of pleuritic effusion as might, *à priori*, be expected. MM. Barthez and Rilliett remark, that in almost all the cases of pleurisy in which the bronchial respiration was observed by them the disease followed a most acute progress. The frequency of bronchial respiration in the pleurisy of childhood they attribute to the proportional narrowness of the chest of the infant as compared with that of the adult, the greater frequency of the respiratory movements, and, in some cases, to the small amount of effusion present. The occurrence of bronchial respiration in pleurisy is, undoubtedly, incompatible with the presence of very copious effusion, and it will generally be found to disappear as the amount of effusion increases, to re-appear again, at a later period of the case, when the effusion is being absorbed. But I question whether narrowness of the chest has much influence in the production of this sign, for the subject of Case X, in whom this sign was very marked, was distinguished by an unusually full and well developed conformation of the chest. My own experience of the sign of bronchial respiration in the preceding cases of pleurisy, and in some former cases in which I have met with it, would incline me to associate most frequently with its occurrence the pathological condition of serous effusion with, in addition, partial plastic adhesion of the lung to the costal pleura. This conclusion I had come to before seeing Dr. Walshe's recent work,* in which he assigns, as one cause of the bronchial respiration of pleurisy, the existence of adhesions between the costal and the pulmonary pleura. The physical explanation of this sign, however, is by no means easy.

Ægophony when present, is in general a very valuable and characteristic sign of effusion. Grisolle has heard it, however, where there was no effusion, in some patients whose voice was naturally shrill, especially in old men.† A case is given by him which illustrates the possible fallacy of this sign. The patient, a female, was examined by himself and Chomel, and ægophony was recognized in the lower part of the left lung, behind, broncophony in the corresponding part of the right lung. On dissection, simple pneumonia, without effusion, was found upon

* Op. cit., p. 93. † Op. cit., p. 242.

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the left side, and extensive pleuropneumonia upon the right.* A case, which is given by Louis, confirms this. A patient died of phthisis: ægophony had been audible over the shoulder-blade, and circumscribed pleurisy was diagnosticated. On dissection, however, no effusion existed, but the lung was found condensed with tubercles in nine-tenths of its extent.†

From the preceding cases it is evident that Bryonia is a remedy of very great value in serous pleurisy. Dr. Wurmb, of Vienna, has published an opinion to the effect that Bryonia is far too frequently employed in pleurisy, and its utility decidedly over-estimated. This opinion may be taken with some reserve as coming from a physician who asserts that he has never seen the slightest effects result from the homœopathic administration of Lycopodium, one of the most valuable medicines in the materia medica. I can only understand Dr. Wurmb's estimate of the value of Bryonia in pleurisy, on the supposition that the plastic form of the disease may be that which is most common at Vienna, to which variety Bryonia is indeed not adapted. I am unable to suggest any indications founded on the general and subjective symptoms of pleurisy which can determine the selection of Bryonia in preference to Aconite before effusion has taken place. The characteristic marks of the Bryonia inflammatory fever, as given by Hartmann,‡ viz., the greater development of internal than of external heat, the outward-pressing headache in the forehead and temples, relieved by counter-pressure of the hand, and the characteristic irritability and vehemence, are by no means invariably present in the first stage of pleurisy. As formerly said, however, serous pleurisy being much the more frequent variety of the disease, at least in this climate, it will generally be most prudent to commence the treatment with Bryonia. The cases I have related were all treated with the third dilution of the medicine, in doses of one-eighth part of a drop, given at intervals of from four to eight hours. The dose of Bryonia recommended by Dr. Trinks, viz., three drops of the second dilution every three hours is unneces-

* Op. cit., p. 508. † On Phthisis—Obs. xxxiv.

‡ Practical observations on the Homœopathic remedies. Translated by Dr. Okie, p. 55.

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sarily large. In inflammatory diseases in which it is indicated Hartmann recommends the twelfth to the thirtieth dilution of Bryonia, and these higher potencies have effected all that medicine can effect in the treatment of pneumonia in the hands of Dr. Tessier.

The other remedies likely to be of use, in exceptional cases of serous pleurisy, are Arsenicum, Rhus, Digitalis, and Scilla. Scilla has been recommended in pleurisy by Hahnemann himself, and subsequently, also by Hartmann; but this medicine has never yet received that attention in the treatment of pleurisy which its pathogenesis demands. I recollect a case of acute serous pleurisy which occurred to me seven years ago, before I had adopted homœopathy, in which the administration of two or three of the "pilulæ digitalis et scillæ," of the Edinburgh Pharmacopœia, was followed by a remarkably sudden subsidence of the febrile symptoms, and a rapid disappearance of the effusion from the chest. Whether or not the remedies acted antipathically,* and to which of them the beneficial result was to be ascribed, I have not to this day been able to determine. Digitalis is highly lauded by Fleischmann: he gives it in the lowest dilutions.

I proceed now with the cases of plastic pleurisy:—

Case XI.

March 27, 1850.—A gentleman, aged 45, tall, fair, and of a strongly sanguine temperament, was exposed to a cold draught yesterday in a railway carriage, into which he had entered perspiring profusely from active exercise; perspiration was checked; he came home and went to bed, feeling ill. To day he complains of general feeling of unwelness; feels bruised all over; aching pains, especially in the loins; tongue white; pulse 84, full.

Tinct. Nux vom. 3, gtt. $^1/_6$th every six hours.

28th.—Slight pain in the right side of the chest, above the nipple; pulse 120; thirst.

Tinct. Aconit. 1, gtt. $^1/_6$th every two hours.

29th, 12 noon.—Feels much relieved; has got up, shaved himself, and come down stairs; aspect sickly; colour yellowish; pain above

* Hahnemann says that Scilla is never otherwise than antipathic to dropsical effusion.

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the right nipple continues, and is aggravated by a short, dry cough, which came on last night. In consequence of the pain he was unable to lie upon the right side during last night; pulse 120 while sitting in the chair; a soft friction sound is audible at the close of full inspiration over the seat of pain; percussion good. To go to bed immediately. Tinct. Acon. 1, gtt. $^1/_8$th every hour.

10½, p. m.—Feels a good deal better; less pain; he can now lie upon the right side; has eaten some food with relish; little thirst; pulse 112, full and strong; skin hot. During the night the Aconite was given every hour, with occasional doses of Bryonia 3, and next morning, when visited, he expressed himself as feeling much worse, and was sure that the medicine was doing him harm, as he felt decidedly worse after each dose he took. He said he had therefore resolved to take no more of it, and had sent for an allopathic practitioner. From this time accordingly he passed out of my hands. The allopath bled him twice from the arm, and cupped him over the chest; after about seven months nursing, with the help of a respirator, he was able occasionally to venture out to his counting house.

Remarks.—This case was a very valuable one to me: it taught me a lesson which I will never forget. The patient was manifestly suffering on the morning of the 30th, from a medicinal aggravation of the symptoms, resulting from the frequent and uninterrupted administration of the Aconite every hour during the night. The mode of treatment in this case was founded upon that recommended so strongly by my esteemed friend, Dr. Henderson, in the cases of acute pneumonia, which he had published shortly before,* and which recommendation he has renewed in the "Cases of croup" which have subsequently appeared. Dr. Henderson states, that he seldom meets with medicinal aggravations in the treatment of acute inflammations, and, besides the alteration of medicines, he has recommended a "persevering frequency" in the repetition of the doses, which is quite unprecedented. Frequent repetition of the dose, even in acute diseases, is, undoubtedly, theoretically incorrect (for homœopathic cure takes place by reaction), and my own experience is not favourable to it.

* Brit. Jour. Hom. Vol. viii, p. 87. † *Ibid.* p. 348.

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The practice of very frequent repetition of the dose is, I believe, founded, in some instances, on a latent impression of the essentially antipathic curative action of homœopathic remedies; a view which is just the conception of homœopathy entertained by allopathists, and one which indeed forms a just basis for all their ridicule of infinitesimal doses; for it is only in virtue of the remedy being homœopathic to the symptoms that in the infinitesimal dose it has any effect at all. Moreover, to deny the frequent occurrence of medicinal aggravations is to reject what to my mind is the only conclusive evidence of the curative efficacy of infinitesimal quantities of medicine; for it is only by the occurrence of aggravations that the effects of the medicines are certainly manifested, and it is only by watching the relation of the medicinal aggravation of the symptoms to the amelioration which ensues, that we are assured of their curative efficacy, and are able to meet the objection of the allopath, that our cures are the work of nature. In the words of my friend, Dr. Scott:

"To deny the existence of medicinal aggravations, and at the same time to acknowledge the curative efficacy of infinitesimal doses, seems to be equivalent to asserting, either that the labour of thus far reducing the quantity of medicine is unnecessary, or that the practitioner never errs in selecting the due proportions, though his choice may lie between the incalculable range of proportions from the crude mass to the thirtieth dilution.

"The design of so numerous dilutions is to avoid aggravations; are we to suppose that this design is universally attained, and that every physician is so fortunate as exactly to hit upon the curative amount, or at least, though it may possibly fall short, can never exceed? If, for example, there can be no power to aggravate by the third or sixth, to what end do we raise the dilution to the thirtieth? and even should we suppose that although the design of Hahnemann in carrying his attenuations to this degree was to avoid aggravations, yet that the actual result is merely that the medicine more thoroughly penetrates the system, shall we suppose that this minute penetration can never transgress the required bounds, and produce an aggravation of the symptom, as well as a removal of it? To believe that the

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labour of attenuation has been so successful as to ensure a curative result, and nothing else, in every instance of correct selection of the medicine, appears, certainly, not that view of the homœopathic theory which is most easy of belief."

It must, however, be confessed, that where two (or more) medicines are given alternately, in rapid succession, it will be difficult or impossible to distinguish any characteristic medicinal effects at all; and it will generally be found, that there is an intimate association in the experience of every practitioner, between the circumstances of uncertainty, or carelessness, in the selection of the remedy, the prescription of two medicines to be administered alternately, and a frequent repetition of the doses.

Next to the careful selection of the medicine, I believe it is, in a right judgment regarding the expediency of, and when expedient, the proper period for repeating the dose, that the secret of successful practice mainly consists. The *amount* of the dose is a matter of altogether secondary importance to that of its repetition. Of the two cases published by Hahnemann one was cured with the Mother tincture, the other with the twelfth dilution; but in neither case was more than a single dose administered. In chronic diseases, I feel persuaded that the method of administering medicines introduced by Wolf, further developed by Ægidi, and now almost invariably practised, should be the exception and not the rule. Previous to the introduction of the method I refer to of repeating medicines, in solution, in daily or more frequent doses, it had been generally believed that, in most cases of disease, the *first* dose of a carefully selected and appropriate remedy will materially alter the symptoms; a conviction which ought to pervade the mind of every practitioner when he is prescribing for a case.

I can merely allude to this subject at present; at a future time I hope to enter into it and illustrate it more at large, should it not previously be undertaken by some one more competent than I am to the task.

That the view I have taken above of the effects of the treatment in the preceding case was correct, will appear from a study of the next case, which occurred shortly afterwards.

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Case XII.

May 5th, 1850, 12, p. m.—A pale delicate boy, aged 7, was seized this afternoon with shivering, and stitch pain in the right side of the chest and back, which prevents him from drawing his breath. Short dry cough; pulse 160; tongue foul; breath heavy; thirst; a harsh friction sound is audible over the seat of pain in the lower right side.

Tinct. Aconit. 1, gtt. $^1/_4$th alternately with Tinct. Bryonia 3, gtt. $^1/_4$th every hour.

6th, 8½, a. m.—Pulse 130; less cough and less pain in the chest; a very restless night; friction sound less marked; percussion good.

Cont. Acon. and Bry. alternately every two hours.

9½, p. m.—Face flushed; skin hot; pulse 132. Has had the medicines alternately every hour and a half since noon to day, and he feels a strong repugnance to take them, alleging that the taste of the spirit in the water sickens him. Is restless, uneasy, and cries.

Suspend medicine.

7th, 8½, a. m.—Pulse 121; feels a great deal better; has had a very good night; tongue more moist.

Bryonia $^6/_1$ now.

9½, p. m.—A good deal of headache and restlessness after the dose of Bryonia in the forenoon; pulse now 106; occasional severe attacks of pain in the side; a dry bronchial ronchus prevents the character of the friction sound in the right side from being ascertained; percussion of both sides of the back equal and good; relished his tea this evening. Suspend medicine.

8th, 8½, a. m.—An excellent night; little cough and little pain in the chest; pulse 110 when asleep; has had no medicine for twenty-four hours. Bryonia 6, one globule now.

3, p. m.—Pulse 110, but easily excited to 120 or more; face flushed. Acon. $^6/_2$ now, and again at 7, p. m.

9½, p. m.—Very comfortable; pulse 102; little or no cough. Has taken tea with good appetite.

Acon. 6, two globules at 11 p. m., and again at 4 a. m.

9th, 9½, a. m.—Pulse 96; slept well: pain in the side has been little complained of.

Acon. 6, one globule at 11, a. m., and again at 3, p. m.

8th, p. m.—pulse 94; pain felt only on very full inspiration. Has eaten food largely; physical signs natural.

Acon. 6, one globule now, and again at 1, a. m., and 7, a. m.

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10th, 12, noon.—Pulse 94; less appetite for breakfast; some thirst. Acon. 2, one globule now, and again at 5, p. m.

9½, p. m.—Pulse 84; has eaten heartily; skin cool.

Acon. $^2/_1$, every six hours.

11th, 12, noon.—Pulse 84; a very slight trace only of the pain is felt at the close of full inspiration.

Sulph. $^6/_2$ now, and again to-morrow morning.

12th.—Feels quite well. Omit med.

Remark in this case, the discomfort produced by the Aconite and Bryonia during the 6th, and the signal benefit which followed, next day, after suspending the medicine. This case came under treatment before Dr. Trinks' paper was published, but the history confirms his observations that the sphere of influence of Bryonia is limited to serous pleurisy. For, although the pulse fell from 112 to 106 during the day of the 7th, after the dose of Bryonia 6, yet, the same medicine, repeated on the 8th, had no effect—proving that the amelioration on the 7th was the reaction after the aggravation induced by the Aconite on the preceding day. Yet, had not the child refused to take the medicines on the night of the 6th, I believe that an ill judging anxiety would have led me to persevere in their administration, to the serious detriment of the case. Another point worthy of remark in this case was, that after Aconite 6, several times repeated, had failed to bring down the pulse below a certain standard, Aconite 2 subsequently succeeded in reducing it still further. It is by no means infrequent, when repeating a medicine, to find it necessary to descend from a higher to a lower potency.

Case XIII.

September 3, 1850, 9 a. m. A lady aged about 50, travelling to Glasgow by sea yesterday, came up stairs on the deck of the steamboat out of a hot cabin, perspiring profusely. The air was very chilly, and she was sensible that the perspiration was suddenly checked. Shortly afterwards she was seized with acute pain under the right mamma, preventing full inspiration. This pain has ever since continued to increase, and she has had a restless, sleepless, night; pulse 100; skin hot; friction sound audible with inspiration over a space of several inches below, and to the outside of, the right

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mamma; percussion in both sides of the back, equal, and good.

Tinct. Acon. 1, gtt. $\frac{1}{8}$th every three hours.

9, p. m.—Pulse 100; feels easier; pain rather less acute; short, dry cough. Cont. Acon. every three hours.

4th, 9½, a. m.—Pulse 96; skin cooler.

Acon. 24, two globules every three hours.

9, p. m.—Pulse 100; skin hot; hands perspire; stitch pain continues, and friction sound is audible as formerly; percussion clear in the back. Tinct. Acon. 5, gtt. $\frac{1}{8}$th every three hours.

5th, 9½, a. m.—Better; pulse 90; has slept well.

Acon. 5, gtt. $\frac{1}{10}$th at 1, p. m., and again at 6, p. m.

9, p. m.—Pulse 92; feels pretty well; pain less acute.

Tinct. Acon. 1, gtt. $\frac{1}{8}$th every four hours.

6th, 9½, a. m.—Pulse 100; restless night, with a good deal of pain in the side.

Tinct. Sulph. ℘ gtt. $\frac{1}{4}$th now, and again at 1, p. m., and 6, p. m.

9, p. m.—Pulse 86; has expectorated some yellow mucus with the cough; feels better, but still has a good deal of acute pain.

Tinct. Sulph. gtt. $\frac{1}{4}$th at 12, p. m., and 6, a. m.

7th, 9½, a. m.—A good night; has enjoyed her breakfast this morning; pulse 100 (after breakfast); much yellow mucus expectorated with the cough; friction sound continues. Sulph. 4, gr. j. at 2, p. m.

9½, p. m.—Pulse 86; copious expectoration. Sulph. 4, at 12, p. m.

8th, 12 noon.—Pulse 86; little or no pain, and that only felt on full inspiration; free expectoration continues; Appetite good.

Tinct. Sulph. gtt. $\frac{1}{4}$th night and morn.

The Sulphur was continued for a few days longer, aud she improved daily. A very careful examination of her chest was made two months afterwards, and no trace of the friction sound could be detected.

Remarks.—This case, like most cases of plastic pleurisy, was the result of suddenly-checked perspiration, for the consequences of which Aconite is so remarkably efficacious; this circumstance may be taken in connection with the fact that it is in plastic pleurisy that blood-letting affords most decided relief. The very low dilution of Aconite did not succeed so well when first administered. Subsequently, when the fifth dilution had reduced the pulse as low as it was able, the first dilution, given again, brought down the pulse still further, after a previous aggravation of the symptoms during the night of the 5th of Sep-

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tember. The benefit was evidently to be ascribed to the Aconite and not to the intervening dose of Sulphur, as this medicine failed to reduce the pulse lower, although continued for several days longer and given in a lower potency.—Sulphur, however, is, in general, a remedy of priceless value in inflammations tending to plastic effusion; especially when the pulse is not very quick, although full and strong. I have lately had under my care a case of acute endocarditis, in which Sulphur produced a remarkably beneficial effect after Arsenic and Aconite had failed. Aggravation of the symptoms took place in the first instance, and the amelioration resulted upon suspending the medicine.

Case XIV.

June 30, 1850.—A spirit dealer, aged 35, full, bloated, and of intemperate habits, was seized, yesterday, with acute stitch pain in the lower part of the right lung, about an inch below the nipple, but extending also round the side to the back. There is also a short, dry cough, and the pain in the side is much increased by coughing; was very feverish during last night; feels somewhat better to-day; pulse 112; there is a soft friction sound, of limited extent, over the seat of pain, in front; percussion good on both sides behind.

Aconite 2, one globule every three hours.

July 1.—Had a very restless night, and was obliged to sit up all night in consequence of the pain; is perspiring profusely; pulse 88; little cough; the pain is not always felt in the same spot, but shifts about in the space before referred to.

Bryonia 6, one dose of two globules.

2nd.—Restless night, with much pain in the side; is still perspiring profusely; pulse 90; no appetite; friction sound is not audible to-day; in the lower right back there is scanty mucous rattle at the close of full inspiration; is quite free of pain in front now.

Bryonia 6, two globules at bed-time.

3rd.—Is suffering acutely from stitch-pain in the right lung, which is diffused, and the precise locality of which he is unable to indicate; the pain was worse during the night, and he had besides a good deal of short, dry cough; pulse 92; tongue white; breath heavy; the respirations are short and hurried; neither friction sound nor the mucous rattle of yesterday are audible to-day.

Tinct. Acon. 1 gtt. $\frac{1}{8}$th every four hours.

4th.—Feels a good deal better; pulse 78; can take a full breath

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to-day without pain; coughed a good deal this morning, with mucous expectoration; perspires less, and is less thirsty.

Tinct. Acon. 1, gtt. $^1/_6$th every eight hours.

5th.—Pulse 78; better, but has still some pain on full inspiration; slept without waking for several hours last night.

Cont. Acon. 1, every eight hours.

6th.—Little or no pain, even on coughing. Suspend medicine.

7th.—Expresses himself as quite well.

Remark.—This case further illustrates the efficacy of Aconite in plastic pleurisy. After the first day of Aconite 2, the pulse fell from 112 to 88. Subsequently, when Bryonia had been given twice, without the slightest effect, the pulse again fell from 92 to 78 under Aconite 1.

Case XV.

November 19th, 1849.—A man, aged 28, presented himself at the Dispensary complaining of severe pain in the left side of the chest in front, aggravated by inspiration, and increased also at night so as to prevent him from sleeping. The pain has existed for a fortnight, and is much increased on coughing: cough is excited by every movement of the body. Friction sound is audible over the lower part of the left side, where pain is complained of; percussion of the back good; pulse 96.

Tinct. Sulph. ϕ, gtt. $^1/_6$th three times a day.

22nd.—Returned to the Dispensary. No pain felt now, even on full inspiration, and no cough, even on active exercise; friction still faintly perceptible under the left mamma; feels quite well. Suspend medicine. The patient did not return.

Case XVI.

March 27th, 1850.—A woman, aged 26, came to the Dispensary. She has been ill for three weeks with spitting of blood and of tough mucus. Had "inflammation in the left lung" after delivery, five weeks ago, for which she was repeatedly leeched. Pain is now felt in the lower part of the left side on full inspiration, and friction sound is audible in this region at the close of full inspiration; pulse 76. Sulphur 6, one globule night and morning.

31st.—Much better than for six weeks past. No pain in the chest, and no hæmoptysis for two days; friction sound quite gone; pulse 80; better appetite than for some weeks. Omit medicine.

Remarks.—In neither of the two preceding cases was there

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much fever, and in both of them the beneficial effects of Sulphur were very decided. Such cases as this, if carelessly examined, might be deemed cases of mere rheumatic or neuralgic pleurodyne; a much rarer disease than is commonly supposed. My own experience would lead me to concur in Cruveilhier's remark, that "pleurodyne is nothing else than adhesive pleurisy." *

In addition to Sulphur, Kali carbonicum is a medicine deserving of attention in plastic pleurisy.

The two cases which follow illustrate pleurisy of a very different type from that of either of the varieties previously described. These cases are examples of typhoid pleurisy, a disease which is almost uniformly fatal in the usual practice of medicine; and one which is necessarily fatal, under all circumstances, when the application of specific remedies has been delayed until the products of asthenic inflammation have been effused.

Case XVII.

A gentleman, aged 45. The patient has not been feeling well, and has been living irregularly for some time. He has also been labouring under much anxiety of mind, connected with his business.

After a severe rigor, he was seized, November 26th, 1849, with aching pains in the loins and limbs, and sore throat. Tongue very foul, thick yellow coating; breath extremely fetid; great thirst, with, however, complete inability to swallow more than a teaspoonful at a time, in consequence of the swelling and inflammation of the tonsils and soft palate; excessive headache.

He got Belladonna 3, one-eighth of a drop every four hours, and the symptoms all yielded; the sore throat being followed by copious discharge of viscid mucus from the back parts of the mouth. For this symptom he got Mercurius on the 28th, and at mid-day on the 29th of November the expectoration had ceased, and he appeared to be almost well.

30th.—At 2 a. m. I was called to him, and found him breathing rapidly, and complaining of an extremely acute pain under the left nipple. He could not refer the pain to any one spot, but said that it was diffused over the whole side. He lay upon the affected side, finding most relief thus, and by pressing firmly with his hand upon the chest. He attributes the pain to his having caught cold from

* Quoted by Dr. Watson, Lecture LII.

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the clothes falling off the bed while he was asleep. On applying the stethoscope, no peculiarity in the respiratory sounds could be detected. Percussion was good; pulse natural; no cough.

Aconite 2, one globule every two hours; hot fomentations to the side.

12 noon.—Suffering acutely from pain.

Bryonia 3, gtt. $^1/_8$, alternately with Aconite 1, gtt. $^1/_8$, every two hours.

6 P.M.—No better, pain still very acute; a faint creaking friction sound is audible over the seat of pain; no cough.

Cont. Acon. and Bry. as before.

10 P.M.—Pulse 92; skin cooler; pain still very acute.

Bryonia 3 every four hours.

December 1st, 9 A.M.—Is no better; has not slept all night; pulse 102, weak; respirations 48; is perhaps easier since 2 A.M.; disposition to perspire.

Cont. Bry. A teaspoonful of brandy now, and again in two hours.

12 noon.—Pulse 112; perhaps less pain.

Omit the brandy, and instead give beef-tea;

Rhus tox. 3, gtt. $^1/_4$th now.

5 P.M.—Pulse 112, very weak; much less pain.

Continue the beef-tea; Rhus 3, gtt. $^1/_6$th now.

10 P.M.—Pulse 110; considerably less pain; diffused creaking leather sound is audible over the affected part in front, the back cannot be examined; excessive thirst.

Rhus 3, gtt. $^1/_6$th now, and again at 4 A.M.

Dec. 2nd, 9 A.M.—pulse 130, almost imperceptible; respiration panting; is sinking. Brandy every hour.

2 P.M.—Died.

3rd.—*Post-mortem examination.*—Lungs both healthy, and non-adherent throughout; over the seat of pain on the left side the costal pleura had a slightly livid and congested appearance; on displacing the lung forwards, a quantity of thin sero-purulent fluid, equal in amount to about ℥ ij, was removed.

Remarks.—This was a well marked case of asthenic pleurisy, and it had the termination almost invariably of this form of the disease. The whole attack lasted but thirty-six hours. The blood of this patient must have been in a very depraved state when the attack supervened. I have no doubt of the erysipelatous character of the disease. The angina of the throat was manifestly of this nature, and the beneficial effect of the Belladonna upon it was very marked. The pleuritic seizure assumed

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the same type, doubtless, because the mass of the blood still retained its morbid character. At the time this case occurred I believed it just possible that the disease might have been excited by the Mercurius corrosivus, administered on the 28th. The medicine was given in the second dilution, and under its use the profuse discharge of viscid mucus from the throat very suddenly ceased. The pathogenesis of Mercury includes most of the local, as well as all the general, symptoms of pleurisy; and as is the case with most of the mercurial symptoms, those of the chest appear chiefly on the left side. The following are some of the symptoms of Mercury which refer to this disease:

Single stitches in the chest when stooping.
Stitches when coughing and sneezing.
Severe stitches in the left chest during and between the acts of respiration.
Stitches in the left side.
Stabbing pain in the left side, under the short ribs, during every inspiration, &c.

Pneumonia is a frequent toxical effect of Mercury,* and also inflammation of the serous membrane of the abdomen.† The Rhus appeared to have a good effect on the afternoon and evening of the 1st December. In a similar case again I would give Rhus, and perhaps Arnica, in a higher dilution, and allow each dose to exhaust its action before repeating the medicine.

Case XVIII.

November 19th, 1851, 10 P.M.—A clergyman, aged 35, convalescent from a severe attack of small-pox, had been out of bed and on the sofa but one day when he was seized with very acute stitch pain in the lower and back part of the right lung. The pain is aggravated on inspiration, and by pressure of the finger upon the spot. Respiratory sounds natural; percussion good.

Acon. 3, gtt. $^1/_8$th, alternately with Bryonia 3, gtt. $^1/_8$th, every two hours.

20th, 9·30 A.M.—No better. Pulse 92, weak; no sleep all night, has been obliged in consequence of the pain to sit up in bed propped up with pillows, and cannot lie down; pain extremely acute on inspiration; no appetite; great anxiety and anguish.

Rhus 3, gtt. $^1/_8$th at 11 A.M. and again at 5 P.M.

* Christison on Poisons, p. 419. † Ibid, p. 437.

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10 P.M.—Pulse 92. Felt rather easier after both doses of Rhus, especially after the first.

Rhus 3, gtt. $^1/_8$th now, and again at 4 A.M.

21st, 9 A.M.—No relief to the pain but in sitting up; slight expectoration of pure blood with mucus; was more quiet after both doses of Rhus, and slept a little; feels very weak; pulse 108; great anxiety; thirst; physical signs normal, so far as can be ascertained, but he cannot bear a careful examination of the chest. Dr. Scott saw the patient with me on this occasion, and we decided to give him Arnica: first, because it seemed the medicine best indicated in the circumstances of the case; and, secondly, because the patient appeared to have had perhaps more than enough of the Rhus already.

Arnica 6, one globule now; to have beef-tea frequently.

4 P.M.—Pulse 104; more easy since morning; two expectorations of blood. Rhus 12, one globule now.

10 P.M.—Pulse 104; pain as before.

Arnica 6, one globule at 2 A.M.

22nd, 9 A.M.—Pulse 104; no expectoration of blood through the night; feels easier. Arnica $^6/_1$ now.

3 P.M.—Pulse 98; little thirst; can now lie down a little upon the left side; expectoration of blood continues occasionally.

Arnica $^6/_1$ now.

10 P.M.—Pulse 98; much pain in the side, and a good deal of cough, with expectoration of blood.

Rhus $^{12}/_1$ now, and again at 4 A.M.

23rd, 9 A.M.—Pulse 92; cough with expectoration of blood continues. Suspend med.

4 P.M.—Pulse 96; thinks he can inspire more freely; more pain since morning; hæmoptysis continues.

Rhus $^{12}/_1$ now.

24th.—In statu quo. Rhus $^{12}/_1$.

25th, 9 A.M.—No change. Arnica $^6/_1$.

8 P.M.—Pulse 94, firmer; expectoration of blood continues.

Acon. 3, four globules now, Arnica 3, gtt. $^1/_8$th at 2 A.M.

26th, 9 A.M.—Pulse 96; much distress and moaning after the dose of Arnica; lay on his left side all night; hæmoptysis continues.

Acon. $^3/_2$ now, and again at 3 P.M.

9 P.M.—Was very easy after both doses of Aconite. Pulse now 88.

Acon. $^3/_2$ now, and at 4 A.M.

27th.—Pulse 80; feels much better.

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From this time the pulse gradually fell to its natural standard, and the hæmoptysis ceased. The patient was quite convalescent on the 1st of December.

Remarks.—This case, at the time it occurred, in several of its features, vividly recalled to my recollection the one last recorded, which occurred two years previously. The extreme degree of pain, the unaccountable anxiety, the weak pulse, slow at first, but gradually increasing in frequency, and the excessive prostration, were the same in both. In both the disease had supervened when the constitution was in an extremely asthenic state. I attribute this patient's recovery partly to the Rhus, and partly perhaps to the Arnica, but also in no small measure to the frequent administration of beef-tea, a point of much importance in the treatment of cases such as this. It will be observed that the Aconite was of use on the 26th, only when the typhoid character of the disease had disappeared, and the pulse had regained somewhat of its size and strength under the administration of nourishment.

In addition to Rhus Toxicodendron and Arnica, particularly the former, which corresponds perhaps more than any other medicine with the symptoms of typhoid pleurisy, it is probable that in some cases, Muriatic Acid may be the remedy indicated; and in others at a very late stage of the disease, Carbo animalis, as recommended by Dr. Wurmb, may also be found useful.

[In accordance with our principle of the individual responsibility of each contributor, we have published the forgoing paper without notes or interpolations. But for fear the cause of Homœopathy should suffer through any doubts cast on the accuracy of its statistics, we feel compelled to remark, that we question the accuracy of the nomenclature of many of the foregoing cases. We differ from the author in the interpretation of some of the stethoscopic signs granting that they were correctly observed; and even admitting that in strict pathological theory the pleura might have been inflamed to a certain extent in all the cases, yet the affection was not of sufficient gravity to admit of their being put side by side with hospital cases of acute pleurisy, but many would be arranged under pleurodynia or other affections in which the implication of the pleura was a subordinate matter. With respect to the general questions of the repetition of the dose and alternation of medicine, the author has of course a perfect right to express his opinion. *Valeat quantum.* We believe, however, he has not been long engaged in practice, and we think it very probable that when he shall have had as much experience as the practitioners whose views he so freely criticises, he will be inclined to express himself more dubiously on a subject which grows in difficulty the more deeply it is studied, and on which the most experienced and learned seem the least disposed to dogmatize.—EDITORS.]

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REVIEWS.

THE HUMAN BODY AND ITS CONNEXION WITH MAN, ILLUSTRATED BY THE PRINCIPAL ORGANS, by JAMES JOHN GARTH WILKINSON, M. R. C. S. London: Chapman and Hall.

It is so rare now-a-days to meet with a book full of life in any department of literature or science, most of all in medicine, that we cannot choose but greet such an one when it appears with our heartiest welcome, even should the life with which it teems be of a tropical fantastic luxuriousness, little suited to the cold critical climate it is our lot to inhabit; and having given such a welcome, we might be satisfied with leaving this original and eloquent writer to the judgment of our readers. But we fear that the style and language will be so 'caviare' to the many, that unless they have some sort of notion what the work is, they may impatiently, if not contemptuously, fling it down as a setter forth of strange doctrines.

We disclaim at the onset any intention of writing a review of this book; were we to undertake this task, which it would be presumptuous in us to do, and had we sufficient space to do justice to the subject, it would be impossible for us either to praise it or blame it too much. It is so full of beauty and truth, and so full of faults, indeed a most provoking book, which excites continual dissent and admiration; however, all we shall attempt is to give our conception of the general idea which pervades it, and to point out the kind of errors the author seems to us to fall into, and then give some examples of those peculiar excellences which distinguish this from all modern treatises on the same subject.

The author of the Vestiges of the Creation traces man from the lowest atomic aggregation of particles, by gentle steps through the vegetable and animal kingdom up to a little higher than an ape; Dr. Wilkinson reverses the order, assumes man to be a spirit only a little lower than an angel, and passing from above downwards shews his relation as an embodied spirit to the world he inhabits. The former is like a mineralogist descanting

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on geology, speculating upon the formation of the mountain-heights from the debris brought down by the snow-born torrents, and gradually toiling upwards to verify his theories, but the higher he goes the more laborious is the ascent; the clear, thin air, does not suit his frame; he pants in pain, and the blood-drops which fall from his face warn him that the region does not suit his organization. The other is like an angel coming down to the earth, as Milton describes Michael to have done, and poising his airy figure upon some needle point of Mont-Blanc, surveying all the neighbouring heights, and peering down into the distant plains, and from this view giving his notion of the formation of our globe. And then descending some of the deep valleys, but finding the haze annoying, and getting more and more confused in his ideas and language the further he recedes from those high regions to which he seems native.

Nor can it be said to be unphilosophical to adopt either the ascending or descending ladder of man's two-fold relations, for as Bacon says, "man is akin to the beast by his body, and if he be not akin to God by his spirit, then he is a wretched and ignoble creature, little better than a kind of vermin." To assume that man is a spirit, in direct communion with God, is perfectly legitimate, and to regard the body of man as the vesture, the living vesture, or rather incorporation of this spirit, is in consonance with reason and feeling, and the universal tradition of our race. But there is great difficulty in working out any practical problem from this axiom, for as we know nothing of spiritual existences, we cannot draw inferences from them to explain human phenomena, so after all such a work as the present belongs rather to the poetic than the didactic order. All it does is to rouse our feelings to a higher pitch respecting the wonderful bodies we inhabit; it is a long psalm, on the theme "we are fearfully and wonderfully made." Let it not be supposed we wish to undervalue its utility, because we do not consider it as a good scientific exposition of physiology; on the contrary, we believe that in these dead dissecting days, we stand more in need of a psalmist than an anatomist; but we would prepare our readers for what they have to expect, lest they should be disappointed, and we should advise any who are of a cold, prosaic, critical matter-of-

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fact temperament, rather to avoid a work which will appear to them prose run mad.

The book, we repeat, is a most eloquent discourse *about* physiology, it is not a poetic treatise on physiology or the functions of an animal body. This would have been a higher and quite a possible task, even for our author. But to succeed in this he would have required to have studied Swammerdam more and Swedenborg less—to have been more conversant with the forms of the organs, to have been more self-critical, less speculative and metaphysical, and we look forward to the time when his wild and lustrous fancy and love of lofty speculation shall be tutored by his present busy practical life, and be used to illustrate the matter in hand, rather than to carry him over it, and then we fully anticipate that he will be one of the powerful and influential writers of his age.

It is somewhat remarkable that while our author excels so much in all larger generalizations and statements of abstract truths, and rather fails in giving a simple and effective statement of details, yet some of the very best portions of his book are those requiring a certain bold common sense and practical sagacity. As an example of this we shall quote what he says about diet.

"We have postponed to this place the subject of wine as a part of diet, because the case of stimulants rests on human life, and not otherwise on physiological laws. Alcohol in its various forms acts specifically upon the brain and animal nature, themselves the stimulants of the other systems of the body. Teetotalism on this account takes rank with vegetarianism, as both of them tend to reduce the animal powers.

"What is called 'total abstinence' has claims which deserve to be admitted. The abstainer from principle is generally workful to an extraordinary degree; has his senses about him, such as they are; is equally cool and collected at all parts of the day; feels little irritability at current events, but bears and forbears well. This is while health and strength last. And if he be capable of fanaticism, or, kindly speaking, faith in abstinence, he may be a strong man through life on cold water. His strength will be in proportion to his dose of faith. A batch of abstinence soldiers working in emula-

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tion against a batch accustomed to stimulants will generally be the conquerors. New systems, especially self-denials, have the advantage of enlisting Faith, the wonder worker. The victories of Mahomedanism were due in part to the combination of a religious faith with a faith in abstinence; a union of two powerful springs affecting the soul and the body. Torrents of passion which had been wont to vent themselves in pleasures were suddenly stopped off, and they burst through another channel, in faith and energetic fighting. Faiths, however, wear out in many cases, and the truth of things is the ultimate level, unaffected by mortal enthusiasm.

"Successful abstinence shews that stimulation is a law of existence, for an abstinence neither hereditary nor stimulating is not kept up. The most sober people have their "pocket pistols," and take their own stimulants as neat as they can get them. For there are two sides of the cellar, two decanters of spirit, the body and the soul. Take away the body decanter, and life itself must furnish an excitement that will be equivalent. There are other stimulants besides drink that cheat us of our senses, other drunkenness than that of the public house. Teetotalism might be drunk with its own cause, with the additional indecorum of exhibiting its disgrace in Exeter Hall.

"Abstinence excludes temperance or the faculty of balance, which communicates with reason, the temperance of the upper degree. For the sake of the evil it bans both the good and the evil. It is the suicide of choice. Similarly, vowed celibacy excludes chastity, and is a knot tied to the will against cleanness and uncleanness. This is not healing, but castration. But there are those who require these extirpations, at least with our present means of cure. 'If thine eye offend thee, pluck it out and cast it from thee; if thy right hand offend thee, cut it off. It is better for thee to enter into life,' &c. &c. Thence we note that total abstinence is a thing commanded, and a means of entering into an ultimate plan of fulness of life. But there is an *if* in the case. 'IF thy right hand offend thee'!

"Teetotalism reasons without this *if*, and brandishes its surgical vow over temperate and intemperate alike. It goes to science and morals for corroborations. It says that intoxicating is poisoning, and that poisons are like themselves in their least doses as in their greatest. There is a mistake here founded upon an etymology. Poison is one thing, and stimulus is another. Poisons destroy the structure or subvert the functions of the body; stimuli kindle it

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into life and exhaust it into repose, or even death if their action be excessive. The sleep of the night is nature's recovery from the excitement of the day. The sleep of death is the spirit's recovery from the life time. Our machines are meant to wear out, and stimuli are the wearers. The organs of the body and mind live by stimuli, which in temperance animate and in excess destroy them. Light is the stimulus of the eye, but its intensity will extinguish sight; yet it is no poison even when its glare is destructive. We do not "totally abstain" from light, though a part of our brethren have weak eyes, and are ordered into dark rooms. Sound, which in voice and music makes the ear alive, deadens hearing when too loud, and destroys the sense. In short the sensible world is one great excitement to carry man beyond his first organic water. Joy, too, the wine of the soul, will kill by its abundance and unexpectedness, and yet it is next of kin to the life that its overmuchness withers. High truth intoxicates those not fit to drink it, causing oftentimes madness from its misapprehension and abuse; causing still more frequently need of rest to recover from its dazzling revelations. We repeat that man lives by stimuli, any of which administered in too great a quantity, too often, or too fast, may cause destruction or suspension of life. Yet none of them is therefore a poison. Just as little can we so denominate alcohol from the fact of its producing intoxication or death. For every stimulus carried to excess has the like effects, and in all the cases the excess is reprehensible, but the stimulus natural. Our saxon word drunkenness bears no poisonous sense; it is merely the far-gone past participle of drink made substantive.

"In truth, poison differs from stimulus as medicine from food, for poisons in little doses are medicines, and food in its greatest concentration is stimulus. The plainest food will kill in too great quantity. And then again, medicinal substances, as coffee, tea, &c., come into dietetic use. Yet we cannot infer that food and medicines are the same thing, though they touch each other and are not incompatible at the extremes.

"However this may be, the nomenclature of a subject from its abuses is inadmissible; we might as well name rich and provocative viands from gluttony as good wine from drunkenness. We might call fruits after diarrhœa, plum pudding after vomiting, or peas after flatulence. But who would have evil courage enough to go through with such a dictionary?"

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We have only space left to quote some admirable observations upon homœopathy.

"The first considerable child which it has borne is that science which Hahnemann delivered; we mean Homœopathy, or the treatment of 'likes by likes,' which was a legitimate fruit of the previous drug medication. For in the whole, the idea of medicine itself is homœopathic; it does not give health-producing agents to engender health, but poisons which would issue in disease; it is, therefore the general application of the laws, by which like is to be cured by like. It is in the particulars that medicine does not recognize the application of the Hahnemannian formula; and thence, whenever it comes into details it is in contradiction with its own idea. It is homœopathic in theory, and allopathic in application—a house divided against itself. And in the matter of doses it is subject to the like remarks; for no one gives physic in the same quantities as food, but a few grains of calomel, or a few fractions of a grain of arsenic, are considered sufficient even by "heroic practitioners" of the old school. Why is this, but that there is a working in these poisons which takes them out of the category of the ordinary materials which we put into our mouths? And if a grain will produce results upon a man of fourteen stone weight, where is the absurdity to end, without experiment, which may choose to shew that a millionth or decillionth of a grain will have even better results? I marvel how men who lift fourteen stone by the equipoise of a skilful grain can sneer at other men who do the same nice balance by incalculably lesser weights. For it is evident that all is on this railway of smallness, and is more perfect and harmless for every fresh terminus that it reaches. If the allopathists were accustomed to give calomel porridges, their wrath against small doses would be consistent; but when they themselves are reduced to grains, why should they cavil at other healers, who, by experiment, have found out the value of grains of grains?

"It was Hahnemann to whom all the world is indebted for the scientific deepening of medicine in both these fields. He, first of men, saw that if poison *in genere* is given to disease *in genere*, the aim will be more nearly hit if poison *in particulari* be administered to disease *in particulari*.

"This conception of his involved the working of a very peculiar 'science of correspondences' between the effects of drugs and the

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symptoms of diseases, so as to discover exactly what poisons, and what order of them, would answer to the symptoms and flux of special maladies. In the ideal of this great sportsman, each shot in the gun was cognizant of its own part of the prey, and the line of sight was the science which brought poison level with disease. May we not extend the metaphor, and say, that man in sickness is like two men, each wrestling with the other; and that the physician comes to shoot the worser man to death, without a grain of the charge touching the better: in this case the homœopathic dose will not hit the struggling health, because the shot can wound nothing but disease; whereas the allopathic bullet, having no scientific speciality in its projection, generally riddles both the men, and leaves mere death or its antecedents on the field.

"The matter of doses depends upon the fineness of the aim. In everything there is a *punctum saliens*, so small, that if we could find it out, a pin's point would cover it as with a sky. What is the meaning of that invisible world which is especially versed about organization, if there be not forces and substances whose minuteness excludes them from our vision? We have not to batter the human body to pieces in order to destroy it; but an artistic prick—a bare bodkin—under the fifth rib, lets out the life entire. Nay, had we neater skill of deadliness a word would do it. The sum of force brought to bear depends upon precision, and a single shot true to its aim, or at most a succession of a few shots, would terminate any battle that ever was fought, by picking off the chiefs. If our gunnery be unscientific, the two armies must pound each other, until chance produces the effects of science, by hitting the leaders; and in this case a prodigious expenditure of ammunition may be requisite; but when the balls are charged, a handful will finish a war. It is not fair to count weight of metal when science is on one side and brute stuff on the other; or to suppose that there is any parallel of well-skilled smallness with ignorance of the most portentous size. The allopathic school is therefore wrong in supposing that our "littles" are the fractions of their "mickles"; the exactness of aim, in giving the former a new direction, takes them out of all comparison with the unwieldy stones which the orthodox throw from their catapults. . . . . .

"I suppose it is impossible to overrate the conseqences of Hahnemann's life. Even the negative results are vast for our future well-being. How different, for example, from the pale faces that we note

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in every street will be those which belong some day to undrugged generations! What vigour may we not expect from the later posterities of those who have not hurt mind and body by supping on material poisons! How much better those childhoods will be, whose parents and grandparents have neither been bled nor salivated *secundum artem*, but who have kept their own current in their veins, and given it entire to their own race! And on the positive side, what another gain it will be, when hereditary maladies begin to be displaced, and the crust that hides man drops down from his skin by degrees! What virtues may we not expect, when with all higher helps to good the body itself seconds the monitions of the soul! What talents also, and what happiness, when the frame is in parallelism with the order of things! For though we do not attribute everything to body, yet a sound body has consequences, which make it needful to speculate upon it in all views that concern the advancement of our species.

"On the theoretical side, Hahnemann has approximated drug-healing to the pure sciences; and by instituting experiments on the healthy body he has expanded the properties of each medicine to a human form of symptoms, naturally, by that form, applicable to man. I think of medicines now as curative personalities, who take our shape upon them to battle in us with our ills. The testing of their characters is also capable of being carried to the utmost exactitude; for drugs may be "proved" upon many persons in different places, and at different times, and their symptoms curtailed, sifted, and if we may use the phrase, pared and sculptured down until only their essential and nude form is left. When we get these heroes on their feet, they and not their discoverers will be the great men of an ever young-physic.

"It is hard to imagine how any profession can disregard the service that Hahnemann has begun, in the constitution of a rational pharmacopœia. When we look to what was known of medicinal properties before his time, and then compare it with the state in which he left the subject, the difference is like that between light and darkness. No one had imagined that each drug ran through the frame, and evoked fresh symptoms from organ after organ; nor indeed without the *similia similibus curantur* would any application come from the fact. But it is an attestation of that formula, that it leads to a knowledge of drugs infinitely special and diversified compared with the science that preceded it. The number of superstitions that

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Hahnemann slew entitles him to the gratitude of all those who dislike to be frightened by unreal shapes which a strong man can walk through. He made the true experiment of doing relatively nothing in medicine (p. 438), and found that it was abundantly successful and humane. Purgatives were one nasty superstition which he banished. Bleeding was another of these vampires. Long before we met with homœopathy, we wondered why we bled our patients in inflammations, according to the common practice, when yet the attack struck in a moment, and there was no more blood in the body after than before it occurred; and we thought that it was but a wrong distribution which caused this rapid assault upon life, and not a plethora of blood; and that skill would lie, not in butchering the disease, but in restoring the harmony which was lost. We had seen some of our best beloved friends sacrificed to the murderous lancet, and ours was the hand which let out their life—though under the legalizing sanction of the most accredited physicians. Would that we could recal the dead: but they sleep well! Who has not had similar experiences? And who, in the long run, will not reproach himself if he does not accede in an enquiring spirit to the New Medicine, which has availed to exorcise this host of killing superstitions?

"Among the other benefits of homœopathy, we reckon this also—that it tends to make us think more worthily of our bodies. I defy any man to be a physiologist who is in the habit of bleeding, purging, and poisoning the human frame. The body abhors him, and dies rather then tell him his secrets. What idea can a man have of life if he is accustomed to take blood, which is the soul's house, in pint basins from the frame, and to think that he is doing nothing extraordinary? What notion of living cause and effect can any one entertain, if he deems that such an abstraction of our essences can ever be recovered from so long as we are on this side of the grave? What imagination can be felt of the music of man, by one who orders purgative pills, *pro re nata*, to play upon our intestine strings, in the delusion that their operation is temporary, and confined to their first effects. I see in the whole of physiological science the large written evidence of these stupid sanguinary methods; the doctrine has followed the works with a vengeance, and the science has been purged and bled away until nothing is left but chemical dust on the one hand, or germ cells on the other. This has gone so far that it is doubtful now whether the medical profession has any

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further power of pursuing human physiology; doubtful whether that great knowledge must not pass to the laity and the gentiles, and become a non-medical science. Certainly the hands that have least been crimsoned in the bowels of the living man seem by nature most fit to receive his tender and amazing secrets."

In conclusion, as we understand that nearly the whole of the edition of this book has already been sold, let us advise all who desire to possess by far the most original and remarkable work which has been written by a homœopathist since the hand of our great master was palsied by the touch of death, to lose no time in applying for a copy.

DAS RATIONELL SPECIFISCHE ODER IDIOPATHISCHE HEILVERFAHREN ALS NATURGESETZLICHE HEILKUNST DARGESTELLT, VON DR. WILHELM ARNOLD. Heidelberg, 1851.

THE RATIONAL SPECIFIC or IDIOPATHIC METHOD OF CURE, set forth as a Method agreeing with the Laws of Nature. By Dr. WILLIAM ARNOLD.

IT is now nearly a century since the birth of Hahnemann, and about half that time has elapsed since he made known that discovery which has made his name famous for all time. He is now removed from the scene of his mortal labours and contests, and by far the greater number of the devoted band of his personal friends and adherents have preceded or followed him to the tomb. His system may now, therefore, be considered to have fairly entered on the second period of its existence. viz.,—that of rational appreciation, and nothing is taken for granted or received with the unquestioning faith of the earlier period, but submitted to the cold and severe ordeal of rational criticism. Though in the first period the simple and unquestioning faith and personal devotion of Hahnemann's early friends and admirers, which were in a manner necessary to the very existence of the system by enabling him to make those original provings on which, as a practical art, it was built, testify very strongly to the genius and genial character of the man; yet the present and future severe testing ordeal will redound far more to his glory as the discoverer of scientific truth destined to survive that ordeal. With these views, therefore, we introduce, with pleasure, the above work to the notice of our readers. It is the result, as he tells us, of twenty years' prac-

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tice, and the author is a man who is known to have kept pace with the day in the medical and accessory sciences, having formerly occupied the post of Professor of Pathology in the University of Zurich, and published a learned and voluminous work on that science. He is no blind personal adherent or idolater of Hahnemann, but, on the contrary, endeavours to make it plain that he retains his complete freedom as a physician to make use of all the resources of the medical art in practice, and even to submit Hahnemann's own recommendations to the standard of rational criticism while acknowledging and acting upon the fundamental truth of his principle. Such a work as above said, we consider does far more honour to Hahnemann as a discoverer than any of the mere parrot-like repetitions of his precepts such as we have too many examples of in our own and other languages.

Before proceeding to give an analytic review of this work, we have one chief fault to find, and that is, in the title. We find in this an example of the prevalent German tendency to over-systematizing, for our author, finding fault with the name of Homœopathic as being too narrow to express the whole of practical medicine, immediately proceeds to invent another word which, if not equally inadequate, is certainly superfluous. For our own part we believe that in the course of time the name homœopathic will necessarily cease to be applied to any body of physicians, but only through the adoption of the principle among the generally received doctrines of medicine. Till then, however, it appears to us the name must remain, for it does not depend upon our will and pleasure at all; it was, in fact, forced upon Hahnemann—and will continue to be applied to us whether we please or not. It is not that we are not glad and proud to testify to the truth of the homœopathic principle and its pre-eminent importance in practice, but the term homœopathists is not, strictly speaking, comprehensive enough to describe men who never relinquished their right to use all the resources of medicine, and this gives a handle for ill-disposed opponents to charge us with inconsistency. It would be tedious and unprofitable to follow our author through the somewhat fine-spun arguments whereby he endeavours to justify the change of the name from homœopathic to idiopathic, for in reality they all amount to this that, 1st—though the homœopathic law is the guide to the specific powers of drugs, yet in making proper application of it we require all the aids of the medical sciences in discovering the peculiar character of the disease, and of the appropriate remedy—mere unreflect-

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ing covering of symptoms not being sufficient. And 2nd—in cases where common sense or accurate physiological or pathological knowledge plainly show that specific remedies are not applicable, it is right to use other remedies. In these propositions few will disagree with him, and we apprehend equally few will find in them any ground for adopting the name of idiopathic. With these prefatory remarks we proceed to an analysis of the chief practical parts of the book.

The author's remarks on the necessity of taking into account the remote causes of disease in forming a just estimate of the morbid state actually present are very good, and he does full justice to Hahnemann in that respect by showing that Hahnemann in his definition of disease that it consists "in the totality of the symptoms present," did not mean, as some of our body have ignorantly supposed, merely the symptoms actually present, and of which we could become cognizant by examination, but also included a variety of considerations which in reality are, properly speaking, pathological, whether the word be used or not.

Dr. A. also insists on the preventive treatment, both in adults and children. They should be treated when well with the remedies proper to the disease they are liable to, which may be found in adults by experience, and in children by carefully observing the tendencies they may probably derive from the parents. This, we think, is a matter of great importance, and ought to be impressed on all families by the ordinary medical attendant.

As a corollary from the due attention to causes, Dr. A. insists on some practical deviation from strict Hahnemannism, *i. e.*, the dogmas put forth in his later years by that great man. Among others he cites (p. 5) the cure of some affections produced by morbid activity of growth of the brain, which nature relieves by copious evacuation by the bowels or kidneys; and, therefore, he thinks we may advantageously imitate nature in those cases by giving evacuants instead of or in addition to homœopathic remedies to act on the diseased part. As he does not specify what disease he means, we cannot pronounce an opinion—but we are inclined to think that, from the very inferior effect of the derivative to the homœopathic method in inflammatory and other diseases, we would not agree with him. In the next recommendation, however, we are more at home with our author. At p. 36, he speaks of the many disorders, especially among children, brought on and kept up by excess or improper quality of food, or other

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irritating matter in the *primæ viæ*. In these cases we unquestionably agree with him, that the best plan is to get rid of the causes of irritation by an ordinary mild emetic or purgative; and we do not scruple to use these means in our own practice. Dr. A. also very properly notices the real inconsistency that Hahnemann falls into by a too great desire to maintain the apparent integrity of a practice of medicine with infinitesimal doses alone;—for Hahnemann does not overlook the necessity of exciting vomiting, but recommends that only the tickling of the fauces be resorted to, and objects to a medicinal emetic. Now, the principle being admitted, we think it must be left to the practitioner to determine in each case whether a mild and effectual medicinal emetic may not by its certain good effects far counterbalance any possible evil ones.

In the following few pages he does justice to Hahnemann's careful consideration of the exciting cause in miasmatic diseases as an element in choosing the remedy. In consequence, the success of the homœopathic method in some miasmatic diseases has been very great, such as Cholera and Dysentery; but in intermittent fevers he thinks homœopathists have been less successful than allopaths who possess two empirically discovered specifics—China and Arsenic. The cause of this he thinks is partly because homœopaths are led away from the true remedy by too much attention to some unimportant accessory symptoms, and partly from their giving too small a dose.

On the question of the proximate cause of disease he takes the view usually held now by rational and scientific homœopathists, viz., he does justice to the theory of Hahnemann, which refuses to found any therapeutic method on speculative views of the ultimate nature of the proximate cause, but at the same time shows that the mere consideration of the subjective symptoms present in many cases is insufficient to form a complete enough idea of the disease to adapt the remedy to it; but many other circumstances must be taken into account which implies reasoning from other cases, and, in fact, constitutes pathology.

After these statements of his views on more general subjects he gives practical directions for the examining of patients similar to those of Hahnemann, and greatly lauding the practice introduced by Hahnemann of writing down all cases. After obtaining a correct picture of the case before him, as far as possible obtained by observations and questions directed by no preconceived idea of the nature of the case, then he says the physician should endeavour, as far as possible, to find the physiological meaning and connection of the symptoms, in

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order to have as complete a positive recognition of the case of disease as possible;—for, in order to practise successfully the medical art, it is quite necessary to analyse physiologically the phenomena before us, and, as far as possible, trace them back to the organ they originate in. But at the same time he fully recognizes the fact, that in the more immediate choice of the specific remedy among several that seem to suit, we must be guided often by the consideration of some minor peculiarities of the case and the medicine, which are not looked on as of any importance in a physiological point of view, and which cannot yet be distinctly comprehended. He gives an interesting case in illustration, which we now transcribe here:—

"A female of strong frame, who had suffered in her youth from a slight scrofulous affection, was seized with an eruption round the ears in her 30th year, which the physician declared to be herpes, and ordered Cod-liver oil and saline baths. She visited Kreuznach repeatedly: the first time the eruption was somewhat lessened; the second time there was no improvement observable, but on the contrary, she was rather worse. Upon minute examination of the state of the patient, I found that the eruption alternated with an irritable cough; the ears were often attacked with redness without any obvious cause, but also on the commencement of cold weather. The erythema spread itself on the outside of both the ears, but principally on the right one. A troublesome shooting, and sometimes tearing pain was also felt on exposure to cold air. After this redness of the skin, accompanied by a slight swelling, had continued for some days, a watery lymphatic fluid oozed out, which wet the linen nearly through which was laid on the parts; this continued sometimes for some days, and oftentimes for several weeks. This secretion sometimes ceased suddenly without any apparent cause, and at other times ceased gradually, and then there remained a troublesome itching in the ears which were slightly red and covered with fine white scales. In proportion as the eruption healed an irritable cough increased, which did not leave her until there was considerable emaciation and anxiety; this cough was excited by a disagreeable tickling in the larynx; it was mostly dry, but after a long fit of it, with great difficulty a little phlegm was brought up. A physical examination shewed no disease in the lungs. Also, I could not discover any traces of former eruptions, or any other signs of psoric disease; therefore I sought for the indications for the specific remedy in the present complaints. These consisted in an affection seated in the sphere of the vagus, which at one time affected the ear-branch, and at another the laryngeal branch. Several different medicines corresponded to this local affection, which all possessed more or less a marked influence on the nerves of the stomach and lungs; in this case, therefore, the determination of the affected organ was not sufficient to point out the specific remedy. I there-

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fore searched for other symptoms in the hope of obtaining further guidance. I now discovered that often, especially on going out in cold weather, there appeared on the body here and there elevated spots resembling the nettle-rash; that the patient had a great dislike to exercise and cheerful company; that she also felt often uncomfortable in the house, and would be seized with an uncontrollable inclination to weep without cause, and that now and then, especially after being over-heated, a redness of the eyes like scrofulous inflammation came on. It was to be remarked, that these disorders abated, and sometimes entirely ceased on going to bed, where the patient felt most comfortable. All these facts directed me to Conium as the local specific medicine for the vagus, and which corresponded with the disease in all its other aspects; I gave it at first once a-day in the dose $^1/_{20}$th of a drop of the pure tincture, and afterwards diminished it to the $^1/_{100}$th, and gave it only twice a-week. The beneficial effects appeared even in a few days by diminution of the eruption of the ears as well as the cough; very soon there was a general improvement, and at the end of three months the complaint that had lasted so many years was entirely removed."

With respect to bloodletting, he thinks it may occasionally be used as a means of relief in certain cases of general plethora, more especially in persons who have been accustomed to it; but at the same time he insists upon the fact that its use is merely temporary, and that the period of relief afforded by it to the plethoric symptoms should be made use of, to give the homœopathic remedies suitable to remove the tendency to recurrence of plethora. Local bloodletting he is inclined to think might be frequently used by homœopathists with advantage, as it in no way interferes with the specific action of the medicines, while it helps to relieve the local congestion: and in fact he has seen cases of local inflammation where the stagnation of blood had reached to so great a height, that the properly chosen specific remedy had no effect till after the local abstraction of blood. In such cases the quantity required to be abstracted is not great, and it increases the certainty and rapidity of the action of the homœopathic remedy, while the constitution is not impaired by the loss. He is quite opposed to general bloodletting in inflammation both from theory and experience.

In malignant tumours and diseases involving degeneration of the tissues, he shows the futility of hoping for any result from medicines given in large quantities, with the view of procuring their dispersion from the general action of the medicine in increasing absorption. Such is not the action wanted, but means that will counteract the dyscrasia, and thus prevent the continuance of their nutrition: such

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remedies are only to be got in accordance with the principle *similia similibus;* though, unfortunately, we have as yet very little positive success in these cases, partly owing to such specifics being as yet undiscovered, and partly owing to the very few indications of the right remedy. Even now, though we do not possess the specific for the dyscrasia, yet in many cases we can do more by homœopathic treatment than by the old, because, as in tubercles for example, we can counteract the local congestions that frequently accompany and favour the deposition of the morbid product, by means which do not themselves lower the general strength, and thus in another way facilitate the development of the dyscrasia.

In speaking of the natural periodicity that accompanies more or less all the vital phenomena, he deduces this practical rule for the administration of medicines, viz. we should always administer the dose of the remedy at the time of the exacerbation or paroxysm if the vital reaction display only little energy, but if the latter is great, then we should confine our doses to the period of remission. He thinks it is partly owing to neglect of this rule, and partly to the too great minuteness of the dose, and other circumstances formerly mentioned, that homœopathists are not generally more successful in the treatment of intermittents.

At p. 165, in speaking of the cases of pressing necessity, in which for the immediate preservation of life Hahnemann himself recommended antipathic remedies, such as stimulants in fainting, acids, coffee and camphor in poisoning, he makes a quotation which is interesting, as it seems to intimate a doubt in Hahnemann's mind as to whether camphor was in reality homœopathic in cholera. The passage occurs in a letter from Hahnemann to the editors of the *Archiv*, and is as follows:—

"The camphor is a peculiar substance, which will not admit of any accurate comparison with the other medicines. Its symptoms, which have been properly ascertained only by the homœopathist, cannot always be positively decided to be primary symptoms, on account of their exceedingly diffusible and transitory nature; and yet it is a drug which possesses very great power. Supposing then, and in this I am not ashamed to confess my uncertainty, that all those numbered symptoms of it in my materia medica should after all be only secondary symptoms, yet, nevertheless, it would be quite the proper remedy, for we have here (the cholera) no chronic disease to combat, such as camphor must be very seldom fitted for, but a most acute one, for which a medicine which took long to finish its operation would be quite unsuitable: a most acute disease I re-

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peat, which we have provided for in the note to § 33 in the Organon, where in cases of sudden attacks of disease threatening speedy death in persons previously quite healthy, as experience shows with perfect justice and complete consistency, no medicine can be admitted which promises help only after the lapse of some time by its secondary or homœopathic action; but, according to common sense, antipathic medicines only can be given, which in large and frequently augmented doses change the morbid state into the desired opposite, and thus bring back the patient to the state of good health he so lately enjoyed. In this instance all fears of an injurious secondary action of the remedies are superfluous, as the restored vital powers are permitted to return undisturbed to their ordinary course."

We cannot but think that this passage must be new to some, who are inclined to arrogate to themselves the title of the pure followers of Hahnemann.

We may now consider at some length the views of our author on the interesting subject of the psora theory. He first reviews the facts on which it is founded, and on examining them critically the first difficulty that presents itself is the diagnosis of the skin diseases, after which chronic diseases are set up in the system. The majority of the authors from whose evidence the dangers of repelling itch have been taken, have not held any very precise or accurate views of the exact nature of that disease, and therefore they speak without any hesitation, of suppression of the itch, of bringing out an itch-like eruption by various medicines and of a critical itch. But in judging of this matter, we must fix down our ideas to the precise disease which is accompanied by the presence of the peculiar insect (sarcoptes hominis) in the skin, and then we feel the impossibility of talking of itch metastasis, and secondary and critical itch, and of bringing back the disease to the skin by medicines. But here it is by no means meant to deny the importance of diseases of the skin in the causation and cure of the diseases of other organs; on the contrary, he is far from agreeing with Hebra, who asserts that there is no such thing as metastasis of chronic skin diseases, and therefore, if you get rid of a skin disease in any way, it is as much a complete cure whether that is brought about by inward or outward means. It is a most difficult thing to obtain perfectly satisfactory observations of the etiological importance of skin diseases, as the *post hoc ergo propter hoc* is so unusually liable to be fallacious here. Yet there can be no doubt that some diseases owe their origin to the disappearance of a skin disease, and there are many that at least owe their obstinacy and intractability to that circumstance. On examining more closely

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we find that it is not any one particular form of skin disease that leaves secondary diseases, but many and the most different forms do so. The itch among others does so, but the most recent discoveries have shown that the cause of this does not depend on any contagious principle.

"It becomes therefore a question, how can a disease that is caused and kept up by a parasite give rise to diseases of other organs? In contagious diseases the pathogenetic operation is frequently of such a nature that the composition of the fluids is altered by the miasm, and they are in a manner poisoned. Something of the same kind may take place also in parasitic diseases, for these animalculæ may possibly be the carriers of a poison, and thus contain the condition of a dyscrasia. In this respect there would be no difference whether the essential nature of the itch consisted in a contagious principle as was formerly believed, or in a parasite as is now with good reason thought demonstrated. On looking at the disease the question now presents itself: can a long continued affection of the skin produced by mechanical irritation give rise to affections of other organs when it leaves the organ originally affected? The importance of the skin to the normal actions of the organism is not to be gainsaid; but in the itch, and many other skin diseases that often leave secondary diseases, the disturbance of the functions of the skin is not so great as to account for the origin of these secondary diseases. On the other hand, many of the plans for curing the eruption may disturb the functions of the skin in great degree, and thus act in a directly injurious manner on the organism. It is also possible that the morbid secretion by the skin has become to a certain extent by habit a necessity of the organism, and cannot therefore be suppressed without a similar or analogous secretion taking place in another part of the system. Many medical writers have directed attention to this point, and among the rest Morgagni, who observes, that though the itch always arises from the acarus, yet the pustules form numerous little ulcers, which if all were added together would make an enormous ulcer, which no prudent physician would heal up rashly if it had lasted any considerable time. Finally, it may be assumed, that by means of the irritation set up in the skin by the acarus, a place of manifestation and special development is given to a latent disease in the system, which had hitherto existed without giving rise to any very definite symptoms. When thus the dyscrasia is once roused from its slumbering condition, and has gone on to the state of local eruption or the development of a morbid process, we cannot in general expect that the disease will return to its former latent state on the suppression of these visible morbid states: on the contrary, it is more generally observed that it attacks some other organ as the focus of its local development.

"The parasitic doctrine, therefore, of the itch makes no change in the psora theory; however, this latter must not be confined to the itch, but

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must be extended to other skin disease, or even must be brought into connection with the doctrine of *Crases.*"

He then goes on to remark, that though in general Hahnemann's theories were ultra-dynamic, he has made a most important concession to the humoral pathologists in his psora theory. But it is a pity he confined his view to the existence of three dyscrasias alone, and thereby incurred the charge of a contracted and partial view of the subject. And if the same caution in searching for indications for the proper remedy in dyscrasic diseases had been made after the publication of the psora theory as before, the latter would not have done so much harm: for the moment through its means the attention of the practitioner was diverted from the totality of the symptoms of the individual case to the latent psora, as a ground for the choice of the remedy, then the door was opened to all sorts of speculations on the ultimate nature of disease, and practice modified accordingly. We think there is much truth in this remark, and cannot but wonder at the inconsistency of many homœopathists in first rejecting all speculations on the ultimate nature of disease, and then taking as a guide in practice one somewhat narrow pathological theory, to the neglect of the application of the homœopathic law to each individual case.

On the question of the comparative merits of the homœopathic and allopathic methods he makes the following remarks, in answer to those who are inclined to refer the good results to the healing powers of nature.

"Although it may be of little consequence to the patient whether he has recovered through an appropriate regimen or the powers of medicine, yet it is of the highest importance to the physician to learn the conditions of the many cures, and the cause of the low rate of mortality under homœopathic treatment. In order to do this we must divert our attention from the general results, and turn to the observation of individual cases. Here every unprejudiced observer soon obtains sufficient proofs of the value of the homœopathic treatment when this is properly conducted: that is to say, when proper care and circumspection are employed in the choice of the remedy and the dose is not too minute. After the exhibition of the corresponding homœopathic remedy, I have often seen such a rapid change in the disease for the better, that I have been surprised in a most pleasing manner. Old, experienced, unprejudiced practitioners, who were no ways enthusiastic about homœopathy, have assured me that formerly, while practising other methods of healing, they have enjoyed the elevated sentiment of having afforded rapid and material relief of suffering much seldomer than and hardly ever to the same degree as by the homœopathic method.

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I must say they expressed quite my own conviction. Many persons will of course find little weight in this statement, as they will not allow individual conviction to count for anything as a scientific proof. I admit the principle of putting little value in subjective opinions, but I believe that conviction derived from repeated experience, that is now shared by a considerable number of medical men, cannot justly be confounded with mere individual opinions. If we deny to such conviction all power as scientific evidence, then a large quantity of valuable experience would be lost to medicine." p. 205.

On the subject of the use of homœopathic remedies in incurable diseases our author has some remarks at p. 212, which we think will prove valuable to the anxious practitioner.

"If the well-educated physician, who allows no means of finding out the remedy corresponding to the peculiarity of the case to remain neglected, often attains to most favourable results in chronic diseases, yet he has often enough reason to bewail the imperfection of art, and must confine his endeavours to the mitigation of the sufferings of patients afflicted with diseases whose incurability he has recognised. It has been often asserted that this is not possible by homœopathic remedies. There is no doubt a measure of truth in this assertion, for we are not always able to mitigate the sufferings of an incurable patient by these means, but are at times obliged to call in the aid of other medicines and afford help from the domain of allopathy. But, on the other hand, the homœopathically chosen medicines are often the best palliatives. In incurable diseases, the duty of the physician is to stay the progress of the disease as much as possible and put off the fatal issue, while at the same time the sufferings of the patient are mitigated. This he often effects by homœopathic remedies, while others are of no service or at the most give only very transitory alleviation, and at the same time often aggravate the disease and exhaust the vital powers, and thus hasten the fatal event. Thus I once saw a case of dry gangrene of the foot and leg in a female, aged 63, which had made considerable progress, relieved in a most remarkable manner by Ergot of Rye, after antiseptic, astringent, and calmative remedies had been used quite ineffectually by another medical man. The patient had the most violent burning and tearing pain in the diseased limb, which did not allow her a moment's rest. Cinchona internally and externally, and other astringent and antiseptic and narcotic remedies were not of the slightest use: their external application indeed to the diseased limb only aggravated the pain. I immediately pronounced the case incurable, partly on account of the age and weakness and gouty habit of the patient, and partly on account of the probable ossification and obstruction of the arteries. This last circumstance made the former treatment obviously useless and even quite irrational. I gave the patient one drop of the second decimal dilution of the spirituous extract of the Secale cornutum, and repeated this dose in

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twenty-four hours. The effect of this was, that after the second dose the pain had completely vanished, and the patient could rest and could sleep the greater part of the night. The appetite, which was quite gone, came back, and her animal spirits rose, but not her bodily strength, though she took proper nourishment and wine in small quantity. In this manner, though worn to a skeleton for years, she lived some months, tolerably comfortable and free from pain. At the same time the progress of the gangrene was palpably stayed, and the peculiar smell from the affected part was no longer so strong. After some time passed in this manner, a similar pain came on most violently in the other leg. I found the foot swollen and livid: it was insensible to the touch and outward irritation, but the patient felt in it burning and tearing pains as formerly in the other leg, and which were not confined to the foot but extended to the leg and thigh. *Secale cornutum* in the above-mentioned dose was now given again, with the effect that the pain ceased six hours after the second dose, the redness and swelling went off, and it did not come to gangrene. Some months after the patient died of exhaustion, and on dissection the arteries of the inferior extremities were found in part ossified and in some places greatly contracted.

"Also in cancerous degenerations the homœopathic remedy is often the best palliative. Thus I saw in a case of cancer of the breast, which came under my care in the last stage shortly before the death of the patient, the most remarkable alleviation of the suffering by means of Arsenic and Conium, after all the other calmative medicines given by other medical men had entirely failed to relieve. Especially remarkable was the relief given by Conium to the shooting and tearing pain in the affected breast and through the axilla and down the arm, and also to the troublesome dry cough and difficulty of breathing. This last symptom, which soon came back, was relieved more permanently by Arsenic, so that the patient passed the last weeks of her life in a bearable painless state, and even began again to have hopes of recovery. Whether this could have been brought about had the medicines been given earlier I do not venture to assert, although the favourable result in several similar cases not fully developed render it to me highly probable. But as cancer can only be so named when it is fully developed, and as the diagnosis in its early stage is so far from certain, we cannot easily offer demonstrative therapeutic facts here. All that can be done must be by a careful comparison of the result of this and other methods in a large number of cases. It should not be denied that other physicians, who do not acknowledge homœopathy, have also obtained favourable results in cancerous cases. But this only happened by means of remedies whose mode of action is explained by the homœopathic principle. When we already possess among the homœopathic remedies the means of curing and alleviating so many and so severe diseases, we may well hope that by the same road many still more brilliant results are still to be attained to."

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In the Fifth chapter our author treats of the medicines, and after giving Hahnemann his due meed of praise as the greatest and almost the first practical reformer in the materia medica, he criticises with freedom the materia medica, and makes proposals for its further improvement fundamentally similar to those contained in the English Hahnemann materia medica; and remarks truly enough that, though plenty of plans and proposals have been brought forward for improving Hahnemann's materia medica, yet very few have been effected, except by the Austrian Society. For our own part we would apply his remark to himself, and wish he would carry out his proposals with even one medicine as he is well capable of doing.

In speaking at p. 294 of the natural alternations on which depends most probably the curative power of the homœopathic principle, he notices an interesting illustration as follows:—

"After looking intently for some time at a red surface the vividness of the colour gradually subsides, and its subjective complemental colour, viz. green, appears in gradually increasing intensity. When, after long looking at red in this manner, the subjective appearance of green has been produced, if now a real green surface be looked upon the green colour at first appears greatly increased in intensity—then it sinks to its natural level, and finally falls below it. The green spectrum is thus removed by the sight of a real objective green, and the yellow in the same manner by a yellow object. Purkinje admits that here the homœopathic law is expressed in the most decided manner."—(*Purkinje's Beobachtungen und Versuche zur Physiologie der Sinne.* Vol ii, pp. 98 and 99.)

On the important subject of the dose we may give the opinions of our author more at length, and in some passages quote in full. After giving a short sketch of the origin of the discovery of infinitesimal doses with which we are all already familiar, he says—

"Doubtless Hahnemann was influenced indiminishing the dose more and more by the very praiseworthy object of administering only sufficient to cure the disease without producing any other effects; for he recommends that the doses of all homœopathic medicines without exception should be diminished to the point that they can only excite a scarcely perceptible homœopathic aggravation. On this principle it would be quite impossible to understand how he could go so far in diminishing the dose if he were in possession of any certain sign of the homœopathic aggravation. We often see cures resulting from tolerably large doses of the specific medicines, without being able, on careful examination, to detect the slightest trace of symptoms that could be attributed to the medicine by any unprejudiced observer. Many phenomena which have been noted as homœopathic aggravations must in reality be looked upon either as natural

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symptoms of the disease, or as an increase in the number or intensity of the symptoms brought about by some other collateral influence. Not unfrequently the aggravation depends merely on self-deception on the part of the patient whose attention is now more directed to his own sensations. I have seen old symptoms increased, and new ones appear, after the exhibition of non-medicinal powders, which would have been looked upon as homœopathic aggravations by any one who did not know the inert nature of the previous doses. Such comparative observations, which cannot be sufficiently recommended in the study of nature, make us exceedingly cautious in the admission of established facts as the results of our observations. I by no means am disposed altogether to deny the possibility of the so-called homœopathic aggravations after the exhibition of the higher, not the highest, Hahnemannic dilutions. In my earlier experiments in which I at times made use of these dilutions, I have also repeatedly observed the occurrence of phenomena which I then attributed to the action of the doses before I was undeceived by comparative experiments. Now I have become, by experience, a sceptic in aggravations from decillionths, as the necessary proofs of the connection between cause and effect fail here. Hence the occurrence of a scarcely perceptible homœopathic aggravation cannot be taken as the rule for diminishing the dose as Hahnemann proposed, nor can it with greater propriety be admitted as a proof of the efficacy of the dose." * * * * * "The proofs of the action of specific medicines in doses smaller, indeed infinitely smaller than those of the dominant school are to be found partly in clinical observations, and partly in physiological, physical, and chemical experiments. Though it may be true that many cures under the administration of homœopathic medicines are to be attributed to the curative powers of nature alone, yet every physician must recognize the great curative power of specific medicines who takes the trouble to institute independent and unprejudiced experiments with them. Observation yields far too striking proofs of the therapeutic power of many medicines in the dilutions, especially the lower ones, for any one to deny it, except from ignoranceof the facts or blind prejudice. Whoever has seen most protracted chronic diseases which had been stationary or gone on increasing for years under the most appropriate regimen and other methods of treatment, palpably take on a healing action under these remedies; or whoever has seen in acute diseases that had reached a great height a cure quickly follow the exhibition of the proper specific in small doses, after other means had been tried in vain, that man will no longer deny the power of small doses! But as many physicians have not the opportunity of getting those proofs, it may be well, if possible, to demonstrate the possibility of them, and thus, perhaps, to induce them to make the necessary experiments to convince themselves."

Then he goes on to notice first, the proofs that the triturations and dilutions actually contain portions of the required matter. These

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were first given by Segin, and then by Mayerhofer, with whose microscopic researches our readers are acquainted.—(See *British Journal of Homœopathy*, vol. iii, p. 14.) In addition to the facts and arguments of the above, our author goes on to say—

"Liebig who, though not a medical man, has attacked homœopathy not so much on account of the principle as of the small doses, says in his chemical letters—'We are acquainted with the existence of animals possessing teeth and digestive and muscular apparatus, though no longer visible to the naked eye. There are animals whose size is still measureable that are many thousand times smaller than these, and they also possess the same apparatus. In the same way as the larger and the largest animals do these little creatures take food and propagate their species by eggs which again are many hundred times smaller than themselves. It is only by the imperfection of our sense of vision that we now fail to take cognizance of creatures a billion times smaller even than these.' If these small creatures and their still smaller organic elements still possess life and are active according to their fashion, why should we deny activity to our small but still visible particles of medicine?"

He then quotes some proofs from analogy in the astronomical, chemical, and physiological world, with which most of our readers are already acquainted. He then instances cases of remarkable susceptibility as follows:—

"Remarkable positive effects have often been observed from small doses in persons whose susceptibility had been exalted in consequence of disease or privation of the ordinary influences. An example worthy of observation was presented in Caspar Hauser. The experiments of Professor Daumer and Dr. Preu on this foundling proved his great susceptibility to the higher dilutions. Many medicines worked so powerfully on him, even in the 30th dilution, that the very smelling of a phial containing globules brought on a good many symptoms, which were, for the most part, the same as those in the provings. Even holding his finger on a bottle containing dilutions was not without its effect on him."

We confess we do not share our author's belief in the reality of the medicinal symptoms said to have been produced by the dilutions on Caspar Hauser. The more recent observations of the mesmerists, hypnotists, and electro-biologists show the great ease with which persons in a state of morbid sensibility experience every variety of perturbed sensation from purely imaginary or subjective causes, and thus deprive the above experiments of the right to be considered proofs of the physical power of the medicines. The passage, however, is so far valuable in that it shows our author is by no means in-

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fluenced by naked scepticism in his subsequent judgment as to what dilutions are to be preferred in practice. He continues—

"However instructive and interesting these experiments may be, and however much they may prove the efficacy of the medicines in homœopathic dilutions, yet we must take good care not to conclude therefrom, nor find in them any proof at all that the high dilutions are suitable to and ought to be administered in all cases. These observations on Caspar Hauser merely show that by such complete withdrawal of external stimulants the irritability of the organism is greatly exalted, so that even the higher dilutions act perceptibly and even strongly. This is, indeed, often the case in exalted irritability from other causes; but in the very great majority of mankind the susceptibility of the organism for medicinal action is so often blunted by the manifold influences and enjoyments of life which excite and exhaust the irritability, that we can frequently perceive no effect from the high dilutions, while at the same time the lower dilutions and stronger doses not uncommonly bring about the desired effect.

"After this exposition of the arguments for the possibility of the activity of the small doses, I will now communicate the result of my observations at the sick-bed on the doses of the medicines. After I was convinced of the truths of Hahnemann's law of cure, I deemed it my duty to listen to the repeatedly expressed desire of the Reformer and repeat his experiments exactly. As far as the doses were concerned I did this with great unwillingness, and with complete scepticism as to the result. Nevertheless I saw not a few cases recover after administration of medicines in the 10th, 20th, and even 30th centesimal dilution. I observed not only the speedy cure of acute diseases, but also frequently a remarkable change, and finally complete cure of chronic cases. I grant readily that many of the cures which encouraged me in the commencement of my homœopathic experiments were not due to the small doses of medicine exhibited; but that all the results are to be ascribed to the healing powers of nature alone I can by no means convince myself even with all the forces of scepticism. I saw in not a few cases which had resisted the most different modes of treatment, cure take place after a small dose of a carefully chosen dose of homœopathic medicine, which could not possibly be ascribed to any other influence than that of the medicine. In not a few cases, however, I waited in vain for any curative result from the small doses; but nevertheless, distrusting myself rather than the precepts of Hahnemann, I at first sought the cause of failure, not in the insufficiency of the dose, but in error in the choice of the medicine. This brought on me many cares and troubles, until I saw myself obliged to descend to lower dilutions. I was soon convinced that these yielded much more certain results without the so-much dreaded disadvantages. In this manner, guided by experience, I arrived step by step at the position that *it is never necessary to administer medicine in any dilution or trituration higher than the 6th decimal* (the 3rd centesimal),

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and I have never had to complain of any hurtful collateral action, or any primary action that disturbed the cure. But in addition I have to say, that it is only very seldom, and with very powerful medicines, and in very susceptible patients, that I ever go so high as the 5th or 6th decimal dilution—that in general I confine myself to the 1st and 2nd dilution or trituration, though not unfrequently I find it necessary to go up to the 3rd or 4th decimal dilutions for the above-mentioned reasons. In the six lowest decimal dilutions and triturations I consider we possess a scale suitable to afford the corresponding dose for all the present known diseases. In a period of ten years I have never found it necessary to go above the 6th decimal dilution, but I have often been obliged to give the specific remedy in stronger doses, such as several drops of the pure tinctures or $^1/_4$th, 1, or even several grains of the original preparation. The employment of these medicinal doses affords so far the comfort that I have the certainty of operating with demonstrable quantities of medicinal matter. It also satisfies me, because I have learned by experience that by such a choice of doses we can easily give the quantity sufficient to excite the curative action without injuring the patient through excess. At the same time we have the advantage of giving the medicine in the proper state of subdivision when the right time has been spent on the trituration—a point that ought to be enforced in the strictest manner. With these principles the following physicians agree fundamentally, viz.:—Dietz, Elwert, Griesselich, Helbig, Vehsemeyer, Moritz and Clotar Müller, Rau, Roth, Schmidt, Schrön, Segin, Simpson, Trinks, Werber, and many others. Thus Trinks has declared that recently he had arrived at the conviction from repeated experience, that all acute diseases demand the energetic interference of art, and therefore require frequent and powerful doses of the homœopathic remedy. That chronic diseases that are deeply rooted in the vegetative sphere can for the most part only be cured by strong and repeated doses of the medicines; and that we are not unfrequently obliged to have recourse to the pure tincture and the first trituration of mineral substances in order to effect a thorough change of action in the morbid vegetations."

We would earnestly and seriously commend the foregoing remarks to practitioners in this country. There are few here who have practised homœopathically for ten years, and those who have done so for twenty years may be counted on the fingers of one hand; therefore the great majority must still be going through the arduous and anxious course of experiment described above, unless they have already profited by the experience of our German brethren. We think that if in this country we have not had the honour of being the first disciples of homœopathy, we ought at least to reap the advantage of the experience of our elder brethren; and in adding our portion to the development of the common cause, we should start from the point at

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which they have already arrived. In the matter of the dose our own experience accords with that of our author, so far as it has gone; and of late years we have gradually come to rely more on the lower dilutions, while of some medicines we at times prescribe the pure tincture or substance. We doubt not we may proceed still further in this direction, and feel greatly encouraged to do so by the temperate recommendations of our author.

The book concludes after a few more pages devoted to the consideration of the repetition, &c. of the dose, which are sensible and practical, and for the most part are similar to those of Trinks in his introduction to the Manual. In particular, he lays stress on the propriety of allowing time to each medicine to develope its effects, and not hurrying one dose or a new medicine close upon another, but waiting till the benefit from the first ceases.

In conclusion, we take leave of Dr. Arnold, with the hope of meeting him again in the character of author on the treatment of some special diseases, or the proving of some new medicine, since, bating the unfortunate German tendency to over-systematizing, he has shown himself so capable of handling the general question.

THE FALLACIES OF HOMŒOPATHY, by C. H. F. ROUTH, M.D., M.R.C.S., &c. &c. H. K. Lewis: London, 1852.

DR. ROUTH, in the opening sentence of the above work, informs us that he has been induced to publish it "at the request of several *distinguished* friends both in and out of the profession." If so, we regret that we can compliment neither Dr. Routh nor his distinguished friends on their discretion, not certainly Dr. Routh, for never was a worse reasoned piece of matter offered to a "discerning public," and certainly not the friends alluded to, for, had they been friends indeed and friends in need, they would at once have seen that Dr. Routh could not possibly by the work before us cover himself with any honor, but only his distinguished friends with confusion and chagrin!

We do not mean to say that Dr. Routh has no merit in the work he has given to us; on the contrary, we give him great credit for his having in a painstaking manner brought together a large range of most interesting statistics,—statistics, which must be to every lover of truth deeply interesting, which are to every homœopathist a source of continual rejoicing, but which must be to every deeply rooted allopathist a source of stinging thorns and disgust.

Indeed, so strong and bold is this army of statistics, and so nibbling and imbecile the company of arguments brought into the field against them,—such an ocean of sack in the form of figures, and

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such a poor halfpenny-worth of bread in the form of argument,—that one can scarcely sometimes help thinking that Dr. Routh is attempting a surreptitious kind of proof and advocacy of that which he at the same time pretends to condemn!

Dr. Routh divides his book into three parts: 1st, An attack upon the doctrine "similia similibus curantur;" 2nd, An attempt to shew that one great secret of homœopathic success, if any success attend them, is owing to the strict rules of regimen, &c.; 3rd, An attempt to shew the sources of fallacy in homœopathic statistics.

In objecting to the law "similia similibus," our author says, that—

"It is illogical to conclude that because some fifty medicines may be found to mimic certain diseases, that, therefore, every disease has a specific remedy; but this loose kind of generalizing he is sorry to find among all homœopathic writers."

Now, although it would be indeed loose reasoning to conclude *finally* that because the law "similia" is *often* true, that therefore it it *always* true, still it is not illogical to reason *analogically* upon the subject, and it is this which homœopaths do; and it is thus that by long testing and experience they have been enabled to bring together such a host of specifics.

Again, our author says:—

"Assuming the principle to be correct, we can understand that a similar allopathic dose might cure, but not an infinitesimal dose; and yet these preliminary experiments are spoken of by homœopathists to justify their doctrine of infinitesimals."

Quite the reverse: no homœopath speaks of any *experiments* as *justifying* his doctrine of *infinitesimals*, except the experiments of experience on himself or in others in disease.

It is said that turpentine can cure both hæmorrhage and tape-worm; and Dr. Routh asks us, triumphantly, "can turpentine cause hæmorrhage or tape-worm?" We answer, certainly turpentine not only can, but often does, in an improper dose, cause hæmorrhage from the urethra: as to tape-worm, turpentine is not the homœopathic cure; indeed, turpentine cannot be called *truly* a *cure* of the tape-worm disease, but only a poison for the parasite there present, the true cure of the disease being the restoration of a healthy condition to the intestinal canal.

On page 7 we are told that certain cases of otitis are accompanied by ague symptoms, and yet "were we to attempt to cure by Bark death would inevitably result." How does Dr. Routh know that death would *inevitably* result? or what purpose does the instance serve? seeing that no homœopathist would ever think of treating the *secondary symptoms*, viz. ague, but the primary disease, and this he would treat by Aconite and Belladonna, or Pulsatilla, and with admirable success.

Dr. Routh asks us if we know what a decillionth of a grain is, and lest we should not, he is kind enough to work it out for us by a

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learned arithmetical process, and then proudly exclaims against the folly of having a faith in anything so infinitely small! Now this objection has been a hundred times answered, but never better than by Dr. Samuel Brown in this Journal, Vol. I, p. 213, where the sceptic can find the subject very ingeniously stated, with reference to the action of imponderables in nature. But, indeed, the objection is in itself quite unscientific, and quite beside the question which is: not is it *possible*, but it is a *fact*, that homœopathic infinitesimal doses do act? a question which every one, who will test it by experiment like an honest truth-seeking man, must answer in the affirmative.

Dr. Routh now proceeds to assert that "*our* (allopathic) strongest active principles are sometimes put in a homœopathic globule and administered, in order to cheat men into a faith in their efficacy;" and to such treachery he attributes the death of the "Duke of Cannigaro," and also of Mr. Horace Green of New York. What a wonderful revelation we have here, and what presumption in homœopathists it is! Can any one conceive of greater impudence than in these homœopathists! Why, what do you think they do? Why they actually "sometimes put *our* strongest principles in their globules!" Alack a day! is Dr. Routh ignorant that of all homœopathic medicines Strychnia is their most esteemed favourite? But, perhaps, Dr. Routh means that we sometimes put "*our* strongest principles" into our globules in *large measure*. Now, granting that we may just possibly occasionally do so, what then? What then! Why is n't that the way you killed the Duke of Cannigaro and poor Mr. Horace Green of New York? Now the Duke of "Cannigaro" may be a well meaning gentleman, but he is as yet unknown to history. There was, however, a Duke of Cannizzaro, who consulted a homœopathic physician in the North of Italy, and afterwards, in the progress of events, took his journey into a far country, yea even into Sicily, and there ultimately died suddenly: *ergo*, quoth Dr. Routh, he died of poisoned globules! As to Mr. Horace Green of New York, we are alike ignorant of him, living or dead, but sincerely trust that he is no relation to the distinguished and ingenious doctor *of that ilk*, also residing in that same miraculous capital.

With reference to the fact of *infinitesimal* doses having a real influence on disease, homœopathists have very pertinently asked their opponents to define the size and weight of the scent which the hare leaves on the track followed by the dog. In answer to this question, Dr. Routh asks us "how do you know that this scent is not diffused as light is, by undulations?" We reply, first, how does Dr. Routh know that it is so diffused? but, second, granting that the theory is possible, how does Dr. Routh then know that the dynamic, or electric, or catalytic powers, have not been developed in our medicines by trituration? "Oh!" replies Dr. Routh, "if you develope such powers in your medicines, you also by the same process develope them in the impurities in these medicines;" but this objection to have any weight must shew,—first, that our medicines are impure, second, that such impurities are present in sufficient quantity to in-

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fluence the result; third, that they are present in such condition as to develope *antidotal* powers; and fourth, that if present they are not rather, as the sugar-of-milk possibly is, catalyzed into the nature of the drug they are so intimately united with.

The homœopathists it seems speak of vaccination as an illustration of the theory of "similia similibus." But Dr. Routh says: "It is not true that medicines inoculated or injected into the blood always produce the same symptoms as when taken internally by the mouth." "Therefore it is not fair to generalize or deduce a universal conclusion from exceptional facts." Now what homœopathist living or dead ever did *generalize* from "*exceptional facts?*" seeing that, of all systems ever propounded to the world, homœopathy is most eminently that of experience and of experiment.

Dr. Routh repeats the story, that—

"One of the very first wholesale houses in London was in the habit of supplying its customers simply with sugar of milk globules, labelling them however according to the different homœopathic names of drugs: this statement has been made by the agent of this firm, at the house of Messrs. Gilpin and Co., druggists, Newcastle."

The allopaths have been often challenged to give the name of this "wholesale house," but they have never condescended to do so. It would be sufficient, therefore, to dismiss the slander with contempt; but we may as well observe that there is no *particular wholesale* homœopathic druggist in London. We believe, however, that the story has arisen from the fact of some homœopathic druggists being in the practice of purchasing pure sugar globules from the confectioners, for the purpose of medicating such by tinctures.

Dr. Routh informs us, that—

"The late house-physician of the Homœopathic Hospital at Leipzic, convinced of the nullity and danger of the system, gave up the appointment, and published an exposition of the practice pursued at the hospital."

This is a mistake: the gentleman alluded to did *not give* up the appointment, but was given up by it, and dismissed therefrom for mal-practices.

Dr. Routh having thus come to the conclusion of part 1st, draws a long breath, and then utters himself thus grandly: "the infinitesimal dose is therefore inert;" to which, in the language of the "lean Cassius," we can only reply, "now, in the name of all the gods at once, what meat hath this our Cæsar fed on," that he hath grown so rapid fat, and crushed us with this clinching *sequitur*.

Dr. Routh devotes nineteen pages to the second part of his treatise. In these nineteen pages we have again some interesting statistics, but we cannot discover, nor indeed does Dr. Routh attempt to shew, what relation they have to the question at issue, viz. the "Fallacies of Homœopathy." He says, that—

"In statistical returns there are several sources of fallacy, and that if homœopathists should disregard these wholly or in part, so must their conclusions in support of the efficacy of their treatment be disbelieved."

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Here indeed we have a self-evident proposition, but Dr. Routh does not even make the slightest attempt to shew that homœopathists act after the fashion spoken of. For instance, he says,—

"We must not compare the statistics of one city with those of another city, nor the statistics of one year with those of other years, because the type of disease varies in different cities and at different periods."

He does not, however, attempt to shew that homœopaths do this; and from his own table he must know that they have no occasion to resort to any such subterfuge.

Again, we are informed, that "in estimating the results of practice the influence of mind should not be lost sight of;" and here follow a number of illustrations in proof of that which no man ever thought of denying; and not only are these illustrations superfluous, but they are without the slightest bearing upon the question before us; nor is there the least attempt made to prove that the homœopathist has in this any advantage over his opponents; nor, indeed, is it even once hinted at that in a globule more than in a pill is hidden the mystery of a faith-inspiring element. In practice it is quite the reverse, size being with most men considered as a measure of power.

We are also informed that "some diseases will get well without medicine;" but we are not informed as to how homœopathy more than any other system of medicine suffers by the fact.

The learned doctor also accuses us of owing much of our success to "the strictness of our hygienic discipline:" now, we own the soft impeachment, but cannot with little boys in the nursery say, "We are sorry for it, and will never do it again."'

Part II now concludes in these words:—

"The allopathist makes use of all the means within his reach; and there is this advantage he at least possesses—it is not his *interest or his custom to deceive.*"

Grammatically speaking this is a fair sentence enough, but what connection it has with what precedes or what follows it we are not told, and we are only surprised that Dr. Routh, with his usual rigid adherence to the *perfected* syllogism, does not add,—*Therefore* homœopathy is *bosh!*

Part III is the most important division of Dr. Routh's book, and it is here that the homœopathist will find the most abundant cause for self-congratulation, as our author indeed confesses in these words:—

"This is a point (the statistics of hospitals) to which the homœopathists have directed particular attention, and they have already derived benefit from it with the public."

Dr. Routh then proceeds to disabuse this public of the error into which they have been thus led; and he begins by asserting that these statistics cannot be relied upon, because he is convinced that the homœopathists select their cases. But this is a mere assertion, which has been as often as made at once shewn to be false. Dr. Routh, however, looking at the large proportion of mild cases in homœopathic hospitals, says, "It is difficult to believe the cases are not selected."

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In proof of this we are furnished with a list of 622 mild cases, occuring in Dr. Fleischmann's Hospital between the years 1835 and 1843. Suppose we grant this, still we find that there were in all about 8000 cases entered during that period; the reader will at once see how little therefore the 622 mild cases can influence the general result, indeed it would only raise the average homœopathic mortality from 4·4 to about 4·7 per cent.

We are then told that the size of the hospital influences the mortality, by the fact of slight cases being excluded from the smaller hospitals. If this be true, it must tell much against our author, seeing that, comparatively speaking, homœopathic hospitals are all small. It is then said the average duration of patients in homœopathic hospitals is smaller than in allopathic hospitals; *therefore* the cases taken in at the former hospitals are milder! Nay, Dr. Routh! but yea, rather; *therefore* homœopathic treatment is the *better*, seeing that the patients are the *sooner convalescent.*

Dr. Routh now becomes poetical, and says, Dr. Fleischmann's success is aided by the beauty and piety of the nurses attending the hospital, and lest we should be sceptical of the influence of beauty and piety in the cure of disease, he adds—"This statement will be the more readily believed as emanating from a *protestant.*" The humour of this is exquisite! When we first came to it we smote upon our thigh, rolled off our chair, "while unextinguished laughter shook the skies." Again, Dr. Fleischmann's success is, it is said, in part owing to there being "less disturbance of his patients by auscultation and percussion." We at once grant this; and recommend the serious consideration of the fact to that class of practitioners who seem to look upon the stethoscope as the ultimate perfection of all medicine. Again, it is said homœopathic statistics shew a deficient number of patients treated above the age of 40, and as mortality is greater above 40 than under, therefore homœopathic hospitals select their patients, and the "proof of this is perfect"—as thus: a certain number of people are living under 10; a certain number under 40; and a certain number above 40. Dr. Routh does not, however, find a corresponding number of patients above 40, viz., at the most fatal age, in our homœopathic hospitals; and he, therefore, concludes that we exclude these in order not to increase our average mortality. We are not told whether or not allopathic hospitals have a sufficient number of patients above 40—but we can inform Dr. Routh that they have not. We do not, however, on this account charge these hospitals with an attempt at deception, but content ourselves with the simple fact, that the missing aged poor Dr. Routh is in search of are not to be found in hospitals, either homœopathic or allopathic, but quietly engaged picking oakam within the walls of the poor-houses!

But ah! Dr. Routh "has us on the hip" at last. "Homœopaths (says he) shewing that a 2 per cent. mortality is met with in their hospitals *prove too much*, seeing that a $2\frac{1}{2}$ per cent. mortality is a common average in our population, even in health." Now, is Dr. Routh laughing at us, or is he really so shallow an arithmetician as not to

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see the source of the fallacy into which he has fallen? He says—"The *reason* probably is, that homœopathists often include in their averages the *out* patients." Not at all, my dear sir, not at all! The reason simply is, that our averages extend over an average of eleven days' treatment; but the general mortality of the public is extended over; just exactly one siderial year, or, in other words, 365 days, 5 hours, and 49 minutes!! With strange inconsistency Dr. Routh quotes the Army and Navy Returns, with a mortality in several instances of less than 2 per cent., without any reflection on their accuracy!

Dr. Routh now passes from the statistics of general to that of particular mortality, and begins with a consideration of pneumonia; and here, because Dr. Routh finds the number of pneumonic cases treated by Dr. Fleischmann to be with relation to other diseases above the average of those treated in the general hospital at Vienna, he concludes that Dr. Fleischmann has either selected his cases or is deceived in his diagnosis: truly a suicidal conclusion to arrive at, seeing that he has already told us that in small hospitals the average of severe cases is always greater than in large hospitals. Dr. Routh also knows that pneumonia is with the old school considered as one of the most deadly of diseases, and if so, is it likely that Dr. Fleischmann would, in exercising a privilege of selection, choose a preponderance of such?* As to the charge of a wrong diagnosis, we can only reply that the cases are open to inspection in Dr. Fleischmann's hospital—that Dr. Routh has visited that hospital, and yet he does not appear to have discovered any attempt at fraud, or any manifestation of ignorance in diagnosis;—and we may adduce the often-quoted authority of Mr. Wilde, the distinguished Dublin oculist and late Editor of the *Dublin Medical Quarterly*, to the effect that the cases he saw treated at Fleischmann's hospital were fully as acute and virulent as any he had observed elsewhere.—(*Wilde's Austria and its Institutions*, p. 277.)

Dr. Routh again says that the mortality in pneumonia above the age of 40 has a higher average than below the age of 40. He does not say that homœopathists make any selection of age in this disease, but having formerly *presumed* that they made a selection in all diseases, he therefore again *presumes* that they also made a selection in pneumonia. He attempts to shew that there should be in cases of pneumonia 25·8 per cent. above 40, for 48·6 below 40. If so, what, then, are we to say to his own statistics, where the Glasgow Infirmary shews only 22 above to 69 below 40; Drs. Taylor and Walshe, 23 to 55; Dr.

* A circumstance that must render a comparison of the proportion of severe diseases to mild admitted into Fleischmann's hospital with that of the General hospital, fallacious, is this, that chronic skin diseases are as a rule, and venereal diseases are rigidly excluded from the former, and these diseases, as we know, form a large item in the General Hospital. Another circumstance that must have an influence in increasing the severity of the cases in the Homœopathic Hospital is this, that the suburb, Gumpendorf, where it is situated, is the manufacturing district, and filled with a population of ill-fed, hard-worked, unhealthy mechanics.

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Hughes, 61 to 162; and Dr. Peacock, 6 to 37? These, indeed, are strong arguments against himself, but this he overcomes by adding Grisolle, who gives 359 above 40 to 565 below 40, and thus swamps the other doctors; but if an inconsistency with his own statement be found in four out of his five quotations, surely the poor homœopath should also get the advantage of that inconsistency—but we have already shewn that patients above the age of 40 are to be found, in a large measure, not in hospitals but in poor-houses.

Again, our small mortality in pneumonia is attributed to the non-existence of Bright's disease of the kidney in our patients! If we compared pneumonia in London with pneumonia in Vienna, this might be a matter of consideration; but when we compare our treatment in Vienna with the old system in that same capital, it is difficult to discover the bearing which Bright's disease can have in the matter.

Dr. Routh, however, confesses that Tessier's cases do not bear the same aspect of selection, and yet he admits that his mortality is only one-third of that of allopathic hospitals, but this he in part accounts for by the fact of some of these cases having been treated allopathically before admission! Thus that which he admits by his statistics should be the cause of death, viz., allopathic treatment, is, in poor Tessier's cases, one cause of his wonderful success!

Again, we are furnished with a table shewing that our pneumonic patients are longer in hospital than allopathic patients, from which it is said the very imperfect action of homœopathic treatment is "*apparent.*" But how are we to reconcile this statement with what Dr. Routh has in a former part of his book asserted—viz., that homœopathic patients were evidently picked, because the average duration of our patients in hospital was *too short?* How can this mystery be explained? Can it possibly be that in the cases which the Doctor is now speaking of, viz., pneumonic cases, allopathic practice not being particularly satisfactory, *death* does not permit the poor patients to remain so long in the hospitals as might otherwise be desirable?

Dr. Routh, however, at last confesses that he actually did see a real "Simon Pure" *bona fide* case of pneumonia get well under Dr. Fleischmann—but what of that? for does he not also find that the treatment of pneumonia by Tartar emetic and by bleeding is about three times as fatal as by *the no treatment at all* of Dr. Dietl? Now, homœopathists do not ignore these statistics of Dietl, but rejoice in them as manifestations of the curative power of nature in disease;—but how is it that Dr. Routh so *easily* accepts of the statistics of Dietl, and yet so captiously examines homœopathic statistics, seeing that, in his opinion, the treatment by Dietl and that of the homœopathists is identical, to wit, nothing. But has it never struck Dr. Routh that if the *vis medicatrix naturæ* be any argument against homœopathy, it must be an argument of tenfold force against the "heroics" of the old school.

We are now treated to the statistics of pleuritis; and again the charges of false diagnosis and of taking in too many patients are

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made, and of our success arising from the absence of Bright's disease!

Concerning peritonitis we are told that the mortality in Vienna is less than in London, although in Vienna the do-nothing system is pursued. *Therefore* it is concluded—"peritonitis in Vienna is not the true idiopathic peritonitis we have in London!"

Dr. Fleischmann is again accused of treating too many cases of fever, but this is surely not likely to be a matter of choice with him, seeing that his success with fever cases by no means constitutes his strength. Mr. Kidd, however, was very successful in Ireland in his treatment of typhus; but this, Dr. Routh says, is owing to his rigid regimenal rules, and to his having selected his cases!

In cholera Dr. Routh's statistics shew the extraordinary success of homœopathic treatment as compared with allopathic, but this does not in the least degree astonish him when he reflects upon our miserable diagnosing powers!

Dr. Routh now sums up with eight conclusions to the following effect:—

"Globules are nothing—but those who pretend to believe in them are either fools or quacks; homœopathic patients, however, sometimes do recover through mental influences, aided by nature, regimen, and allopathic drugs surreptitiously employed. Besides, homœopathists are ignorant diagnosers, and by a use of falsified statistics, attempt a false comparison with allopathic practice."

Thus Dr. Routh virtually accuses us of being a parcel of knaves, fools, quacks, and donkeys; still we must not be angry with him for this, for his provocation has certainly been very great; and besides he hopes that "if he has occasionally spoken rather harshly it has been done with no intentional discourtesy, but only when the elucidation of *truth* has left him no alternative!"

Before drawing our observations to a close it may not be unrefreshing to our homœopathic readers to submit to their consideration the following abstract drawn from Dr. Routh's voluminous statistics, by which the relative success of the new and the old modes of treatment can be seen at a glance:—

	Homœopathic Treatment.		*Allopathic Treatment.*	
"Pneumonia—	deaths per cent.	5·7	deaths per cent.	24
Pleuritis	,,	3	,,	13
Peritonitis	,,	4	,,	13
Dysentery	,,	3	,,	22
Typhus*	,,	15	,,	19
All Diseases	,,	4·4	,,	8·5"

It is unnecessary as homœopathists that we should make any comment upon the above table, but how Dr. Routh, having such facts before him, and in his own book, can yet call that book the "fallacies of homœopathy" it is hard to understand; but we leave the question of nomenclature in the hands of those who are wise in the history of the "Curiosities of Literature."

Perhaps our author may consider that we have not in the review-

* This mortality in typhus relates only to the cases of Dr. Fleischmann on the one hand and Vienna on the other.

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ing of his book manifested that staidness and sobriety of style which he may consider the subject of it to demand, but unfortunately Dr. Routh has afforded us no choice in the matter.

If the book before us had been written in that candid, open-hearted, and truth-loving spirit which the subject certainly *ought* to have required of him, we should have replied to it with all befitting quietness and gravity; but when, instead of this, we find the loosest reasoning hanging upon the loosest premises, and often ludicrous conclusions drawn upon no premises whatever; when, moreover, we find the continual reiterance of the charges of ignorance and deceit brought against us, and yet not the slightest instance given or even attempted to be given in corroboration of these charges; and when lastly, we find foolish gossiping brought forward as grave facts;—what alternative, we ask, was left to us, but either to have written in the terms we have done, or to have chosen rather the severer language of indignation and contempt.

If the statistics furnished us by Dr. Routh be true, then what a deep responsibility rests upon those practitioners of the old school, who, instead of searching into, continue obstinately to ignore the truths of which these statistics are the exponents, and with a pedantry and selfishness at once laughable and wicked,—continue rather to retard recovery and to accelerate death, by the destructive processes of copious bleedings, poisonous salivations, and other barbarous "heroics."

Surely the time ought to have come to us before this, when men ought to have awakened to what Hippocrates has said of us some twenty-two centuries ago, that—"He who is at once a physician and a philosopher is equal to a god."

There is no profession higher than that of medicine; none which demands a greater amount of preliminary study; none in which the truths connected with it cover a wider field and are more difficult to acquire or so hard to retain; no profession which demands so great an amount of self-sacrifice and indomitable work; none which, if followed in a true and loving and devout spirit, can contribute more to the happiness of man and to the glory of the Great God;—when, therefore, instead of nobleness we find meanness; instead of love, hatred; instead of a continual craving after newer and higher truths, a perpetual slandering and sneering, and persecuting of all who are bold enough to avouch an honest faith—how, we ask, with all this sickening depravity before us, can we but sometimes conclude with the "Divine old man of Cos," that "Our profession is, indeed, the most noble of all, but the ignorance (and venality) of those who practise it, has rendered it the most contemptible on earth."

Let us hope, however, that the dawn of a newer and more elevating and earnestly true and loving spirit is at hand, when the condition of medicine shall no longer be sneered at as an inharmonious contradiction, catch-penny and absurdity, but shall assume that truly noble, upright, and philosophic position which the deep seriousness of the subject ought most certainly to demand.

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HOMŒOPATHIC INTELLIGENCE.

A Medical Holy Office.

We presume from the subjoined letter that the medical faculty of the "famous University," not of Göttingen, but of Edinburgh, has issued an *Index expurgatorius*, which is the natural consequence of passing a test act and promulgating their medical Athanasian creed. We cannot but regret to find the Royal Medical Society, which has been hitherto the arena of free debate, bearing to liberty of medicine the same relation that trial by jury bore to political freedom, submitting to this servile gag.

"SOCIETAS MEDICA EDINBURGENA,
A.D. MDCCXXXVII CONSTITUTA.
ET REGIA AUCTORITATE, A.D. MDCCLXXIX CONFIRMATA.

Medical Society Hall,
Edinburgh, 8th March, 1852.

Sir,—I am desired by the Society to inform you that your donation of the work entitled "Homœopathy in 1851" edited by you, is respectfully declined by the Society.

I have the honor to be, Sir, Your most obedient Servant,
WM. M. CALDER, *Curator.*

Dr. J. Rutherfurd Russell, &c. &c."

British Homœopathic Congress.

The Congress of Homœopathic Practitioners of the United Kingdom will be held this year in Edinburgh, on Thursday the 2nd and Friday the 3rd of September. The annual address will be delivered by Dr. Drysdale. We trust that there will be a large muster of homœopathists, as the best reply to the insults to and persecutions of their colleagues by the allopathic Dons of Auld Reekie.

Continental Homœopathic Congresses.

The Annual Meeting of the Homœopathic Society of Western Germany takes place this year at Dortmund on the 31st July, under the Presidency of Dr. Von Bönninghausen. The Annual Congress of the Central Society of German Homœopathists is to be held at Frankfort-on-the-Main on the 10th August, under the direction of Dr. Kallenbach; and the Annual Assembly of the Gallican Society will take place at Marseilles, on the 5th September and subsequent days, Dr. Chargé, President.

BOOKS RECEIVED.

London and Provincial Medical Directory for 1852.
Mild Medicine in contradistinction to Severe Medicine, by R. TUTHILL MASSY. London and Worcester, 1851.
A Letter to Sir G. Grey, Bart., M.P., on Medical Registration, by EMERITUS. London, 1852.
The Union of Hydropathy with Homœopathy, by L. STUMMES, M.D.
The North American Homœopathic Journal.
The Monthly Journal of Homœopathy.
Journal de la Societé Gallicane.
The Homœopathic Times.
Common Sense in its relations to Homœopathy and Allopathy—A Letter to J. Y. Simpson, Esq., M.D., &c., by L. D. H., a lay disciple of Homœopathy. Edinburgh, 1852.

Wm. Davy and Son, Printers, 8, Gilbert-street, Oxford-street.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

LECTURES ON THE HISTORY OF MEDICINE.

By Dr. Scott.

Lecture V.—*Hahnemann.*

Our slight and hasty glance at a few salient points in the history of medicine has now brought us to the point on which our previous remarks were all along intended to bear, viz., the summing up into one consistent system, built upon and held together by one general law, all that was true and well established in every earlier system, and all that was scattered through the isolated experience of individuals. With this view we indicated by parenthetical notes instances in which we thought that we detected the operation of the law which we are now specially to consider, or the anticipation of various methods which our ignorance of the past history of medicine might lead us to imagine were of recent origin. With this view also we dwelt rather upon particular schools and theories than upon individuals who may have rendered essential and valuable practical service, and earned to themselves a high reputation by a skilful discharge of the duties of their profession, but who have not advanced any general laws to constitute the elements of a school or system. This will account for the absence of many names which have eminently adorned the annals of medicine. To enumerate all those who, during the last few centuries, have conferred honour upon their profession, would be to transgress the limits which we deem it necessary to observe, and to lose ourselves in a multitude of distinguished men.

We can scarely fail to have remarked, that no school or

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system was founded on a *law of cure;* general laws may have been casually stated, but in no instance have they formed the basis of a system or the characteristics of a school; these are to be found in pathological theories or therapeutical *methods*, not therapeutical *laws*. The school or system we have now to consider is essentially based on a therapeutical *law*, not a *method* of practice or theory of disease. Though well aware that to the readers of this Journal every exposition of the law of homœopathy must be superfluous, we shall, nevertheless, for completeness' sake, briefly present the aspect in which it appears most conspicuously to ourselves.

In order by a medicine to correct a morbid action it is necessary to modify directly or indirectly the parts morbidly affected—to produce a change upon them. The question, then, is, what is the nature of this change? To say that it consists in the removal of the morbid symptoms is to say nothing; of course this is the object in view; but our enquiry is, in virtue of what property is it that a medicine can effect this result? Is it sufficient to produce any change whatever, or is it requisite that the direct action of the medicine should be opposite to that of the morbid symptom, or that it should be similar or analogous to it? But these questions manifestly have reference to the operation of the medicine on the *healthy* body, for the *result* of its operation on the *diseased* should unquestionably be opposite to that of the disease, that is to say, it should consist in the removal of the disease, which is a mere truism. Our question, then resolves itself into this: What is the relation between the pathogenetic action of a medicinal substance on the healthy body, and its curative action on the diseased? Is it merely arbitrary? is it opposite? or is it similar? Now it seems exceedingly unnatural to suppose that it should be merely arbitrary, which is equivalent to saying that no relation whatever exists; for if so, why should we not cure any disease with any medicine? we cannot do this because there is a want of correspondence. Is, then, the relationship that of contrariety or that of similarity? And here we are met in the outset with a difficulty; what contrariety can exist between morbid symptoms as a general rule? There are, no doubt, cases in

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which such contrariety may be supposed; a too rapid and profuse production of blood by which the vessels are too hastily or too amply replenished may be supposed contrary to a too tardy and scanty production of the same fluid, and the medicine which should occasion the latter symptom may be said to act contrary to the disease characterized by the former. But what shall we say of many other morbid symptoms? what is the opposite to a pustular eruption? what is the opposite to measles, scarlatina, or hooping cough?

The question may be considered analytically, thus: All the external symptoms of any disease may be regarded as the result or effect of some internal or prior symptom or process; even in the most strictly local diseases, say an ordinary pimple, there is some physiological or pathological process to which its existence is to be ascribed. Suppose, then, any set of symptoms, say, a cutaneous eruption is owing to any prior condition, say the state of the stomach, it is plain that to cure the symptom rationally we must affect the stomach; and supposing the state of the stomach to depend on a still prior condition, say the state of the circulation, then, in order to correct the stomach and thereby the cutaneous eruption, we must affect the circulation; and supposing that state of the circulation to depend on a still prior condition, say that of the nervous system, then, in order to affect it we must affect the nervous system, and so on to the remotest points to which we can carry the analysis. In reality, therefore, in order to effect a cure on rational principles, we must affect that portion or function of the animal economy which is the *fons et origo* of the disease, and affect it in such a manner that the change of action should evince itself precisely in the same departments as are involved in the original morbid condition; as in the case supposed we must so affect the nervous system as thereby to affect the circulation, and thereby the stomach, and thereby the skin, and in such a manner as to affect the organs or operations of the skin so as to produce a cutaneous eruption, and a cutaneous eruption analogous to that of the disease to be cured, for otherwise we have no indication that the medicinal eruption has been effected through the same channels as those which gave rise to the original malady: it seems impos-

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sible to suppose that if you can reach and modify the very first root and origin of the malady, you should not also modify every channel through which the morbid influence has led to the ultimate result, and that if each intermediate stage be thus modified the result should not be analogous to the original malady: in each case the nervous system has influenced the circulation, the circulation has influenced the stomach, the stomach has influenced the skin; and in as much as all this has arisen in virtue of the necessary dependence of one process in its minutest and most recondite shades on that which precedes it, while, at the same time it is owing to a modification or change in the action or condition of that organ or function which is the seat of the first cause of the malady, it appears scarcely credible that the symptoms should not be *similar*, and equally plain that they should not be the *same*. The medicinal symptom travels, as it were, side by side with the original morbid symptom from the very first spring to the latest and most obvious result, and does so in virtue of the mutual dependence of precisely the same organs or functions: it is scarcely possible to doubt that the whole mass of discoverable symptoms should be analogous to those of the disease. And we may observe, in passing, that this view *should* afford an answer to the objection that homœopathic practice is a mere superficial treatment of symptoms. Symptoms are and can be our only *guide* in treatment, but this is because they are regarded as the blossoms of the tree whose ultimate fibres we aim to eradicate, and because it is supposed that an analogous blossom will indicate an analogous root: the destruction of the root is our aim, but in order to discover and to reach it we examine the blossoms, the leaves, the branches, the trunk, and the root itself as far as our observation can penetrate, (the underground fibres, buried deep in the recesses of the human constitution, we cannot reach,) and it is merely because we believe that the final result is indicative of the character of the first origin that we are content to take such result as our guide in a labyrinth otherwise wholly inextricable.

Again; the laws of the animal economy differ from those of brute matter in this respect, that living organised beings are not merely passive to the influence of external objects, but they

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manifest a power of reaction tending to establish the contrary of the action to which they have been subjected; from which it seems to follow that a medicine acting in a manner opposed to the symptoms of the malady should ameliorate only for a short time the existing morbid symptoms, and should speedily be forced to yield to the power of reaction which excites the contrary state, *i. e.* an increase of the original malady. And conversely, the true method of effecting a permanent change or removal of the malady is to address our remedies to that principle of reaction, the tendency of which is to establish a state opposite to that induced by an external power acting on the living organism.

This law of similitude operating in virtue of the law of reaction appears to me (for having come now to deal with matters of individual opinion rather than of historical detail, it is right to drop the conventional use of the plural number) the true and ultimate principle of homœopathy—a principle prevalent throughout Nature, and written as with a sunbeam in every appropriate department of her works—illustrated, therefore, in the morbid affections of animal life, but not there only, nor, perhaps, most plainly and incontrovertibly, but also in the various regions of physiology, ethics, and economics—a principle, the truth of which, would to my mind, remain untouched, though all the instances of its supposed successful application in medicine were proved to be fallacious (as, no doubt, many are), and which, certainly, would not be much corroborated by the details commonly presented to the consideration of the medical world.* I deem it unnecessary to reiterate the instances now so familiar, in which the law is seen to operate in the action of medicinal substances: I would rather invite those who agree in this view of therapeutics to extend their observation to other fields of enquiry, especially to those which call for efforts at the correction of evils, and, in the general conduct of life, in the education of youth, in the prevention of crime, in the establish-

* I hope I shall not be supposed to convey any censure on the Cases which physicians have occasionally made public: on the contrary, they may, perhaps, be highly instructive to those who already believe the law and are acquainted with the Materia Medica, but I have not met with many which are set forth in a manner calculated to establish conviction in the mind of those by whom the law is disbelieved, and the Materia Medica unstudied.

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ment of political and social relations, to apply this great law as exclusively and with as much confidence as when called upon to minister to the relief of the sick. From such enlarged views alone (if I may judge from my own impressions) shall we attain a firm, unwavering conviction of its applicability in the limited sphere of medical practice, a sphere in which with all our pains and efforts we are continually erring, and, therefore, to deal logically, continually raising arguments against ourselves; our faith must be founded on the abstract and *a priori* view of the law, and embrace a wide and comprehensive estimate of its range, or we shall be liable to misgivings on every occasion of unsuccessful treatment; how frequently such occasions occur, it is unnecessary to remind any candid and intelligent physician.

It is alike superfluous in these pages to maintain the possible operation of minute doses, and even inappreciable quantities of medicine; as it is also to remind the reader that the employment of such quantities is not coeval with the enforcement of the law, and, therefore, not essential in all cases to its beneficial application, though a careful and sparing use of medicine be the natural result of the law. Nor is the connection less obvious between the mode of investigating the medicinal properties of substances by their action on the healthy, and the necessity of simplicity of prescription,—that is to say, that the same degree of simplicity should prevail in the prescription from which we expect a curative result as in that by means of which we ascertained the pathogenetic effects of the medicine. This I conceive to be the true measure of simplicity; not the mere employment of a single uncombined substance, but the employment of a substance or composition in practice exactly correspondent to that employed in experiment.

These four points, viz., the law of similitude, the mode of experiment, simplicity of prescription, and smallness in the dose, comprise, I apprehend, the essence of the homœopathic method, —that is to say, the distinguishing law and its natural consequences, though they do not comprise the whole of Hahnemann's peculiar doctrines. Thus, the doctrine of a latent taint lying at the base of every chronic malady, constituting as it were the root on which it grows, and through the innumerable fibres of

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which it draws its deadly sustenance, though indicative of his great penetration, original genius, and extensive learning, is of a character quite different from those which form the distinguishing features of the homœopathic school. This doctrine may be received or rejected by the disciples or opponents of that school. Neither are all his disciples bound to carry the attenuations of medicine to the same extent as he, nor to give the same theoretical exposition of the law of treatment. On these points great diversity actually prevails without implying separation or exclusion; and, while I do not presume to express a judgment on the comparative claims of different theories or forms of practice within the school, I cannot but think it highly desirable that the utmost latitude should be allowed, and that from the existence of such variety of practice with identity of principle, we are likely to arrive ultimately at the best established results. So far, therefore, from regarding such variety with regret, it seems to me rather a matter of congratulation; and not only should we allow to others perfect freedom in the selection of their own methods, but each individual should hold himself free from all conventional or arbitrary restrictions, and esteem himself under the imperative call of duty to exercise the same freedom himself.

I pass over the thrice told tale of the origin of homœopathy; not that I am weary of contemplating industry, self-denial, and conscientiousness, working in obscurity, poverty and neglect, and, ultimately rewarded by success, honor and self-complacency, but because I am well aware that the details are familiar to my readers, and that I cannot vary the recital with any fresh particulars. Suffice it, that for a moment we muse in silence on that single, dimly lighted chamber, which beheld the nightly vigils of the man who stole from the hours of needed repose a scanty and hard-earned subsistence, while his days were consecrated to the establishment of a truth which he believed it the great duty of his life to corroborate, to propagate, and to apply to the benefit of his fellow-creatures; and when we have contemplated the obscure origin of the mountain spring in the elevated regions of truthful labour, not the less venerable because chilled with the everlasting snows of want, then may we with

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like brevity trace in our memory the constantly augmenting river, enriched by tributary streams of every age and country, flowing continually onward, and blessing with its wholesome waters the regions which it permeates. And what if it be occasionally ruffled by the winds of human passion, or rendered turbid by the admixture of human error; shall we therefore seek to dry up its source, or pronounce the whole a poisonous and dangerous flood? No, truly! let us rather, each in his several sphere, search diligently for those purifying elements which shall sweeten the waters of Marah.

But we may consider a little the actual state and future prospects of the school. Its present state is complicated, anomalous, and unsatisfactory; complicated, because of the variety of sentiments and modes of practice it includes; anomalous, because while involving a great variety of sentiments and modes of practice it is regarded in only one aspect by its opponents, and in virtue of that one aspect is ignorantly maligned; and unsatisfactory, both for these reasons and also because, while many are anxiously desirous of avoiding the character of a separate sect or even school, they are, nevertheless, treated as such by those who present no standard of orthodoxy from which these can be shewn to deviate.

The rapid advancement of this method of practice has also tended to place the school in an unsatisfactory position; for no line of life can present the appearance of prosperity without alluring some simply by that appearance. In ordinary professions this is of small consequence; a run upon any particular path of mercantile enterprise leads to little inconvenience beyond the crowding of its ranks; but the medical profession is strictly a *religious* profession, that is, it is regulated by the claims of *conscience* not by the amount of *profit*; and it may be feared, without any culpable defect of charity, that some may be tempted to adopt any peculiar method of practice which may be rendered profitable by temporary or accidental circumstances, apart from mere conviction. It is not for me to say confidently how far this remark may apply to the homœopathic school, still less in word or even in silent judgment to impute the charge to any individual, but I fear that a correct estimate of human

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nature forbids us to suppose that our ranks consist of none but "good men and true"—that our rapidly augmenting numbers are never swelled by any who are seduced by the hope of readier gain—and that while we too freely ascribe the conduct of our opponents to a selfish interest in silver shrines rather than to pure devotion to "the great goddess Diana," we are never ourselves captivated by the prospect of a demand for similar shrines in honour of a new "image fallen from Jupiter." Herein is great danger, a danger which the utmost stretch of my charity does not assure me that we have escaped.

And our actual state, in a scientific and practical point of view, is unsatisfactory. We fluctuate as the waves of the sea; in one district we are carried by high tides quite out of reach of even Hahnemann's far-seeing glance, and passing his utmost horizon, we wander in illimitable seas; in another district the ebbing waters leave us nearly on dry ground, and we find ourselves barely separated by low water mark from those who expatiate securely on the *terra firma* of unquestioned orthodoxy. I pass no judgment in this matter, nor do I deny the advantage of unrestricted freedom of action, but I cannot regard so unsettled a state as satisfactory.

Our position is also unsatisfactory in respect to those young men who are about to enter the profession, and who have come to the determination to practise according to our rule. Their case is, no doubt, very difficult. Nothing can sanction deceit or subtlety or special pleading or even concealment in such a matter: the utmost openness and candour at all hazards are due to the examining bodies and to the character of the candidates in after life: but what if this candour annul all their past studies and blight all their future prospects? Still it must be exercised, and the onus of rejection must lie on the examiners, a burden painful it may be, but still far lighter than that of conscious deception on the part of the candidate. He should, therefore, make his profession and take his chance.

And our relative position in regard to other schools appears to me most unsatisfactory. In the deplorable discussions on the subject neither party appears to have consulted its own dignity, but rather to have recklessly pursued a course calculated to derogate from it in the eyes of all. As in most controversies,

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each party, instead of directing straightforward and deadly blows against some vital part of its antagonist, has been wasting its weapons on a *tertium quid*, some obsolete or adventitous appendage. Thus, the unjustifiable language of the homœopathists is directed against a practice which perhaps was general in the early days of Hahnemann, but which is gradually and rapidly subsiding, of profuse and indiscriminate bleeding, severe blistering, violent purging, salivation with mercury, &c., practices no doubt still adopted but in a constantly diminishing degree, as I believe most physicians will acknowledge and most patients perceive, whereas the true point of attack is the want of an acknowledged, uniform principle or law of cure; though, no doubt, the more violent measures also warrant a certain amount of judicious criticism. On the other hand, the older school commit exactly the same error, and bend their energies against the smallness of the dose, regardless of the reiterated assertions that this is not of the essence of the matter, while they seldom or never exert an effort to disprove the law of cure or to substitute another in its place. On these terms the battle may rage for ever.

And especially unsatisfactory is the position occasioned by the resolution of non-intercourse recently formed by the older school, a resolution founded in ignorance, expressed in arrogance, and which might perhaps have been most suitably met by silent neglect. To me it appears that perfectly feasible grounds of co-operation may exist, not merely for diagnosis or surgery but also for treatment. For considering that the older school neither have, nor profess to have, any general law, it is plain that the supposition of essential contrariety between the two schools is fallacious—there can be no contradiction to a non-entity. And what is the meaning of a consultation? Surely it is this, that the physician first employed having found his efforts unsuccessful, recourse should be had to another, not as a mere shield from censure but for the purpose of accomplishing what he has failed to effect, viz., the cure of the patient. The theoretical accordance of the first is not necessary in any case for the further treatment, (which must always be directed by the judgment of *one*,) his own skill having been found unequal to the task, and therefore to call in the aid

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of one who shall certainly pursue a different method seems more reasonable than simply to follow him by one who acts on the same principles, and by the same rules, and, in the vast majority of cases, with the same means. Where, for instance, would be the absurdity of a physician who had treated by the usual means, but without success, a case of inflammation or pneumonia, acquiescing in the proposal of a homœopathist to try Aconite or Phosphorus in appropriate doses, and continuing with him to watch the result? If he apply to one of his own school, he may be nearly sure that no method will be tried with which he is not familiar: is it not more reasonable to have recourse to methods altogether different? And *vice versa*—to a great extent, though, unquestionably, the adoption of a fixed principle increases the difficulty of acquiescence in a change of method which might *seem* inconsistent with it; but our very limited acquaintance with the actual instances of the operation of the law allows a wide margin for cases in which it may be supposed to operate where the analogy has not been demonstrated by experiment, though implied in the successful result of empirical treatment. If the older school would but learn the language, and become familiar with the ideas of the modern, such instances of co-operation might, I am persuaded, be attended with benefit to the patient, without any compromise of principle on the part of the physician: the question of dignity and consistency is not to be thought of: truth is the sole ground of dignity, the sole element of consistency; the wisest physician and the best man is the one who confers most honour by his intercourse, and whose conduct is most regulated by undeviating principle. Intercourse such as this seems to be the only adequate source of mutual instruction and improvement. But it may be objected that in order to secure it, men must lay aside not only their prejudices, but also their jealousies and selfishness; and that to expect this is merely Utopian. There is weight in the objection, but not such as to neutralize the duty. It cannot be doubted that an earnest pursuit of truth requires the abnegation of self, and that the faithful discharge of the duties of a strictly religious profession forbids the indulgence of emulation, wrath, strife, and all uncharitableness, and implies therefore, an attainment in virtue of no ordinary degree. But the standard of duty must

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not be lowered in order to meet the imperfections of men; their aim should rather be continually elevated, and stimulated by the warning that the indulgence of such passions impedes of necessity their own advancement, and closes their minds to the treasures of wisdom. And the fact appears indisputable that these and kindred passions rather than any essential obscurity have hindered the progress of truth in every department, for there is no department in which their unhallowed influence may not be exerted. "If thine eye be single, thy whole body shall be full of light"—but if otherwise, if there be any obliquity of vision, any want of adjustment in the complicated organs which concentrate the rays of truth, from whatever quarter emanating —then, although the amount of light be absolutely oppressive to the weakened and perverted organs, the body as a whole, as one undivided being, shall remain full of darkness, every corner obscured by the countless motes that dance incessantly in the bright but conflicting beams. But things cannot last long in their present state: our misty contests must have an end: the prayer of Ajax will be heard: light will be given for the battle; so shall we more correctly recognize our opponents, and the mightiest in truth shall prevail.

The future prospects of homœopathy appear to me encouraging. The advance of this method has been already very rapid, and if it have been too rapid, it is well to receive a temporary check. But if the law on which it is built be indeed a law of nature, which has been openly announced and widely acknowledged, it cannot fail to derive corroboration from every year's experience, and therefore this essential element will be gradually adopted, until perhaps it will be admitted as universally and as tacitly as gravitation or circulation. But I see no reason to suppose that the infinitesimal doses will be adopted to an equal extent, for this reason, that, hitherto, exclusiveness on this point has been rather in inverse proportion to the progress of the homœopathic school generally. Each individual brings with him his own peculiarities, and acts with confidence on his own experience. What I anticipate, therefore, is a very wide acceptance of the law of cure, and a much diminished but not always infinitesimal use of medicine. And, if I err not, this great object will be advanced much better by steady, reserved,

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individual practice, than by struggling hospitals, overgrown dispensaries, ill-supplied colleges, and inconsistent charters. By the cultivation of every right principle, intellectual and moral—by avoiding all sectarianism in act or feeling—by readily appreciating good, wherever found, and by strongly rebuking evil, however near—by the ardent pursuit of professional knowledge, —by the strict observance of professional morality—and by a scrupulous regard to the niceties of professional courtesy—we may hope to purchase to ourselves a good position, and to put to silence those whose opposition is founded in ignorance or conducted with injustice.

And if this law of Nature shall come to be universally acknowledged in its simplicity and grandeur, while the application of it shall be left to the judgment and conscience of each man without challenge or censure, then shall the offence of homœopathy have ceased; and then,

> The winds quiescent, and the tempest laid,
> The sea shall wonder at the wrecks it made.

And from the clear altitudes of uncontroverted truth shall the men of another generation look back with astonishment upon the storms which have agitated, and the clouds which have obscured the base of the mountain on whose summit it is their happier lot to stand. But never, if they be just, will they treat with scorn the memory of those who struggled through the mist; least of all will they forget to honour the man whose finger pointed the way, whose voice encouraged and whose admonitions warned them. If lengthened time and multiplied industry shall have made their footing more secure and their heaven more cloudless than his, they will not the less highly estimate the courage which pressed up the slippery path, guided only by the "light within his own clear breast," and while they rejoice in mutual support, they will learn increasingly to reverence the dauntless self-reliance which quailed before no difficulty and gathered only strength from solitude and desertion.

The difficulties and defects are neither few nor small, but they seem to me confined to the *practice;* in the *theory* as taught by Hahnemann and unobscured by explanatory com-

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ments, I perceive neither the one nor the other: the theory appears to me plain and irresistible as an axiom, and its development complete. The difficulties consist principally in the choice of the medicine, the determination of the dose, and the intervals of administration: the defects in a want of order and classification in the materia medica, and of any means of associating or grouping the symptoms recorded, and of appropriating them to the individuals in whom they appeared; and in the want of a marked analogy between the recondite effects of medicines and the recondite symptoms of the disease, or what may be understood as the pathology of the medicine and the pathology of the disease. All these it remains for the future adherents of the system to rectify and supply: the task of a mere narrator is fulfilled when he has pointed them out to notice.

And now, on closing our review, let us for a moment consider in what respect the last named school differs from others, and what is the honor which we claim for its founder? These questions are shortly answered. The school differs from all others in being built upon a *law of cure*, not on a pathological hypothesis, as all forms of the dogmatic, or on a therapeutical *method*, as every branch of the empiric and methodic, or on a medicinal power or process, as those schools which concentrate their energies on the varied employment of a single process or substance or class of substances, in which may be included the hydropathic, and to a certain extent perhaps the mesmeric and gymnastic. The homœopathic school rejects none of these; whatever can be adduced as an authentic source of healing is welcomed by that school as enriching its resources; but it considers that the operation of every process, strictly speaking of a directly curative character, is reducible to one law, and the discovery and enunciation of that law is the merit claimed for its founder. Not as though this had never been mentioned before his time, but never till then had it been asserted as a universal law, nor ever till then had those deductions been drawn from it which were necessary to render it an effective guide to practice and a sure foundation for future progress. The merit of having done this we claim for SAMUEL HAHNEMANN.

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FIRST IMPRESSIONS.

By James Lawrie, M.D., L.R.C.S.E.

The object of the following paper is not controversial; it is a contribution of facts, not arguments: yet, as "facts are stubborn things," and the only basis of all true argument, it is hoped that a simple statement of a few of the leading facts which I met with in my first experience of homœopathy may produce all the good effects of an equal amount of argument, without any admixture of the acrimony and personality, and other attendant evils of excited feeling, to which party reasonings too often lead, and to which the cause of homœopathy *versus* allopathy has been already, in full measure, exposed. Practical truths can only be tested by experiment.

I have been a medical practitioner in Edinburgh for the last 24 years—the greater proportion of which time was devoted to allopathy; and, without assuming a boastful tone, I can say, without fear of contradiction, that I was as successful in the treatment of disease as my brethren in the profession: nor were my services less appreciated by the public, both in the number and respectability of the families whom I attended. Nevertheless, many things conspired during my practice to make me dissatisfied with the system of therapeutics on which I had been taught to depend in the selection of remedies for disease. I do not mean to insinuate that the allopathic system was always necessarily or unavoidably a failure, but it was at best vague and dubious; and I see now, what then I had not discovered, that its remedies were successful just in proportion as they chanced to be accordant with a fundamental law of specifics, unknown to its theories—the homœopathic. My experience of both systems makes me feel convinced that any medical practitioner who enters into a patient and candid examination of the subject experimentally, will be as irresistibly impelled to the same conclusion.

When I first heard of homœopathy, I treated it, in common with many others, with the most profound contempt. Its theory of infinitesimal doses seemed Utopian, beyond the limits of pos-

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sibility, and unworthy of a moment's serious consideration. The system was but little known in Edinburgh at that time, and I had seldom any opportunity of hearing much about it;—except in a casual way, from the friends of some individuals whose diseases had for a long time baffled the highest resources of allopathy, and who, having been reduced to the greatest extremity by weakness and disease, had resolved, as a last effort, to place themselves under the care of the illustrious Hahnemann. In many cases I learned that the most happy results had followed; and I was naturally very much surprised to hear of such wonderful cures said to have been effected by the apparently insignificant remedies which Dr. Hahnemann used. But, like the great mass of the medical profession at the present time, I attributed the favorable change which had taken place, not to the remedies administered, but to change of air, regulation of diet, &c., and last but not least to the power of imagination; and, in this highly philosophical and satisfactory way,—following many illustrious precedents,—I dismissed the subject from my mind and remained as sceptical as ever. My attention was again directed to it in 1840, by a physician from England, a gentleman of no mean ability, and of considerable experience in Persia and India, where he had ample opportunity of testing the truth of the system by its application to patients who had never been subjected to the drugging and dosing system, which has so long afflicted the people of this country under the reign of allopathy.

I believe we are inclined to examine any new truth or system of truths according to the estimate we hold of the character and standing of the persons by whom the novelty is presented to us. The physician referred to combined in himself not only all the elements of a sound and successful practitioner, but also those of a faithful and devoted medical missionary. From this time, I resolved to investigate the claims of homœopathy, and in accordance with this resolution wrote to Dr. Curie of London, requesting his advice as to the books and medicines necessary for a trial. The Doctor promptly replied, giving me many useful hints and much encouragement to proceed with my enquiries. A circumstance occurred shortly before this, too, which tended to deepen the impression that had been made upon my mind.

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I was in attendance upon a female patient who had been suffering from acute inflammation of the throat of a very obstinate character. All the usual allopathic remedies recommended in such cases failed to give the slightest relief. Leeches, gargles, blisters, purgatives, &c. were all in due course administered. Another physician was called in without my knowledge; and on again visiting, I was glad to find the patient much relieved. She informed me that she had been advised by a friend, especially as she had not been benefitted by the means hitherto used, to call in the physician alluded to, without intending any offence to me; and that he had given her some medicine, one teaspoonful of which effected immediate relief. On examining the prescription I found it to consist of about the sixteenth of a grain of Belladonna, dissolved in water, a teaspoonful for a dose, three times a day. Only one dose had been taken at the time of my visit. The next day the patient was quite well and required no further attendance. I was no less delighted than surprised at such a speedy, effectual, and, as it proved, permanent cure, effected by a minute dose of a medicine which I had never before heard of as applicable to such a case; but in the course of my investigations I found that Belladonna was a most important homœopathic remedy, invaluable in many diseases; and I afterwards had reason to know that the physician who prescribed it in the above case, although an extreme allopathist, had derived his knowledge of its efficacy in such cases from a homœopathic source. And this was not the only remedy of a similar kind he was in the habit of using, a supply of which he regularly procured from Germany.*

Scarlet-fever prevailed to a considerable extent in Edinburgh at this time, and was very fatal in many families. I remember

* This clandestine homœopathist was the late Dr. Saunders, whose popularity was very great, although he was not on the best of terms with the rest of the profession. Perhaps the suspicion is not an unjust one, that among those medical men who enjoy the largest measure of popularity—generally coupled as it is with the reputation of giving *little physic*—there may be many who thus privately profit by a wisdom which they do not openly honor, and secretly patronize a system—partially at least—which they publicly decry. And such a course, whatever may be said of its morality, is certainly more for the interest of the "patient"-public than the drugging of unalleviated allopathic orthodoxy.

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well a very severe case in a girl ten years of age who was under my care. It seemed as if all the virulence of the disease was concentrated in the throat and the glands of the neck. Alarming head symptoms supervened; the tonsils on both sides were covered with ulcerations; the rash on the skin was of a dark red; the fever very high; the pulse about 120, rapid and small. I had used every allopathic remedy I could think of, and had repeatedly applied the caustic to the ulceration in the throat—but nothing seemed to be of any avail. I called on the evening of the seventh day, about 9 o'clock, as I then thought for the last time—for I had given up all hopes of the girl's recovery; she was very restless, rolling the head from side to side on the pillow, continually tossing the arms to and fro; the countenance expressive of great suffering and anxiety; with delirium. On examining the throat, which I had great difficulty in accomplishing, owing to the tenderness and irritability of the entire mouth, I found it in a state of acute erysipelatous inflammation, parched and glossy, resembling very much that in which the Belladonna had been so effectual. I therefore resolved to try Belladonna in this case, and ordered a small teaspoonful to be given as soon as the medicine could be procured, and repeated at 2 A.M. I then took my leave, fully expecting that death would close the scene before morning. On calling next day, however, I was delighted beyond measure, and not more so than surprised, to hear the mother of the child, with a cheerful and animated countenance, exclaim, in her own simple and expressive manner, "Oh, sir, there was surely a charm in that medicine you ordered last night—the poor child had no sooner taken the first dose than she was relieved, and fell into a profound and refreshing sleep." Sure enough, I found the girl in a very different state from that in which I had left her on the previous evening. The pulse was soft and regular; the countenance pleased and natural; the inflammation in the throat almost entirely gone, and the ulcerated tonsils presented a healthy appearance. They rapidly healed, and in a few days the girl was quite well; and she had no relapse whatever.

I prescribed the same remedy in many other cases, with

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marked benefit, and recommended it to several of my professional brethren, urging them to give it a trial. The late Alexander Miller, surgeon, F.R.C.S.E., was prevailed upon to use it in a similar case under his care at the time. On asking what he thought of the remedy, his reply was most emphatic—"I have no hesitation in saying that it saved the child's life."

Thus encouraged, I went on from time to time with this and various other homœopathic remedies, to the best of my then very imperfect knowledge of the system; and, although not always meeting with the same degree of success, yet obtaining results which irresistibly convinced me of the truth of Hahnemann's doctrines, and of the lasting benefits that illustrious man had, by the blessing of God, been permitted to confer on suffering humanity. Honour to the name of Hahnemann!—one of the greatest of the world's great sons of science:—a name which, brightening in the fires of persecution, by which ignorance and interest but purge the dross from genius, and add brilliancy to fame, shall gleam through the dark annals of his detractors—like the sun, seen larger through a mist, and kindling into a glorious halo even the calumnies that slander, malignity and spite have gathered round it. Yes, future generations will honour the name and vindicate the genius of Hahnemann, when his ignoble persecutors shall be forgotten, or remembered but in infamy.

The next case that came under my notice was that of a labouring man about 30 years of age, who had been seized with a severe attack of acute dysentery a few days previously. He was very much reduced in strength, although naturally of a strong and robust constitution. He had incessant and urgent calls; severe tenesmus and straining; pain in the lower part of the bowels; pulse rapid and small; tongue red and parched; great thirst; hot skin; scanty and high-coloured urine; nothing but blood and mucus passed from the bowels: Various remedies had been used by himself without benefit, such as Laudanum and Chalk mixture, &c. I felt very doubtful of the result, and, having but an imperfect knowledge of the homœopathic system at the time, I prescribed Acetate of Lead

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and Opium, and a mustard blister over the abdomen. At my next visit the patient stated that he had been relieved for about a quarter of an hour after taking the medicine, and an injection of starch and Laudanum which I had ordered, but that he was now as bad as ever. I directed the medicines and injection to be continued at intervals, while I hastened to consult a medical friend about the case, who was more versed in homœopathic remedies. He advised me to try the 6th dilution of Arsenicum. On visiting the patient again, and finding him in the same state as when I left, I ordered the other medicines to be discontinued, and put ten drops of Arsenicum 6 into a teacupful of water, a teaspoonful for a dose, three times a day. At my next visit I found the patient much better: he stated that one spoonful of the last medicine had been more effectual than all that he had previously taken. The urgent calls had almost entirely ceased; the pain was quite gone; the pulse 96; in fact all the distressing symptoms of the previous day had subsided. The medicine was of course continued: the patient rapidly convalesced; and in a few days was quite well and able to return to his work.

The next case was that of a man between 30 and 40 years of age, of a pale and sickly constitution, and whose body was much emaciated. He stated that he had been suffering for a number of years from a severe stomach complaint, that he had consulted a number of medical men, and had taken a variety of medicines with little or no benefit. He had just returned from the country, where he had been ordered by his former medical attendant for the benefit of a change of air, but was obliged to return home on account of the acute and severe pain in the stomach. His pulse was 105, full and bounding; tongue parched, with a broad red stripe in the centre; intense thirst; skin hot; bowels confined; urine scanty. I gave Aconitum, 1st dilution, ten drops to a tumbler of cold water, a tablespoonful every hour and a half; and ordered a dose of Castor oil to relieve the bowels. On calling in the evening the patient was not relieved: pulse 115; fever much higher; and pain very severe. I ordered the Aconitum to be taken every half hour. Next morning I found that he had passed a very restless night. The bowels had acted

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freely. His pulse was however now reduced to 90, and the fever was almost entirely gone, though the pain at the pit of the stomach continued as intense as ever. He stated that he could compare it to nothing but a burning furnace within. I recollected that this was a leading symptom of Arsenic, and put ten drops of the 6th dilution of *arsenicum* into a wineglassful of water, a teaspoonful to be taken every six hours. The first spoonful gave immediate relief; the patient fell into a profound sleep for four hours: the second dose had a similar effect, and the next day the man was quite well, and required no further attendance. Nor, to the best of my knowledge, had he any return of the complaint which had so long affected him.

My next case was that of a lady who was severely attacked with rose on the head and face the day before I was called. I found the patient in bed in a state of high fever; the face and head much swollen, inflamed and glossy; eyes suffused; tongue parched; great thirst; severe pain in the head; pulse 110, full and bounding; great difficulty in articulating correctly. I resolved in this case to abstract blood from the arm, the determination of blood to the head being very alarming. The patient, however, strongly objected to be bled, stating that she had had a similar attack about two years previously in Glasgow, and that a very large quantity of blood had been taken at that time, from the loss of which she had never properly recovered. I immediately ordered Tinct. Aconiti 1st dil. x, Aq. font. ℥ vij, a table-spoonful every half-hour, till six doses were taken, and afterwards to be taken alternately with Belladonna at longer intervals. Next day the patient was much better; the pain in the head had been greatly relieved after the second dose. The case went on favourably under a continuance of the medicine; desquamation took place on the 5th day, and no further attendance was necessary.

This was the severest case of erysipelas I had seen for a long time, and had it not been that I was aware of the great value of Aconitum as a powerful and efficacious remedy in all kinds of inflammation, I should have considered myself chargeable with gross mismanagement in this case in not insisting upon taking

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16 or 20 ounces of blood from the arm. I have had many such cases since, and never required to bleed one of them, the homœopathic remedies being quite sufficient and most satisfactory.

About this time I was called to visit a girl of about five years of age, who was suffering from aphthous inflammation of the mouth and tongue. The father of the child had been applying a lotion of Bark and Borax as a wash for the mouth, and had given Magnesia and Rhubarb internally without benefit. The girl was restless and feverish; the lips were much swollen; the mouth and tongue covered with aphthous sores; the breath very fetid; the saliva flowing; the chin excoriated; and any attempt to take food was attended with much suffering. A small portion of Mercurius sol., 3rd trit., in a wine-glassful of cold water, was given, to be administered three times a day in tea-spoonful doses. In two days the complaint entirely disappeared and the child was quite well.

A mechanic, about 25 years of age, called at my house, who had been long troubled with obstinate constipation, for which he was obliged to take various kinds of strong aperient medicine. The complaint had become so intolerable that he was at times quite unfit for work. I gave *nux vomica*, 10 drops of the 6th dilution in ℥ ij of water, a tea-spoonful for a dose, twice a day. When the medicine was finished the young man came back, full of gratitude, to inform me that it had produced the desired effect, and that he had not been so comfortable for a long time. He assured me that if he ever had a return of the complaint, he would immediately let me know. I have never seen him since.

While speaking of this remedy, I may add that I have repeatedly seen the same result in many similar cases of constipation; and three cases of violent cramps in the stomach were cured by one or two doses of the 6th dilution, a few drops in a wine-glassful of water, a tea-spoonful every half-hour. The following case of decided paralysis, also, was successfully treated with the same medicine. The patient was above 70 years of age.

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When I was first called to Mr.—— I was informed that, on attempting to get out of bed, he had suddenly lost all power on the left side, and was rendered totally helpless. His face was very much flushed; the pulse 96, full and strong; he complained of a weight and dull pain in the head; the mouth was slightly drawn to one side, and the saliva running down the chin. *Aconitum* was given every two hours during that day. In the evening the febrile symptoms were much abated. On calling next day I found that the patient had passed a rather restless night: the bowels had acted freely from a dose of Castor Oil taken in the early part of the day. The *aconitum* being no longer necessary, I prescribed *nux vomica*, 10 drops of the 6th dilution in ℥ ij of water, a tea-spoonful three times a day. Under this treatment the old gentleman speedily recovered the use of the affected side, and in three weeks he was quite well, and able to take his usual out-door exercise without even a vestige of weakness in the side. I have seen him for some years since, and he has never had any return of the complaint.

I was called to visit a lady about 10 o'clock, A. M. Found her in a state of high fever and great excitement. She stated that she had been seized with vomiting in the early part of the day, accompanied by a violent pain in the head, which greatly increased during the evening. The face was much flushed; pulse 110; thirst intense; skin hot and burning, except on the forearms, both of which were cold, rigid and benumbed. She could not move a finger. Two gentlemen who resided in the house had been engaged for more than half an hour in rubbing the arms: indeed so zealous were they that the skin was in several places rubbed off. I put 10 drops of *aconitum* into a tumbler of cold water: a table-spoonful to be given every 10 minutes, and waited to see the result. Only four spoonfuls were required, when the pain in the head went off as if by magic, and the spasm in the arms subsided. I ordered the medicine to be continued at intervals of 2 or 3 hours while the patient was awake. On calling next day I found her quite free from all the distressing symptoms of the former evening. *Nux vomica* and *pulsatilla* soon corrected the deranged state

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of the digestive organs, and in a few days she was quite well, and required no further attendance.

I might enumerate many cases of acute inflammation and various other diseases successfully treated with homœopathic remedies for a number of years past; but this would swell out my statement to a greater length than is at present necessary. I trust that the experience I have detailed will be amply sufficient to show that my conversion to homœopathy was a natural and necessary result of the clear evidence incidentally brought before me of the truth of that system: and as there was nothing, in the majority of these cases, out of the common routine of professional practice, there can be nothing to hinder any of my brethren in the profession from obtaining the same kind of practical evidence of the comparative efficacy and certainty of the two systems of therapeutics. I would earnestly invite all who are not shut up against conviction by prejudice to submit the homœopathic principle to the test of experiment in some well marked cases; and so, at least, earn the right to speak upon the subject, and command attentive hearing whether as friends or foes. Medical men seem to entertain the idea that they are qualified by previous education to pronounce judgment on homœopathy at first sight and without experience; but this is a fallacy. Homœopathy does not stand upon a theoretical and debatable, but upon a practical proposition; and as I said at the commencement of this paper—Practical truths can only be tested by experiment. To this kind of test and evidence I fearlessly commit homœopathy. How lamentable is the fact that, notwithstanding the great amount of well authenticated evidence that has been before the world for years, medical men have too generally contented themselves with ridiculing the pretensions of homœopathy and scouting the idea of its efficacy in contempt, without examination, and without even condescending to give its alleged specific principle an honest trial, which as conservators of the public health they were bound to do. With all deference to the learning and acknowledged talent of my allopathic brethren, I cannot help expressing my regret for the honour of the profession at the unseemly vituperation which

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has mingled so largely in their discussions, as if party opposition were more precious than truth, and as if they would rather waste their lives in useless contention than patiently devote a short time to acquire that practical information which might convince them of their error. I am happy to be able to say, however, from my own observation, that the late proceedings have not been sympathized with to any great extent among the profession. On the contrary, I have heard them denounced as unwarrantable and unjust by many eminent practitioners whom I cannot suspect of any friendly leaning towards homœopathy, but who, simply as honest men and lovers of fair play, are constrained to brand these persecutions as infamous.

Happily the cause of truth and humanity has not suffered in the severe ordeal to which it has been subjected. It has stood firm as a rock—a rock of truth—in the lashing sea of interest and prejudice, error and malignity.

Judging from what it has already done, the doctrine of "*similia similibus curantur*" is doubtless destined to effect a mighty revolution in medical science; and those who have vainly set themselves to thwart its influence and impede its progress, by unworthy quibbling, personal hostilities, and selfish, obstinate, and unreasoning resistance, will inevitably be forced into the unenviable position of those who played a similar part in reference to the great discoveries of Harvey and of Jenner. Let not our would-be wise men repeat the follies of their fathers; but let them learn from the past the lesson to "be wise in time."

CASES OF ACUTE DYSPEPSIA WITH SYMPATHETIC HEAD AFECTION.

By W. Hering, L.A.C.

(*Read before the Hahnemann Medical Society, January* 20, 1852.)

Gentlemen,

Under the circumstance that two or three members, who were the next in rotation to read papers, have been prevented from fulfilling that condition, I was reminded by our worthy Secretary that it became my lot to fill up the gap, I must

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therefore crave your indulgence for the hasty and imperfect manner in which I have endeavoured to effect that object.

It will be fresh in your memories that our respected member Mr. Engall recently favoured us with some interesting views, theoretical and practical, as to the effects of Alcohol and its destructiveness of the vitality of the organism and of the moral sense. I now venture to trouble you with some remarks on a somewhat similar train of disturbances (at least as far as regards the organic functions) which may arise from another kind of excess, namely, that of over-gorging the stomach, and thereby producing not only great derangement of that organ, but also fearful sympathetic irritation of the brain. The few following cases may at the least tend to elicit some discussion of practical considerations, and though two or three occurred when under allopathic opinions, the rest will tend to shew the superiority of homœopathy, and the whole, the importance of thoroughly investigating the probable exciting causes of the attack, and thence making a more correct diagnosis, an error in which under allopathic treatment might lead to the use of means seriously detrimental to the constitution of the patient, such as depletion, &c. &c.

We are all aware of the immediate sympathy of the brain with the stomach, and *vice versâ*, nevertheless we may be liable to err as to the former being sympathetically or idiopathically disturbed.

Case I.—The first case I am desirous of directing your attention to is that of a lady of a highly nervous temperament, and of a dyspeptic habit, whom I attended when an allopath. Miss S—, aged about 58, was seized with a sudden deprivation of speech, and loss of power in the right arm, with drawing down of the mouth on the same side. Owing to the distance at which I resided from my patient, the nearest medical aid was summoned, and the practitioner on seeing her immediately extracted blood from the arm, but syncope rapidly ensuing, fortunately little blood was lost, active purgatives succeeded the first part of the heroic treatment. The result was, that the patient derived little or no benefit, and was for many days in a

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low and exhausted condition, and the efforts of the vital energies seemed insufficient to give hope of improvement after the shock the nervous system had sustained. The attendant, despairing of success sought the opinion of a then eminent physician, who regarded the case in a totally different light, and suggested gentle stimulants, and impressed on the minds of the family the necessity for avoiding the abstraction of blood in any future attack. After the lapse of some months the patient gradually recovered the use of the paralyzed limb, but never rallied entirely from the shock to the brain, and survived only about a year and a half.

Remarks.—The patient had partaken of a hearty luncheon, and drank a glass of ale, followed by one of sherry and some sweet pound cake. She had frequently been the subject of attacks of dyspepsia, accompanied by vertigo and sickness, but had a slow and feeble circulation, with irritable membranes of the stomach and bowels.

Case II.—Mr. J. H. aged about 24, was seized with severe pain in the head, vertigo, extreme congestion of the blood-vessels of the eyes, flushing over the whole head and face, and distressing dyspnœa; pulse hard, full and rapid; general health up to the time of the attack good, and functions healthy. On enquiring into the probable cause of the attack, at first nothing satisfactory could be gleaned. Bleeding was much urged by the family, but was not acceded to by myself, and on further enquiry from the patient himself during glimpses of returning memory, it was ascertained that he had the day previously partaken heartily of pigeon pie. My mind was still more impressed that the stomach was the offending organ, for on administering warm water in considerable potations, and tickling the throat with a feather, vomiting was produced, and a quantity of consolidated masses of pastry was rejected, which was attended with immediate relief to all the symptoms, followed by a refreshing sleep.

Case III.—Mr. R., an eminent barrister, of the nervo-sanguineous temperament, suffered from great pressure of the

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head, feeling of exhaustion and weight at the epigastrium, twenty-four hours after a hearty meal of mutton and pancakes, and subsequently muffins and crumpets. The symptoms denoting general congestion, I prescribed Tinct. Nucis gtt. ½ in six doses, a dose every half-hour, drinking a tumbler of hot water in about ten minutes after each dose. After the second dose of the Nux relaxation took place of the constricted pyloric orifice of the stomach, and a fainting state ensuing, great alarm was excited in the members of his family; but on my being summoned again to the patient, I found he had revived, and was perfectly relieved from the sufferings he had previously endured while the struggle was going on for the food to pass the pylorus.

Case IV.—Mr. L., a distinguished musical composer, of the sanguine temperament, was taken, after eating some rolly-polly pudding, with severe beating headache, determination of blood to the head, vertigo, suffusion of the eyes, deafness, rushing sounds in the ears, and threatening of apoplexy; sense of suffocation, with a craving for fresh air, and an impression that he must die if not speedily relieved. I prescribed as in the foregoing case Tinct. Nucis and draughts of hot water. Vomiting did not ensue, but the same good results were obtained: general relaxation of the stomach, and subsidence of the congested blood-vessels taking place, with relief to all the symptoms, except a slight dizziness which continued for nearly twenty-four hours, but yielded to Cocculus.

Case V.—Mr. F. H., after eating a hearty meal, and not long afterwards ascending a steep hill, was seized with giddiness, confusion of ideas, and feeling of general exhaustion compelling him to lie down, and great efforts to vomit, which were assisted by draughts of hot water; and on the contents of the stomach being evacuated, *pulsatilla* followed by *veratrum* was given to quiet the stomach. In this case, however, a different aspect manifested itself from that shewn in the preceding, namely, a state resembling epilepsy, with total loss of power, coldness of the extremities with cramps. On being put into a

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warm bed reaction set in, with determination of blood to the head, and such excruciating pain that the patient was compelled to scream out; the face was flushed, and the pulse strong and full. *Aconite* and *belladonna* administered alternately restored him to a state of tranquillity, and after a sound sleep he was able to travel twenty miles to his home. In this case the congestion appeared to commence with the reaction of the vital energies, and leads us to question whether *nux* might not, even here, have proved more advantageous than *pulsatilla*, since the former remedy seems to possess the power of restoring a more general equilibrium of the circulation, and of preventing venous congestion from setting in when reaction takes place.

Case VI.—Miss L. A., aged about five years, with fair hair and light complexion, was seized with symptoms of exhaustion, rolling of the eyes and head, pallid face, enlargement of the pupils of the eyes, and total insensibility. Great alarm being felt, servants were dispatched in all directions for the nearest medical aid, as well as for myself, who being absent from home, a delay of a couple of hours ensued previously to my reaching the case, when I was informed that two medical gentlemen had seen the patient and concurred in opinion that effusion on the brain had taken place, and that the application of leeches to the temples, and of a blister to the nape of the neck, were indispensable; other active internal measures were likewise ordered. I was of course reproached for not having ever apprised the parents of the probability of an attack of such a dangerous disease, but had the good fortune to detect the cause of this sudden seizure, feeling convinced from my long acquaintance with the patient and her family, that it must have been the result of some derangement of the stomach, I therefore immediately excited vomiting, and to the great satisfaction of myself and the mother, a quantity of undigested plum pudding was soon scattered about on the carpet, and the ghost of the water on the brain was dislodged from its hiding place. A few doses of *pulsatilla* and a good sleep soon freed my little patient from her sufferings and from the infliction of the barbarous remedies that

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were lying ready on a table for the attack of the powerful enemy which the heroic practitioners had imagined to exist.

Case VII.—By way of illustrating the importance of forming a correct diagnosis, I may mention a case related to me by the late Dr. James Johnson, who attended a gentleman labouring under a delusion that he was unable to walk lest he should fall, from a conviction that he had bladders tied under his feet; the brain appeared to be quite healthy and reasonable on every other topic, nor could the origin of the delusion be traced. On a consultation being held by several physicians to endeavour to remove this phantom, which had existed for a fortnight, after a variety of unsuccessful treatment it was suggested that an emetic might afford relief, and on its administration a quantity of undigested lobster was rejected, and the patient immediately *freed from his delusion.*

Case VIII.—The following case recently occurred in my own circle of patients, and shews the spirit, opposition, and inconsiderate haste with which our allopathic brethren (if they will allow us so to call them) are ready to turn any incident against homœopathy and its practitioners, and is an additional illustration of the necessity of enquiring carefully into every probable exciting cause of disease. The daughter of a clergymen, about nine years old, being attacked with febrile disturbance, listlessness, and slight head-ache, had Aconite $^{3}/_{12}$ in about six doses administered to her by her father with apparent good effect, but within a quarter of an hour after the third dose, she became insensible, with a pallid countenance and coldness of the extremities. Her parents being alarmed, sent for the nearest practitioner, an allopath, who immediately pronounced the case to be one of disease of the brain; two other medical gentlemen of repute corroborated the opinion given by the first, and in course of the enquiry the father acquainted them with the circumstance of the child having taken *aconite* in homœopathic doses, upon which they immediately pronounced that to be the cause of the mischief, or at any rate that the Aconite had aggravated the lurking disease. These practitioners had enquired

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whether the child had had a fright or a fall, but never thought of asking whether the stomach had been disordered by improper food. The head was ordered to be shaved, cold lotions to be applied, and a blister put on the nape of the neck, with active internal remedies; the effects of all which (though the patient survived them) were followed by long continued exhaustion, great difficulty in healing the blistered surface, and a protracted illness of several weeks. On my being asked whether I thought the *aconite* could have produced such a train of evils, I felt myself justified in replying in the negative, although the allopathic gentlemen had laid such great stress upon the "*fearfully poisonous qualities of Aconite even in the very smallest quantities.*"

This case having exhibited the peculiar characteristics of those already related, I was led to enquire into what food the child had eaten for the two days previous to the attack, and was informed that on the first of the days in addition to her usual dinner, she had eaten the whole of an apple dumpling; and on the second had been much excited by the anticipation of going to an evening party of her young friends, at which she had eaten freely of tarts, mince pies, and plum cake, to which no doubt the brain disturbance may be really attributed, and the father of the patient have been spared the painful thought of having almost poisoned his child, as was rumoured about.

In conclusion, I would beg to mention an incident which has come into my recollection, and which occurred to a patient of one of our leading homœopaths. The said patient was a gentleman who having been dining out was returning home with his son along Bond Street, and was suddenly seized with giddiness, reeled and fell. He was immediately carried into the surgery of a neighbouring general practitioner, who, while the son was gone to fetch their homœopathic attendant, took upon himself to abstract a large quantity of blood, which was speedily followed by convulsions, at which moment the son returned with the homœopathic physician, who seeing the state of his patient, immediately objected to the repetition which the allopath was about to make of the bleeding. The latter insisted upon the right of possession, and said he should do what he considered

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best for the patient, but at last proposed another opinion should be obtained, and suggested Mr. Liston as being close at hand, which gentleman being speedily summoned, on his examining into the case, made the following pithy observation that "he thought it extraordinary practice, first to bleed a man into convulsions, and then to attempt to bleed him out of them again."

I have again to beg your indulgence for the slight sketches I have presented to you of so important a subject, but shall be quite repaid if they lead to additional light being thrown upon it by other members of the society who may possess more valuable stores of information.

MANCHESTER HOMŒOPATHIC HOSPITAL AND DISPENSARY.

REPORTS OF CASES,

COMMUNICATED

By Alfred C. Pope, M.D., *Resident Medical Officer.*

The medical statistics of this institution, during the past twelve months, afford the most convincing proofs of the increasing success of homœopathy in this town and neighbourhood. These however we refrain from noticing, as they will be included in the general report, to be published in the course of a few weeks. We therefore proceed to lay before the readers of the Journal a few of the most interesting cases, which have occurred during the last few months.

Pneumonia.

M. K., æt. 21, admitted August 30, 1851. This patient, a very plethoric female, has been attending the dispensary for several months, complaining chiefly of amenorrhœa, with oppressive cephalagia, and dyspepsia. About four days since she was exposed to wet and damp. This was followed by shivering, heat of skin, and cough. On admission, she complains of frequent, short, loose cough, with expectoration yellow, frothy, and intimately mixed with blood; dyspnœa very urgent, so much so, that she cannot remain in the recumbent posture for more

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than a few minutes; there is a feeling of soreness, rather than of acute pain, in the lower part of the left chest; dulness on percussion over the lower two-thirds of the right lung, and a crepitant râle is heard over the whole of this side of the chest; the left side is clear on percussion, and a sibilant râle is heard with the expiration; respiration very rapid and short; pulse 132, full and bounding; skin hot and dry; face very much flushed; tongue coated white in the centre, red at the edges and tip; no thirst or appetite; bowels regular.

℞ Acon. 1; Phos. 1; qq. h. alt.

31.—Appears better; slept well during the night; skin cooler; respiration easier; expectoration quite free from any rusty appearance; no pain in the chest; pulse and physical signs the same. Contin. qq. 2da. h. alt.

This evening, respiration became more hurried; the pulse rose to 136, and was full and bounding; skin much hotter.

Rept. qq. h. sum. alt.

Three hours after this report she was much easier and perspiring freely.

Sept. 1st.—Skin cool and moist; respiration easier; pulse 120; the physical signs have diminished in intensity, and the crepitant râle is entirely confined to the lower part of the right lung. ℞ Phosph. 1, qq. 2da. h.

2.—Late last evening, was suddenly seized with a violent pain over the lower dorsal vertebræ, increased by coughing or taking a deep inspiration. Bryon. B * was prescribed, to be taken at short intervals. This morning it is much easier, and felt only occasionally. Respiration easier; cough less; skin moist; pulse 116.

℞ Phos. 1, qq. 2da. h. sum.; Bryon. B, pro re natâ.

Vespere.—Has improved very much to-day. Cough less; expectoration copious, bronchial, and much easier; the pain complained of last evening is entirely gone.

℞ Tart. em. 1, qq. 2da. h.

3.—Considerably better this morning; pulse 104.

Rept. et ℞ Phos. B, sum. nocte.

4.—Improves very rapidly. The physical signs much less

* [A means the first and B the third decimal dilution.—Eds.]

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intense, and more limited to below the nipple; pulse 96; appetite returning, and the digestive system becoming more healthy. ℞ Phos. B, qq. 3tiâ. h.

6.—Is now convalescent. She remained in the hospital a fortnight longer; during which time she took Sulph. 3 and China 1, and left without cough or any other trace of the disease.

Pleuritis.

J. L., a strumous, cachectic looking lad, 19 years of age, admitted Sept. 6, 1851, was seized six days since with a severe fit of shivering, lasting for some time, and succeeded in two days by a hard cough, with a little frothy expectoration; subsequently he felt a severe pain in the lower part of the right side of the chest, with urgent dyspnœa. Has had more or less cough for twelve months. On admission, complains of a severe stabbing pain below the right nipple; frequent hard cough with frothy white expectoration; dyspnœa very urgent; complete dulness on percussion over the lower part of the right side of the chest; respiratory sounds very indistinct; friction murmur is heard for some distance around the right nipple; on the left side respiration is puerile; pulse 112, full and bounding; skin hot and dry; great thirst; no appetite; tongue white coated; burning heat in the abdomen.

℞ Acon. 1, frequently; Bryon. B, qq. 3tiâ. h.

7.—Skin cooler; pulse 100; dyspnœa less; somewhat delirious last night. Rept.

8.—Slept better last night; pulse 96; no pain in the side, but between the scapulæ it is somewhat considerable; respiration and expectoration much easier.

Rept. Bryon. B.

9.—Better. Expectoration viscid and of a yellowish colour.

Rept. et ℞ Phos. B.

10.—Improving. As the respiratory murmurs become clearer on the right side, they are towards the apex of the lung of a blowing character, and accompanied by moist râles; bowels costive. Rept. and an occasional dose of Nux v. B.

13.—Improving. Cough troublesome; a strong friction murmur, as loud as the creaking of a saddle, is heard one inch below the nipple of the right side, beyond that the respiratory

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murmurs are harsh, and accompanied by dry and moist râles; vocal resonance somewhat increased; pain much less, and chiefly in the back; pulse 82, good strength.

℞ Phos. B; Ipecac. B.

From this date he steadily progressed, and on the 20th left the hospital with all symptoms of pleurisy entirely removed.

Pleuritis.

E. C., a married woman, æt. 36, admitted Nov. 19, 1851, was seized with rigors, after exposure to cold and wet, about a week since, which continued more or less for two or three days, and were succeeded by a short tickling cough, with urgent dyspnœa, and a severely cutting pain under the right mamma; sharp febrile symptoms were also present. On admission, she complains of a severe cough, with white and frothy expectoration; cutting pain under the right breast, increased by coughing or taking a deep inspiration, and somewhat relieved by pressure when coughing; there is complete dulness on percussion over the lower half of the right mamma and extending to one inch below it,—over the whole of this space friction murmur is very loud, and the vesicular respiration barely audible; percussion over the other parts of the chest is clear, sibilant râles accompany the inspiratory murmur; pulse small and weak, 112; skin cool and moist; no appetite; tongue coated white and brown; bowels costive; urine high-coloured, contains a large quantity of lithates; slight frontal headache, worse when coughing. ℞ Bryon. B, qq. 2da. h.

20.—Cough and dyspnœa painful and urgent; sibilant râles much louder.

℞ Bryon. B; Phos. 2, qq. 2da. h. alt.

21.—Yesterday afternoon and evening she felt much relieved, but during the night the cough, the pain, and dyspnœa became aggravated, and continue so this morning. Expectoration is white, frothy, and profuse; friction murmur louder around the right nipple, and the sibilant râles are also increased.

℞ Phos. B; Tart. em. B, qq. 2da. h. alt.

23.—Improvement yesterday was but slight. Cough and

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pain are somewhat better this morning. The most distressing symptom is dyspnœa, which is extremely urgent.

℞ Bryon. B, qq. 2da. h. s.

24.—Cough, dyspnœa, and pain, very severe. Passed a restless night. The friction murmur is extending upwards on the right side. Is rather feverish this morning. Pulse 100, but soft.

℞ Acon. B; Phos. B, qq. 2da. h. alt. Had one or two doses of Bryon. B during the day.

25.—Became much easier last evening. All febrile symptoms have disappeared, and the pulse is quite natural. Pain passing round to the posterior part of the chest, but is less intense than it was. Dyspnœa is still very urgent.

℞ Ipec. B; Bryon. B, qq. 2da. h. s.

Vespere.—Has become much worse this evening, and is coughing violently; expectoration difficult; dyspnœa very oppressive. ℞ Tart. em. B, qq. hora s.

26.—A very striking change has taken place since last evening. Her appearance is very much more composed; cough looser; dyspnœa less; pain entirely gone.

Rept. qq. 3tâ. h. sum.

28.—Has made a rapid progress towards recovery since the last report. Appetite is good; tongue clean; bowels regular.

From this date her improvement was unabated; and on the 2nd of December she left the hospital with only an occasional and very slight tickling cough, which was in a short time completely removed by means of Lachesis 6 and Tart. em. 3.

Pleuritis.

W. D., a delicate looking young man, æt. 23, admitted September 22nd, 1851. Has been suffering from catarrh for the last fortnight, but from continued exposure to cold has become worse. On admission, he complains of a hard dry cough, with a white and frothy expectoration, occasionally of a rusty tinge; respiration is only slightly impeded; at the lower and anterior part of the right side of the chest, has a sore, bruised kind of pain; both sides of the chest sound clear on percussion anteriorly, but over the lower part of the right lung posteriorly there is complete dulness; on the right side the respiratory murmurs

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are feeble when compared with the left, and posteriorly they are very indistinct; pulse 100, very full and bounding; skin hot and dry; tongue foul; great thirst, and complete loss of appetite; bowels regular; urine high-colored.

℞ Acon. B; Bryon. B, qq. h. alt. sum.

23.—Feels better this morning. Perspired freely during the night; cough easier; expectoration clearer; soreness in the right side easier; pulse 96, feeble.

Rept. qq. 2da. h. alt.

Vespere.—A violent attack of coughing has come on suddenly this evening, with a copious white and frothy expectoration, mixed with lumps of tenacious rusty-colored mucus. The physical signs remain the same.

℞ Phos. B, qq. h. sum.

24.—The severe cough complained of last evening has very much abated. Slept tolerably well, and perspired freely during the night. Expectoration is now of a greenish colour, and quite devoid of a rusty appearance; pulse 84, and soft; appetite improving. Cont. med. qq. 4tâ. h.

From this period he daily improved. The expectoration became white and looser on the 25th, and he left the hospital on the 29th with scarcely any cough and his general health quite restored.

Peritonitis.

M. L., an extremely debilitated female, æt. 44, Nov. 21, 1851, applied at the dispensary two days since on account of bronchitis of six months duration, with watery diarrhœa and great depression of the vital powers. *Arsenicum* 3 was prescribed, to be taken at short intervals; and this morning she was reported to be much better. This evening a message was sent to the hospital to say that she had suddenly become dangerously ill. On being visited she exhibits an appearance of the most intense agony. Respirations short and rapid. She states that about four hours since, she was, without any assignable cause, seized with a violent pain in the epigastrium, which she compared to a ball rolling about that region. She vomited several times. Hot salt was applied to the seat of pain, but without relief. At present the pain in the epigastrium is intense and cutting.

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She cannot endure the slightest pressure over any part of the abdomen. That produced by the contact of the bed-clothes greatly aggravates the pain. Her thighs are drawn up, and the chest is heaving very rapidly; skin extremely hot and dry; tongue red at the tip and edges, and brown furred in the centre; thirst and loss of appetite; pulse full and bounding 182; coughs at intervals, but tries to suppress it from the great pain which it excites. ℞ Acon. 1 qq. h. sum.

22.—Is greatly relieved this morning. The abdomen feels very sore; the pain is not of so cutting a character as last evening; it is aggravated by pressure, either of the hand or bedclothes, by attempting to assume the semi-erect posture, or by coughing; pulse 104, softer; respiration still very rapid; vomited a little bilious fluid this morning; has had one rather watery stool during the night, but without much increase of pain.

℞ Bryonia B qq. h. sum; Aconitum 1 bis in die.

Vespere.—The cough has been worse during the day, which has materially tended to increase the abdominal soreness; no thirst; breathes more rapidly; skin cooler; pulse 112, very small and weak; feels very sick. ℞ Arsenicum 3 qq. h. s.

23.—Cough still severe; and at intervals the abdominal pain is very great. It has now more the character of a burning pain than previously. The semi-erect posture does not cause so much pain as it did, neither does manual pressure; pulse 120, and small; tongue irritable; great thirst; mouth feels parched; no desire for food; has passed three stools involuntarily during the night. Repeat.

Vespere.—Feels no pain unless when coughing, which continues very frequent; expectoration is very difficult; respiration easier; slept for three quarters of an hour this afternoon for the first time since the 21st, and perspired slightly; pulse 126, small and irregular; bowels moved three times; stools watery and of a green colour.

Repeat qq. 2da. h. s. ℞ Ipecac. B p. r. n. sum.

24.—Cough and expectoration much easier; respiration quite free; has had no abdominal pain during the night, neither is any excited on pressure. She can sit up in bed, and lie in any position without pain. Slight aching pain across

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the loins; slept at intervals, and perspired freely during the night. The catamenia have appeared after an absence of six weeks. Pulse small, 116; bowels moved early this morning, stools of the same nature.

Repeat Ipecac. B. ℞ Cham. B qq. 2da. h. s.

Vespere.—Cough much easier; pulse 100, and soft; perspired during sleep in the course of the day; has had several griping pains in the abdomen; bowels moved twice, but very slightly. Repeat.

25.—Has had a very restless night, owing to the cough having been rather worse, and the griping pains in the abdomen continuing; feels a soreness about the anus; bowels have not been moved for twelve hours; tongue very red and irritable anteriorly, posteriorly it is brown and furred.

℞ Coloc. B; qq. 3tiâ. h. s. Ipecac. A, p. r. n. sum.

26.—Slept well last night, feels stronger, and has coughed but little to-day; pulse 100, but weak; bowels have been moved once, early this morning, stool much more healthy; the sore pain around the anus is much better. Repeat.

27.—Cough improving; griping pain in the bowels has slightly returned; also the sore pain around the anus, and an ineffectual urging to stool; no appetite; tongue foul.

Repeat Ipecac A. ℞ Nux v. B, qq. 3tâ. h. s.

From this period she steadily improved. Her bowels were for several days rather constipated, and appetite deficient. The cough also remained troublesome for some time longer. Nux v. B and Ipecac. A were prescribed, and in the course of a fortnight she was quite well.

Remarks.—That peritonitis in its true, and when we consider the bronchial complication, in one of its most fatal forms, was the nature of the foregoing case, few we think will doubt. Such having been the case, we think the fact of its having been so rapidly overcome by medicines, in such small quantities as to be apparently inert, is, in no small degree, conclusive evidence of their efficacy *when administered homœopathically.*

Professor Alison, in his lectures on pneumonia, is in the habit of stating, that the practice of venesection needs no arguments to defend it, but to be fully assured of its remedial tendency, it is only necessary to watch its influence in *one* case of

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severe and well marked inflammation. Were all this said of Aconite, instead of blood-letting, we think that the case, now reported, would be more than sufficient evidence in its favour; at least so it struck us while watching it. We think that Aconite produced the first great impression in this case, and that the other remedies were indicated by the more asthenic type of the inflammation which succeeded when its sthenic condition had been destroyed. This case was greatly aggravated by the bronchial complication; and the result is therefore rendered all the more striking. We have since regretted that the Ipecac., which was so useful in checking this part of the disease, was not employed earlier, as we think that a shorter period might have brought about a favourable termination.

Gastritis.

E. D., a married woman, æt. 24, admitted into hospital December 8, 1851. Five days since was seized with rigors, followed by severely cutting pains in the abdomen, principally affecting the epigastrium. On admission her countenance is expressive of extreme anxiety. There is severe pain over the epigastrium, which she describes as smarting and aching. She cannot endure the slightest pressure or lie down in bed. Tongue white coated in the centre, red at the edges and tip. Any food taken is immediately rejected; constant sour eructations, accompanied by vomiting of a white, acid fluid; bowels not moved for two days, previously to which they were very much relaxed; pulse small and wiry, 100; aching pains across the loins, and between the scapulæ; micturition frequent, difficult and painful. ℞ Arsenicum 3 qq. 2da. h. s.

9.—No alteration; has passed a sleepless night.

℞ Nux v. B qq. 3tâ. h. s.

10.—Much better; vomiting and pain are much diminished. Repeat.

Vespere.—Contrary to orders she took some food this afternoon which disagreed with her, and was vomited. Vomiting of a clear, frothy fluid has continued ever since.

10.—Vo[illegible] gastrium but very slight; ton[illegible] Repeat.

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12.—Vomits still the same kind of fluid, though in a greatly less degree; and the pain is much slighter.

℞ Natr. mur. 3.

14.—Says that with the exception of great debility she feels quite well. ℞ China A qq. h.

15.—Does not feel so well this morning. The abdominal pain has somewhat returned, the bowels not having been moved for some days. ℞ Nux v. B. qq. 3te. h.

17.—Felt much better yesterday, the bowels being relieved after the third dose of Nux v. To-day she left the hospital feeling quite well.

Remarks.—Acute inflammation of the mucous membrane of the stomach is generally admitted to be a somewhat rare disease. That the case now related was an example of it, we have but little doubt. So extremely low and weak was she, on admission, that her recovery was deemed almost impossible. Nux v. appeared to be the medicine which produced the most marked effects upon the disease. The rapidity with which she recovered was very striking.

Dysentery.

W. M., a cab-driver, æt. 28, admitted into hospital February 26, 1852. The day before yesterday he had several distinct rigors, followed by heat of the skin, and other febrile symptoms, with severe shooting pains in the lower part of the abdomen, dysenteric diarrhœa and tenesmus. On admission all the febrile symptoms have subsided under the early exhibition of Aconite. Pulse 82; skin of a natural temperature; tongue thickly loaded with a white fur; nauseous taste in the mouth; no appetite; feels extremely weak.

℞ Merc. c. 3, post sing. sedes liq.

27.—Abdominal pain rather less; bowels moved very frequently during the night—about fifteen times during the last twenty-four hours; stools still of a dysenteric character.

Repeat.

28.—This morning he is considerably better. Tongue cleaner; appetite returning; stools still dysenteric, but less frequent in number.

℞ Merc. v. trit. 1 gr. 1/4, post sing. sedes liq.

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29.—Is much improved to-day. There is no trace of blood in the stools; bowels moved three times during the night.

Repeat.

March 1.—Appetite better; feels stronger; stools this morning of quite a natural appearance. Repeat, ter in die s.

3.—Had slight return of the abdominal pain yesterday, but is quite free from it to-day. Says he feels well with the exception of some debility. ℞ Sulph. 3.

4.—Discharged to-day quite well.

Remarks.—The specific action of Mercury in cases of dysentery has long been known to homœopathic practitioners; and indeed not a few allopathic authors, who have treated of this disease, appear to have felt that this drug had some directly curative relation to the disease in question. But notwithstanding, that army surgeons of great experience in the treatment of dysentery—'*the scourge of armies*'—have insisted on the use of Mercury, it has not been found so successful in the civil practice of this country. And why is this? Dr. Alisen, in his work on *The Pathology and Practice of Medicine*, supplies the answer. After commenting on the discrepancy of opinion on the use of Mercury, he states (if I recollect right) his belief, that it is a remedy whose use requires the greatest caution, as it has been frequently found to aggravate the symptoms; a result, he says, not to be wondered at, when we consider the effects of Mercury in poisonous doses. He rejects the employment of Mercury, therefore, on the very ground that affords the only argument for its use, and indeed for the use of every known remedy—viz., *its homœopathic action*. The reason being that his practical application of it is too coarse—a scruple of Calomel being administered several times during the day. Had Hahnemann's perceptive faculties been so limited homœopathy might have been even now in the bosom of the future!

Though many drugs are unwittingly prescribed homœopathically by the old school practitioners, there is perhaps not one among them which illustrates more forcibly the necessity of reducing the dose from its old-fashioned magnitude, than does the employment of Mercury in dysentery.

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THE PATHOLOGY AND TREATMENT OF CROUP,

By Dr. Elb, of Dresden.*

What induced me to undertake the following essay was the request made by Dr. Koch ten years ago, to publish observations respecting the action of Iodine in croup. As my observations led me to believe with Dr. Koch that this remedy could not be looked upon as the sole and universally applicable one, it was requisite to detail the circumstances under which other remedies were applicable. Whilst it was at first my intention to state these only, I soon became aware that it was impossible to lay down the indications plainly without taking into consideration the pathological processes,—it was in fact requisite to enter first on the pathology of the disease. I would fain hope that the indulgent reader would look with favour upon this first attempt at a pathological therapeutical contribution to the subject, founded upon original observations.

Before proceeding to a description of croup itself, I think it may not be superfluous to precede my remarks by a short historical exposition of the diagnosis of this disease.

Although we find not the slightest mention of any disease at all resembling this among ancient writers, still many modern commentators are of opinion that it must have presented itself to the ancients, but was either not recognised, in consequence of the obstacles that presented themselves to *post mortem* examinations, or was confounded with other diseases, such as asthma and paralysis of the lungs, on account of their defective means of diagnosis. Notwithstanding this, however, it is difficult to believe that the older authors, who were good observers, would have entirely overlooked the expectoration of tubular membranes, rare though that be, and that they should have been totally ignorant of the existence of this disease. Moreover as croup is, as is well known, by no means the only disease that has only developed itself in modern times, it is quite allowable to ask why it should be wrong to deny the possibility of its production by the altered circumstances of modern times (compare below the predisposing causes).

* From the Hom. Vierteljahrschrift, Vol. II.

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It was only at the commencement of the 17th century that a Frenchman of the name of Baillou first made mention of a disease apparently identical with croup: he states that he had found on dissecting children who had suffered from dyspnœa along with slight fever, a tough, hard mucus like a membrane in the windpipe, whereby the entrance of the air was impeded and occasioned their suffocation. Although after him, Rhodius in 1660, Horris in 1691, Ridley in 1703, Starr in 1744, Ghisi in 1749, Nobleville in 1750, (the two last observed the first regular croup epidemics, the first at Cremona, the second at Orleans,) and Bergen in 1764 seem to have observed this disease, as far as we can judge from their descriptions, yet it was Home in 1765 who gave us the first accurate description of it under the title of *An Inquiry into the nature, cause, and cure of the Croup;* not long afterwards, in 1771, Crawford followed with his *Dissert. med. inaug. de Cynanche stridula;* and in 1778 Michaëlis wrote a treatise, *De angina polyposa sive membranacea,* which is not altogether without value. From that time to this the disease appears to have occurred always more frequently and to have spread farther, for from that period, not only did many English, French and German physicians furnish valuable monographs, but the subsequent authors had more frequent opportunities of observing the croup than their predecessors.

Although croup presents the same phenomena in almost all cases, yet we cannot fail to perceive some variations in respect both to the prevalence and the absence of some symptoms, and also to the duration and subsidence of the more important symptoms. Hence it has been attempted to arrange croup into different classes; and for this purpose the most various circumstances have been seized upon whereon to ground the classification. Thus croups have been divided into perfect and imperfect (depending upon the presence or absence of expectoration of membrane), into sthenic and asthenic, into simple and complicated, into polypous and membranous (in the former kind the formation of the membrane is said to take place in the trachea and its branches), or, according to the seat, into laryngeal, tracheal, and bronchial croups.

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All these classifications, and many others of a like character, appear to us untenable, as they are valueless both for the diagnosis and the therapeutics of the disease. To our mind the only useful one is the classification given by Hagen in his essay on torpid croup, into catarrhal, spasmodic, irritable and torpid croup. As this classification exactly corresponds to the chief modifications of the disease, and as we are unable to discover a better one, we shall consider it as completely sufficing for our object, which is to consider the croup in its various forms, and to state the remedies suitable for them, only we shall take the liberty to make the slight variation of denominating the irritable form the inflammatory one, whereby its character is more distinctly indicated, and to reckon the spasmodic, which Hagen makes his second form, as our fourth.

Accordingly, we arrange the varieties of croup as follows:

1. Angina membranacea catarrhalis.
2. Angina membranacea inflammatoria.
3. Angina membranacea torpida.
4. Angina membranacea spasmodica.

To subdivide these several forms again into different stages, for example, into an inflammatory and a suppurative stage, or as others have it, into the premonitory stage, the stage of the commencing disease, that of its perfect development, that of torpor, and that of paralysis or recovery, would be useless, because the disease does not in all cases pass through all the stages, as might be inferred from the description of the various kinds, nor can the stages be accurately separated from one another.

Before, however, proceeding to the consideration of the several forms of the disease, we deem it necessary, in order to avoid repetitions, to give the diagnostic marks of an indisposition which is common to all forms, and which usually precedes in the greater number of cases by a shorter or longer time the disease properly so called. The physician has rarely an opportunity of observing these preliminary symptoms himself, as they are frequently overlooked by the friends, or medical aid is not sought for such a trivial indisposition, and the physician is only told of it after the outbreak of the disease. Most frequently,

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for some days before the croup begins, a slight catarrhal fever is observed, or the children have only some cough, or dull injected eyes and loss of appetite, or they are cross, lazy and sleepy, coryza is present or the nasal secretion is completely suppressed. As a more distinct premonitory sign of the more serious disease that is coming on, we must regard the painfulness of the larynx or trachea observed not unfrequently,* or a peculiar hoarseness. But these premonitory symptoms are as frequently absent as present, and the croup comes on from the first fully developed.

I. *Angina membranacea catarrhalis.*

This, the first and mildest form of croup, generally comes on suddenly, and ordinarily at night. The children wake up from their sleep with a dry, deep, hollow-sounding cough, sometimes with a scraping sensation in the throat; at the same time there is present fever of greater or less intensity; the pulse frequent, full and hard, but never small; the breathing shorter than in the normal state, but without any peculiarity of tone; the voice is as often natural as hoarse, and the hoarseness when present is more of a purely catarrhal character than that in the other kinds of croup. The course of this catarrhal croup is favorable, for it does not rise any higher after its first invasion, but when left to itself it usually remains for a few days at the same height, in such a manner as that the cough recurs frequently during the time but not in paroxysms properly so called; but from the third or fourth day† the fever declines, the cough becomes dryer, and the respiration normal. The disease resolves itself like an ordinary catarrh in general perspiration and expectoration, or coryza, and is generally at an end by the seventh day. When appropriately treated a more rapid course may be obtained, so that the hollow dry cough in the course of a few hours (the fever at the same time declining) changes into a simple

* Children of maturer age describe the sensation as if a plug were in the throat, and as if the larynx were constricted. Hahnemann seems to have considered this symptom as so characteristic, that his attention was thereby directed to Spongia as the remedy for croup.

† If no improvement should take place then, and if the fever increases, a complication with bronchitis or tracheitis is imminent.

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catarrh, and runs the course of that affection. Partly on account of the absence of danger, partly on account of the absence of other symptoms peculiar to the other kinds of croup, such as the anxiety, the peculiar tone accompanying inspiration, the painfulness of the larynx, the plastic exudation, this form is by most authors not reckoned as a real croup; still, in our opinion, it is only to be looked upon as the favourable form of the disease, to the other forms of which it bears the same relation as sporadic cholera does to the Asiatic cholera. The close relationship to the true croup is shewn by the frequency with which it passes into another form, namely the inflammatory form, and by this, that children who have suffered from other forms of croup, in later years often become affected with this catarrhal kind. It may also be mentioned that it resembles though it is not identical with the *schafhusten*;* the latter runs a more rapid course and is unattended by fever.

II. *Angina membranacea inflammatoria.*

When we speak of croup in general, this is the form usually implied. As it unquestionably appears most frequently, and comes on with the most striking symptoms, it is therefore, and on account of its easier diagnosis, considered by many to be the only true croup. It is only in exceptional cases preceded by observable premonitory symptoms; it usually comes on suddenly, generally in the night, and is from its very beginning in its fully developed state. The following is the mode of its attack: children who the day before were to all appearance quite well, wake up in the night, more frequently after than before midnight, with rapid short inspiration, the respiratory sound is accompanied by a hissing noise, similar to that produced by sawing wood with a coarse saw; along with this there is great anxiety and restlessness, which is sometimes so great that the little patients try to jump out of bed; there is a long-continued, dry, deep and hollow-sounding cough, the inspiration during which is accompanied by a whistling tone; this cough occasions a difficulty of breathing, often amounting to danger of suffocation. All these symptoms are attended with violent

* [A kind of epidemic convulsive cough; the hooping-cough goes by this name in some parts of Germany.—Eds.]

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fever; the skin is burning hot; the face red; the lips often blue, the pulse hard, full and frequent; the voice during the attack, on account of the violent cough, completely extinct; pressure upon the larynx occasions unmistakable expressions of pain. This perilous state is, however, not of long duration, the disease has a remitting, sometimes even an intermitting character; on which account, after the first violent attack is past, there occurs a considerable remission that lasts for a longer or shorter time; first of all the cough ceases, and even if it returns during the period of remission it is then not so constant, and sometimes sounds looser, without however coming to the length of expectoration; the anxiety and dyspnœa become much less; in place of the whistling inspiration heard during the attack, there remains only a rough and sawing noise, which also sometimes ceases, though but for a short time; the voice is no longer extinct, but it has a hoarse sound mingled with some clear tones, so that it has not improperly been likened to the crowing of a young cock; the painfulness of the larynx remains as it was; the remission of the fever consists only in a somewhat diminished frequency of the pulse, but sometimes perspiration ensues. The further natural course, when not modified by artificial aid, may terminate in recovery as well as death, though the latter is much more frequent; hence I deem it necessary to trace both terminations separately.

Termination in death.—After the remission above alluded to has lasted a shorter or longer time, sometimes so long as several hours, there suddenly occurs a second, often more violent attack, with greater danger of suffocation and more violent fever, the cough sounds looser, but in other respects it is unaltered and remains dry; the cause of the looser tone is that the process of formation of a false membrane in the larynx peculiar to croup has begun. The duration of this attack is longer, the remission that follows it on the contrary shorter and less perfect than the previous one, the dyspnœa remains greater, during the inspiration more rattling and sawing is heard, the fever does not decline so much. Thus the state alternates often for several days; the attacks become always more frequent and violent, but they do not bring about the detachment of the morbid product, the anxiety, dyspnœa and suffocative symptoms

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attain ever a greater height, the remissions become ever shorter and more imperfect, the sawing noise during respiration remains more constant and becomes more intense, the fever increases in violence, the pulse remains quick and often becomes uncountable, and is then small and weak, the face is pale, ash grey, the lips blue, the voice is completely extinct, or if present is very hoarse. If the disease has got this length there are then no more alternations of exacerbation and remission, the cough torments the patient continually, and even though an ejection of much mucus or even tubular substances takes place, this is seldom attended with much relief (in very rare cases the whole of the false membrane is thereby expectorated, and thus a cure effected). When at this height the heat hitherto present gives way to coldness with clammy perspiration, the head is constantly kept bent backwards, the laryngeal region swells, and death follows by suffocation or from weakness. Sometimes in the last stage just before death the cough ceases entirely, in other cases death comes on during its continuance. The first fit is rarely fatal, death usually occurs betwixt the second and the seventh day; this form does not admit of a longer course. Consciousness is undisturbed to the last. In other cases, when the exacerbations become rarer, and when they lose their severity without amendment ensuing, a transition into the torpid form is about to take place, which I shall treat of by and bye.

Termination in recovery.—In this case the course is the very opposite of that just described. After the first remission is past, there again occurs an attack, which however is generally not more severe than the first one, and is even sometimes less so. If during the first twenty-four hours the remissions do not last longer, yet the patients feel themselves more relieved while they are present. Here also there occurs the formation of the morbid product, but the greater part of it is expectorated by strong attacks of coughing or vomited, and this act is attended *with great relief*, which is perceptible by the remissions being longer and more perfect, so much so that whilst they last the dyspnœa is inconsiderable, the sawing noise is only heard at intervals, the roughness goes off and resembles

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more nearly the ordinary mucous rattle. As the amendment advances the attacks of coughing are still violent, but do not last long, the whistling noise also disappears by degrees. About the second or third day quiet and sleep supervene with copious perspiration, the violence of the fever diminishes considerably, the cough occurs no longer by paroxysms, takes on more the character of an ordinary catarrh, but for some days thereafter retains the peculiar croup-tone. From this period the disease runs the course of a simple catarrh, and generally terminates on the seventh, rarely not till the ninth day, with coryza.

The urine is at first red, afterwards pale and cloudy; but I may here observe, that its character seems to depend upon the fever, and not to be intimately connected with the disease properly speaking; the same may be said with respect to the torpid and spasmodic form. In order to make the description perfect and for the sake of comparison, I may state here, as well as in the other forms, the mode in which recovery follows under proper treatment. Here it does not essentially differ from the natural termination, only it takes place much more rapidly. If during, or shortly after the first attack our aid is given, it seldom happens that a second severe attack comes on. In the course of a few hours there is visible diminution of the fever with general perspiration, sleep usually ensues, the sawing tones during respiration become less loud, the dyspnœa also decreases, the face loses its unnatural redness, the cough is no longer whistling or threatening suffocation, it only has the peculiar scraping croup tone, but at the same time sounds looser, and always comes on seldomer, the voice again resumes its natural sound; from the period of the medical assistance the formation of the false membrane appears not to go on, hence it only comes the length of expectoration of mucus, not of fragments of false membrane. The danger is thus rapidly removed. In the course of twenty-four hours, there are, besides the rough cough, no important symptoms of croup, the disease passes like an ordinary catarrhal fever into recovery on the third day. The inflammatory croup has its seat in the larynx and the upper part of the trachea, and is on that account called by many *laryngitis exsudativa*; if,

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in its further progress it involves the lower part of the trachea, its character generally alters and it passes into the torpid form.

Although this transition cannot fail to be remarked by the observing physician, there is yet great difficulty in fixing which of the two classes a rarer variety belongs to, which we shall now endeavour to describe. On account of its milder symptoms it does not belong to the inflammatory, and on account of its quicker course it does not belong to the torpid croup, it forms an intermediate link, as it were a union of the most dangerous parts of the two forms. Like the inflammatory it generally comes on suddenly at night, the cough has the croupy tone without being at the same time whistling, the breathing is from the very first very rough and sawing, the larynx sensitive to pressure, the fever less violent than in the inflammatory, the voice very hoarse and deep; although the breathing is short, the anxiety is not very great. The membranous formation begins with the onset of the disease, and proceeds so rapidly that death is imminent in the first twenty-four hours, and in some cases it never comes the length of a real second attack. Whether death ensues in these cases in consequence of the rapid formation of the exudation, or from paralysis, I am unable to determine, but the termination of this kind is invariably fatal without medical aid. After the first attack the children become quieter, often fall into an apparently good sleep, the fever declines, often along with general sweat, every thing seems to promise a favorable issue, but the respiration remains rough and sawing, the cough comes only in single short impulses, without any regular fit, and suddenly death ensues, and that often in the first night. When recovery ensues by the aid of our art, the first amelioration is observable in the alteration of the rough sawing respiratory sound into, at first, a rattling noise, but subsequently the natural sound, with simultaneous decline of the fever and general perspiration; the cough recurs, though not in severe fits, yet frequently, and becomes looser, the hoarseness of the voice as also the dyspnœa declines, the general amelioration goes forward so rapidly that in most cases the whole disease is over in twenty-four hours. As rapid as the death is in the former case, so is here the recovery. In comparing this with the second or third

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chief form, it will be perceived that even in respect of this favorable termination, there is something resembling the inflammatory and something the torpid form.

This intermediate form as well as the inflammatory usually attacks strong, full-blooded, well-fed children.

III. *Angina membranacea torpida.*

As a rule the torpid croup is much rarer than the inflammatory, wherefore its existence is utterly denied by many; but the circumstance that it comes on with apparently mild symptoms, runs its course slowly, and proceeds to a fatal termination without any very violent phenomena may often render it liable to be mistaken or overlooked. Modern pathologists, on the other hand, consider it as the only true croup, on account of its greater danger, and hold all other kinds to be false croups.

As we have already hinted, this form is as often secondary as primary; in the former case it is preceded by a laryngeal form generally of the inflammatory kind, that has not been cured. But when it comes on independently it never attacks the larynx, it then has its seat in the trachea or its branches. As very different symptoms are observed according as it attacks one or the other part, it is necessary to divide it into two sub-classes, viz.: the *torpid tracheal* and the *torpid bronchial croup.*

In this form there is not so much of inflammatory action as of a sunk state of the nervous vitality, it is hence easy to understand that the subjects it attacks are more frequently ill-fed, scrofulous, weak children, than strong full-blooded ones.

The torpid croup when left to nature always has an unfavourable termination.

A. *Angina membranacea torpida trachealis.*

In contradistinction to the preceding, this form, with few exceptions, only comes on after premonitory symptoms of some duration; generally, though not always, it is preceded by a catarrhal fever, which may be either of a sthenic or asthenic character; the disagreeable sensation in the larynx described among the premonitory symptoms often accompanies it, so that, in most cases, the medical man can, with considerable confidence,

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predict a speedy attack of croup, and even designate its character. To the catarrhal phenomena are added other more important ones, the harmless symptoms become dangerous, so that the perfectly developed disease (its development is completed in a few hours) presents the following picture in its first attack. The breathing is short, but seldom accompanied by the above mentioned whistling tone, but on the other hand the hissing, sawing, rattling noise is present in a still greater degree, the anxiety is much less considerable than in the inflammatory croup, the cough is neither so violent nor so continued, neither does it so often threaten suffocation, and though it has the peculiar tone of all kinds of croup, yet it does not sound so metallic, but is hoarser and deeper; there are even some cases in which the cough is entirely absent; the voice is constantly hoarse, but not crowing; the larynx is little sensitive to pressure, the temperature of the skin is not much elevated, in the worst cases it is even below the normal heat, it is often covered with clammy sweat; the face is not very red, the accompanying fever is not of the type of synocha, the pulse is frequent and hard but not full. After this first attack is over, which is apparent by the cessation of the cough, by the diminution of the dyspnœa and sawing respiratory sound, the children are generally lively and manifest an inclination for their ordinary play, or they fall asleep, to which patients suffering from this torpid kind of croup have, as a rule, a great tendency; the remission of the fever consists merely in diminished frequency of pulse. The stage of amelioration is of long continuance, only interrupted by single short coughs; from twelve to twenty-four hours may elapse before a fresh attack comes on; the subsequent fits are not distinguished from the first by longer duration or greater severity, on the contrary, they are always more seldom and weaker, only the dyspnœa, the rattling and sawing during respiration and the hoarseness of the voice increase; and in the subsequent remissions they gradually attain a greater height, the cause of which lies in the slow but increasing development of the membranous substance in the trachea, which on account of the diminished irritability of the nerves in this form (shewn by the fewer complaints, that bear no relation to the height of the disease) are

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incapable of exciting the patients to more strenuous coughing, as would be the case with other foreign substances in the windpipe, wherefore the tone of the cough becomes looser, but still no expectoration ensues. Thus do shorter and rarer fits of coughing alternate with long intervals, which give no relief; the increased anxiety caused by the increased accumulation of the morbid product in the windpipe, owing to the rare and weak cough, remains constant, the breathing noises are more rattling and sawing, the voice completely extinct, the face pale, the skin cold, covered with sweat in various parts, especially the head, the pulse becomes weak and intermitting, and the patient dies a slow death of suffocation. In other cases, sometimes before the fatal termination, sometimes for as much as twenty-four hours, there occurs a diminution of all the symptoms, even of the anxiety, without the pulse becoming more powerful or warm perspiration ensuing, which can only be explained by the increased torpor of the nervous system; in this case death is occasioned by debility.

The course of this insidious form is not rapid, in the rarest cases it terminates fatally in the first three days, but usually not before the eighth or ninth day. This gradual increase of the disease takes place in many cases so slowly that according to the observations of many, death may not ensue until the third week.

What I have already said will, I think, suffice to shew that the inflammatory and torpid croup do not differ from each other in degree only, but also in character, and that the discrimination of the one from the other is not attended with much difficulty.

The restoration to health, to be obtained by the employment of the appropriate remedies, bears an exact proportion to the natural slow course of the disease. A true torpid croup cannot be removed in less than from five to six days. If aid is afforded shortly after the appearance of the disease, then the first remission is of not very long duration. It is soon interrupted by the most severe cough, which passes into a regular fit, and that often more severe than the first. The subsequent remissions are not longer, but attended with more relief; the cough increases in violence, becomes looser and more frequent; often a quantity of

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tough mucus is expectorated; the respiratory sound grows more rattling, but not all over the chest; the fever gradually changes into the synochal type; the voice remains for several days hoarse and deep. That exacerbations and remissions alternate generally till the fourth day, from that period the cough diminishes in frequency and severity, it loses its croupy tone, and the disease progresses like an inflammatory croup in the stage of convalescence.

It would almost appear that the torpid croup cannot be cured as such, but that it must be altered into the inflammatory form before a cure can ensue, for we are never able to cure the torpid croup as we can the inflammatory kind, nor even to arrest the danger speedily.

B. *Angina membranacea torpida bronchialis.*

By this name I understand a croup of the terminal branches of the bronchi; the affection confined to the two chief branches of the trachea, I include under the term tracheal croup, on account of the identity of the accompanying symptoms. It generally arises from the latter form, but yet it sometimes appears as a primary affection, as is proved not only by my own observations, but also by the fact that on inspection *post-mortem* the pseudo-membrane has been found not only commencing from the larynx and extending into the finest subdivisions of the air-tubes, but that in other cases it has been observed *only in the terminal branches*. This form is the rarest among those we have hitherto treated of, and as many of the characteristic symptoms of croup are absent from it, at least in the commencement, its diagnosis is also more difficult. The idea hitherto prevalent that in croup auscultation only furnishes negative evidence is, according to my observation, not correct as regards this form, since it is only possible to form a correct diagnosis from a comparison of the auscultatory signs with the other morbid symptoms.

The medical man has seldom an opportunity of observing this disease from its very commencement, it will be moreover difficult in any given case to observe or to ascertain the commencement of it, especially when it occurs in a secondary form. Now as our aid is in general only sought when the disease has attained

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its acmé, we shall first occupy ourselves with the description of the disease as it presents itself when it has developed itself out of another form. The respiration is in that case short, more rattling than sawing, only rarely whistling; the anxiety, if we may judge by the expression of the face, seems to be great, the voice is quite extinct, and only a low whining noise is occasionally heard; there is either no cough or the cough is rare, weak and loose, but unaccompanied by expectoration and *without the croup tone;* the face is pale and sunken; the skin cool, covered with clammy perspiration; the pulse small, weak and rapid; there is also occasionally present painfulness of the windpipe to pressure; the little patients lie quite still and seem to be quite apathetic. On inspecting the thorax we observe that during inspiration it is not raised up, but that its walls are only moved a little in an oblique manner, and that the respiratory movements are only performed by means of the abdominal muscles. Auscultation only reveals bronchial respiration with rattling in the largest branches, in the fine subdivisions affected there is at first heard a weak bronchial respiratory sound, but subsequently no respiratory sound. The course is quite simple, the dyspnœa, the sawing tone, and the anxiety increase; the cough, if there was any present, becomes rarer and weaker, until at length it ceases altogether; the pulse becomes smaller, uncountable, intermitting; the skin icy-cold; the respiratory process ceases entirely and the patient dies slowly from want of air. The duration of the disease from the period of its complete development does not exceed three days, but it may also be much shorter.

Rokitansky's assertion that croup of the extreme ends of the bronchial tubes becomes complicated with pneumonia, in the same manner as in catarrhal inflammation of the fine ramifications of the bronchia, pneumonia notha, may seem to be correct on the dissecting table, but when the issue is favourable such a complication is by no means a necessary consequence of bronchial croup; from what I have observed it appears that pneumonia is only conjoined to it in the latest period just before death, of which we could only have been sure had Rokitansky indicated the particular stage of the pneumonia accompanying it. Bock, on

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the other hand, only states that bronchial croup has a tendency to occur along with tracheal croup and pneumonia crouposa.

The recovery, which can only take place by the aid of our art, is in its leading features similar to what occurs in tracheal croup already described. The first signs of amendment are not observable in the local malady, but there occur gradually symptoms of returning reaction, that is to say, a febrile state comes on, with a somewhat harder but at first not more powerful pulse. The amendment of the local affection only occurs after these feeble attempts at reaction, there then commences a cough which gradually becomes more and more frequent, and as soon as it becomes sufficiently powerful it also takes on the croupy tone (as sure a sign of the correctness of the diagnosis as the solid cylinders found in the terminal ramifications of the bronchi on dissection). If the amendment has advanced so far, then the thoracic walls raise themselves better, the dyspnœa decreases, expectoration supervenes, the voice returns, and the further course of the disease is, with the difference of the affected parts, exactly the same as that of an inflammatory croup. Auscultation is the surest means for detecting the progress of the amendment in the affected part. In place of the former complete absence of respiratory murmur we observe weak bronchial respiration in the extreme ramifications, to which a râle is soon added, which gradually becomes stronger, as does also the bronchial respiration itself, which increases in an equal ratio with the expectoration or dissolution of the morbid product, and gradually passes into vesicular respiration. The time required to effect a cure varies according to the quantity of the plastic exudation present, and the state of the strength; but in most cases from five to eight days suffice to remove the disease.

On the other hand the primary form occurs, either after transient premonitory signs or without those, like any other kind idiopathically, generally suddenly with great dyspnœa, anxiety, sawing and whistling respiration not strong, little cough which has more of a hoarse than a barking sound, without whistling, along with fever. In the natural course of the disease, after this first attack, there occurs an apparent remission, but the disease does in fact increase rapidly, a repetition of attacks

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similar to the first does not however take place, for the cough soon ceases completely, the febrile pulse changes into a small, weak and quick pulse, the heat of the skin gives place to a coldness, the breathing becomes gradually shorter, more rattling and sawing, and death frequently closes the scene within twenty-four hours from the commencement of the disease. In other cases we see after the lapse of some time the exact counterpart of the above-described secondary form, and in that case the course of the disease is the same. At the commencement of the disease in addition to the râles we still perceive some rough vesicular breathing, but after a few hours this is no longer audible, and in place thereof there is only weak bronchial respiration, indicating that the fine ramifications of the air tubes have been suddenly and completely blocked up.

When judicious treatment is adopted the amendment ensues in this way, that the fever declines on the occurrence of general perspiration, as also the dyspnœa and the sawing, rattling tone, the cough on the other hand becomes more frequent and stronger, and its formerly hoarse sound becomes always clearer and more scraping, sometimes whistling and at the same time looser. Thus, along with continual crises of perspiration, the fever gradually goes off, the respiration becomes normal, the cough again loses its croupy tone, becomes purely catarrhal, and health is restored in from three to five days. The auscultatory signs observed during the convalescence are just the same as those of the secondary form.

It is unnecessary to describe the further course of the amendment of the second modification, as it takes place exactly in the same way as that of the secondary kind already described; except that in many cases less time is required to effect a cure.

The great similarity of the symptoms makes it easy to confound it with bronchitis which is so nearly allied to the bronchial croup, it may therefore be permitted me to indicate, in brief, the chief distinctive features of this latter disease from the primary form of bronchial croup, for it resembles the secondary form much less, and if we regard chiefly the mode of its origin we shall not be so liable to fall into error. In order to cure these diseases it is necessary to be able to distinguish them as

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accurately as possible, and not to be guided by hair-splitting diagnostic refinements.

The course of a bronchitis is not so quick, its first appearance is not so fierce and sudden, the tone of the cough is certainly similar, but the cough itself consists more in short impulses which, in the first stage at least, are frequently repeated, the fever lasts longer, although it is of a remitting character, the stage of inflammation passes but slowly into that of exudation, and during the latter the secretion of urine is often diminished. The respiration is short and quick, but at first has nothing of a rattling character, and soon becomes sawing or whistling.

Pathologico-anatomical signs: In bronchial croup the exudation consists of solid cylinders which block up the whole canal of the bronchial tubes, the mucous membrane shews nothing morbid except inflammation, the pulmonary parenchyma round the affected parts is healthy but destitute of air. In acute bronchial catarrh the access of the air to the air-cells is impeded by a thickish puriform secretion, the canal of the bronchial tubes is somewhat dilated, the mucous membrane inflamed and swollen, the parenchyma of the lungs surrounding the inflamed fine ramifications infiltrated with serum, somewhat thickened and destitute of air; in chronic bronchial catarrh * there are besides swellings and spongy tumefactions of the mucous membrane, dilatation of the bronchial tubes and emphysema of the lungs, the parenchyma surrounding the affected parts is thickened and lumpy.

Corresponding to these pathologico-anatomical signs we find also the necessary auscultatory phenomena, for in tracheal croup when fully developed we either hear bronchial respiration alone or no respiratory murmur at all, thus indicating complete obstruction of the pulmonary cells, and at the same time we recognize the absence of any other abnormal murmur, such as would indicate swelling of the mucous membrane or the existence of a fluid secretion in the pulmonary cells; on the other hand, in bronchial catarrh we hear when the secretion is viscid, crepitating, sibilant and whistling rattles, when less

* This must be alluded to here, as it is a frequent cause of relapses into acute inflammations.

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viscid only crepitation along with vesicular respiration when the quantity of the secretion is small, and without it when larger; it is also pointed out by Skoda that at times when the quantity of secretion is not great there may be complete absence of all murmur, but this only happens when respiration is slow and feeble. As, however, the latter is never the case in bronchial croup, the last circumstance may aid in the differential diagnosis. The last mentioned râles are only heard in the convalescent stage of croup, and at the same time other symptoms make their appearance which prevent any further chance of confounding the case with bronchitis.

IV. *Angina membranacea spasmodica.*

This last, and unquestionably, the rarest form, generally begins like the inflammatory, in a violent sudden attack during the night; but on the other hand, like the torpid croup, it is more prone to attack weakly and sensitive children than the more robust; it is preceded as frequently as not by catarrhal symptoms, and the seizure comes on in the following manner: immediately on waking the child is seized with great anxiety and shortness of breath, and cough with the genuine croupy tone, but the accompanying fever is very moderate; the voice is hoarse and muffled, the hissing, sawing tone is far less marked; oppressed breathing and feeling of constriction of the larynx are the only complaints. Very soon, however, the disease which at first simulated the inflammatory form, reveals its true character. The cough becomes unfrequent, and only consists of single coughs sounding very dry and hoarse; the anxiety reaches to an extraordinary pitch, so that the patient can get no rest in any position, and it is only by sitting up with the head bent forwards as in hydrothorax, that he experiences a slight alleviation; the skin which at first was not very hot, now becomes gradually cooler, and finally ice-cold, and remains dry, while the face becomes hot and red, and the pulse small, hard and quick, and at last almost imperceptible; the spasm in the larynx and sympathetic affection of the pharynx sometimes reach such a height that speaking and swallowing are quite impossible, but when the voice is not quite suppressed, it is very faint and with

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a hoarse tone. At the height of the attack almost no respiratory murmur is heard, only single, short, strongly whistling inspirations. The more severe the attack is, the stronger become the complaints of want of breath, anxiety, restlessness, pressure on the chest and choking in the larynx, but the latter is not painful even on pressure. The thorax is scarcely expanded at all, while the abdominal muscles are all the more actively employed. The duration of such an attack varies greatly, but it is at all events much longer than in all the other forms; I have seen it extend to four hours without the least intermission. At last, however, the violence of the symptoms gives way, the breathing becomes gradually deeper, the abdominal respiration ceases, the anxiety diminishes, the skin becomes warmer, and the pulse slower and fuller, the cough more frequent, and the speech and power of swallowing return. This amendment does not stop at a remission, but becomes a complete intermission, except that from time to time there is some hoarse cough; this intermission may last as long as twenty-four hours. Then the paroxysm suddenly returns with the former, or even greater, violence, and the patient succumbs at the second or third attack from paralysis of the lungs, or even death may take place at the first.

If this form of croup is to be conducted to a favourable termination, the above described attack must be shortened and be followed by only a remission, but not a complete intermission. That is to say, after the coldness of the surface and the symptoms of impending suffocation have subsided, there comes on a synochal fever, soon followed by general sweating; the spasm becomes moderate, and the inflammatory affection becomes more prominent; the breathing takes on now, but at irregular intervals, the peculiar, rough sawing tone; and at the end of a few hours there comes on an attack of true croup, such as was described as the inflammatory form, but not of great intensity. The subsequent course of the case is exactly similar to the convalescence of the inflammatory form, though it may also at times take on the character of the torpid form. On account of the predominance of the spasm and the want of fever and cough at the commencement, this form has been denied by many authors,

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the name of croup, and pronounced to be Millar's asthma. When the possibility of confounding this asthma with croup is spoken of in books, it can only be the spasmodic form of croup that is meant, as it is so different from the other forms, as well as indeed from any other disease. Nevertheless the further course of the spasmodic croup displays its true nature unequivocally. But as, for the sake of the treatment, it is of the utmost importance to diagnose rightly such a dangerous disease at its outset, it may not be superfluous to give the differential diagnosis of two diseases so different in their essential nature, though so similar in their mode of attack. I must here remark, that I have never personally seen a case of Millar's asthma, and must therefore rely on the descriptions of others.

In Millar's asthma the voice is said to be muffled and hollow, like the barking of a dog, while in croup it is only hoarse. The inspiration in Millar's asthma, though accompanied with a deep sound, yet has never a rattling or sawing tone; while in croup the latter is present from the beginning to the end, and is often whistling with many inspirations. In Millar's asthma the urine is frequent and watery, which I have not observed in croup. Both diseases are at first accompanied by cough, but that of Millar's asthma sounds catarrhal, while that of croup is harsh and whistling: however, it is seldom that the physician is present at the beginning of the attack, and therefore it is difficult to get accurate information on this nice point. The absence of expectoration is no sufficient proof of the existence of asthma, for there is none either at the beginning of croup. As far as regards the other diagnostic marks of Millar's asthma given by authors; viz. its appearing only sporadically, its attacking only weakly, sensitive children, cold as the exciting cause, the sudden seizure at night, the want of fever, the quick small pulse, the coldness of the body, the intermitting character, the abdominal respiration, the relief from a sitting posture, and the death by paralysis of the lungs; all these phenomena are common both to it and the spasmodic croup, and cannot therefore serve for the differential diagnosis. The most weighty proof of the essential difference of the two diseases is afforded by the subsequent

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course of the disease, and by the *sectio cadaveris*, for in Millar's asthma there are never found the traces of inflammation, only venous engorgement of the lungs.

Although Von Hagen has recognised and described the spasmodic croup better than all other authors, yet he is of opinion that it is identical with Millar's asthma, because it is not inflammatory at the commencement. We hold, however, it is nearer the truth to say that in this spasmodic form also inflammation is present from the commencement, but on account of the predominance of the spasm the signs of it are masked, while Millar's asthma is throughout a purely spasmodic disease.

The same reason, viz. to avoid repetition, that led us to consider first the precursory symptoms common to all the forms of the disease, induces us now to mention a circumstance that may occur, like a sequela, after all the forms. It is this, that instead of the croup passing into a loose catarrhal cough, as is most usual in the favourable event, there follows after the cessation of the true exudative croup, a short, dry, almost incessant cough, very troublesome to the patient, with a tickling or scraping sensation in the larynx or trachea, and a continuance or increase of the fever; this depends on a pure inflammatory affection of the larynx or trachea. This state may last several days, but I have never seen it issue unfavourably; it always passes into a common catarrhal cough and gets well.

As we have already remarked in describing the course of each individual form, it frequently happens that one passes into another, yet we observe that in such natural transformations it is the rule that the milder passes into the more severe form. Only I have never observed the transformation of any other form into the spasmodic, though the latter may pass into the torpid croup.

When a more dangerous form passes into a milder one, it is only in consequence of proper medical treatment. All the modifications of croup leave after their first attack an equal tendency to relapses, but with rare exceptions these are of a milder form or degree, so that after several repetitions they become simply catarrhal.

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After having given, to the best of our belief, all that is worthy of note in the course of the disease, it is necessary now to describe the *appearances after death.*

The mouth and fauces are mostly in the healthy state, yet at times these parts are observed to be inflamed and covered with false membrane. The larynx, especially after any length of the malady, is swollen, and the *rima glottidis* at one time widely opened, at another spasmodically contracted, frequently inflamed. In the larynx or trachea is always found the morbid product: this consists of a fibrous exudation in the form either of a tough firm mass, or mostly of a membranous substance, from the thickness of parchment to that of several lines, so that at some places it almost blocks up the canal of the windpipe; it may extend from the larynx through the windpipe to its last ramifications, but in this case it is toughest and strongest at the larynx, and becomes of a looser texture in the lower parts, which circumstance confirms the opinion formerly expressed, that the disease spreads from the larynx downwards, and not *vice versâ.* In other cases this membrane is only seen at single spots in the larynx or trachea, or also in the bronchial ramifications only (a proof of the independent occurrence of bronchial croup); in this case the membranes become solid cylinders representing a cast of the fine bronchial tubes. This pseudo-membrane is mostly tough, and more or less easily separable from the mucous membrane, though sometimes firmly attached to it; its colour is usually greyish white, with at times red spots or streaks, which are however not blood-vessels. Between the pseudo-membrane and the mucous membrane there is often found a purulent fluid, and the mucous membrane is then spongy and excoriated, or covered with ulcers. In the majority of cases it is also inflamed, yet in many dissections it is expressly remarked that no traces of inflammation were found. In other cases the whole windpipe instead of being covered with a membrane, is found filled with a watery fluid, and the mucous membrane spread over with a brownish velvety exudation.

The pseudo-membrane is soluble both in alkalis and acids, and in alcohol, and after incineration leaves an ash composed of Carbonate of soda and Phosphate of lime.

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According to Schönlein the par vagum and especially the recurrent branches are surrounded with a luxuriant network of vessels.

As far as other changes in the thoracic viscera are concerned, they seem merely to be accidental complications when any are present. Scharlau has often found polypi in the heart and pulmonary artery, and considers them constant and of importance in the diagnosis, and to be the immediate cause of death. It has also been observed, that in some cases signs of inflammation and membranous deposits have been met with in the stomach and œsophagus.

In attempting, by means of the *post mortem* appearances, to arrive at correct ideas of the nature of the disease, as is usual in other maladies, we are greatly embarrassed by the circumstance that the signs of inflammation are as often absent as present. Opinions are therefore divided, and the two most prevalent views are directly opposed to each other. While the one party holds that the croup is a peculiar kind of inflammation named from it croupy, which tends to the formation of a false membrane, the other party denies that inflammation is a necessary condition of the disease, being at most an unimportant attendant on it, and that the true cause is to be sought in spasm or torpor of the nervous system. An unprejudiced consideration of the different views taken in connection with clinical and *post mortem* observations appears to make the following the most probable theory.

The presence of sympathetic fever and plastic exudation leaves no doubt of the existence of an inflammation, which is not contradicted by the occasional absence of inflammatory signs after death, because when death does not take place in the first days, the marks of inflammation are often removed before the occurrence of the fatal event, in consequence of exhaustion or mechanical constriction. While again in those rarer cases in which marks of inflammation are absent in the rapidly fatal cases, its existence cannot be denied, because in these cases, viz. the spasmodic croup, death was produced by paralysis, and as above said in this form, the inflammation does not get to a sufficient height till a later stage. But as pure inflammation

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of the larynx, trachea and bronchia is a very different disease from the croupy affections of those parts, it necessarily follows that some other morbid cause must intimately unite with inflammation, in order to produce the phenomena of croup. This, it is obvious by the hoarseness and anxiety which attend the disease from the very beginning, must be a spasmodic affection of the *par vagum*, and more especially of the superior and recurrent branches; the frequently more or less distinctly marked intermittent character of the disease show also the important share of the nervous system in the production of the phenomena. I have been further strengthened in the conviction of the correctness of this view by the observation that the symptoms which are wanting in simple inflammation of these organs, but belong to croup, may all, with the exception of the pseudo-membrane, be produced by spasm of those parts: thus we observe in laryngismus stridulus and in whooping cough, the whistling tone on inspiration; in asthma the paroxysms of suffocation and the hoarseness; and a rough metallic sound very like the croupy tone in many kinds of spasmodic cough. Every one who has seen the laryngismus stridulus will also admit the possibility of a rapidly fatal issue in a purely spasmodic affection.

That a complication of two such important morbid causes can produce the formation of a membranous substance, is so much the more probable when we reflect on the fact that similar membranes are produced as the morbid product in cases of chronic inflammation of the large intestine. From what has been said, therefore, my view is that croup is a nervous inflammation, or according to Schönlein's expression, a neurophlogosis of the larynx, trachea or bronchia; that inflammation and spasm are equally essential in the causation of croup; and that the individual forms of the disease are produced by the greater or less predominance of one or other of these morbid states.

(*To be continued.*)

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ESSAYS ON GENERAL PATHOLOGY,

By Professor Henderson.

(*Continued from Vol.* VII, *page* 524.)

Alterations in the constitution of the fibrine, &c. of the blood and tissues.—Among the more remarkable changes which have been introduced within the last few years into the phraseology of animal chemistry, and into the conceptions entertained of its elements and processes, perhaps none exert so wide an influence on the language and speculations of pathologists as those which have sprung from the *proteine* theory of Mulder. The old terms *fibrinous, albuminous,* and *albuminoid,* although they did not necessarily restrict our conceptions of the animal principles they were intended to specify, to notions of things absolutely identical in all their properties and aspects with the familiar fibrine or albumen of ordinary venous blood, yet did not admit of so extensive a range or so easy a current of thought, as the *proteine* system does, regarding the diversity of forms and constitution which may be possible in the animal compounds of health and disease. The old nomenclature and its substratum of chemical notions, placed fibrine and albumen in the centre, as it were; and all the possible constituents of healthy tissues, as well as of morbid products, that were *not* plain fibrine or albumen of the common stamp, stood, seemingly, round these typical bodies in a circle so confined, and pressed so closely on the central form, that a distinct idea of any actual difference could hardly interpose. The proteine theory, on the other hand, if it too must build its manifold elements around a central object, (proteine, from πρωτεύω, I am first,) does so in such a fashion, that the diverse principles it presents arrange themselves rather in serial order, each with the identifying element within,—a succession of separate compounds, or derivatives, having the same root with various *affixes* and *prefixes,* to use the language of the schools. Analyses which profess to *shew* certain differences of chemical composition in some of the, so-called, proteine compounds, and a theory which avers that

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differences in chemical composition *exist* in all, together succeed in creating distinct ideas of an almost endless diversity of substances, while still the notion of *unity* among the whole is preserved by the admission of the same root in each as the principal member of every compound. Thus, to give the most ordinary examples of asserted analysis, while the proteine root itself is held to be composed of Carbon 40, Oxygen 12, Hydrogen 31, and Nitrogen 5, the following is said to be the composition of certain derivative compounds:—

Fibrine, ... Proteine 10 equiv., Sulph. 1, Phosph. 1.
Albumen, . Proteine 10 equiv., Sulph. 2, Phosph. 1.
Caseine, ... Proteine 10 equiv., Sulph. 1.

And, in like manner, all compounds that differ from these in physical and physiological properties, and which in the old lax phraseology were termed fibrinous, albuminous, and so forth, from their general resemblance more or less to fibrine, &c., are held to be compounds of proteine with one or more other elements in diverse proportions, though these elements and proportions may not have been yet determined.

All this is in harmony with, or rather is the natural fruit of, the strict and precise chemical philosophy of the age; and it cannot be denied that, whether the details of the proteine theory be correct or not, there is something far more satisfying to the mind in doctrines that present definite, tangible, and, therefore, it may be conceived, adequate, material causes for diversity of properties among substances, than in such as could go no farther in their explanation of such diversity than suggesting the possibility of certain mysterious *states* of the same substance being capable of causing in it a difference of behaviour in different circumstances, without any change of chemical constitution having preceded. When all analyses, such as they were, of organic masses containing what have since been so generally termed proteine compounds, presented the chemist with the everlasting fibrine as the component of the solids, and the no less constant albumen as the animal principle of the yet unused fluids, or of solidified morbid deposits, we wonder that the term *proteine* was not long before Mulder's time applied to one or both. Proteus, "the prophetic old man of the sea," was in his

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day distinguished by eluding pursuit under a multiplicity of strange forms, and, when caught, by resuming on the instant his proper and original shape. And, in like manner, the constituents of living animal flesh, of morbid growths, of blood, and effused matters, however marked the physiological dissimilarities they displayed in their proper places, and however varied the circumstances in which they occurred, the parts they acted, and the shapes they put on, were no sooner grappled with by the chemist than they stood confessed mere fibrine or albumen, and vitality had to account for almost all that chemistry failed to reveal—for all the specialities that distinguished the forms and capabilities of the diverse textures and organs. In all this there was an unsatisfying vagueness with which no one ought to have been contented, notwithstanding that ultimate analyses led many of the best chemists of the time to conclude that an identity of elements composed the substances which differed so materially in physical and physiological properties. For *isomerism* was not unknown, and isomeric principles might have been advanced to save chemistry from concessions so much at variance with its growing tendencies. On this stage of the subject, Liebig observes, "The question, in what way the elements of fibrine, albumen, and caseine are arranged, is one of the most interesting and important in animal chemistry. These three bodies contained (at that time this was still believed in the case of fibrine) an equal amount of carbon, nitrogen, hydrogen, and oxygen, while there was great difference in their physical properties. But we had been long familiar with groups of compounds, which, with a perfect identity of composition, exhibit the most marked differences in their properties; this supposed identity of composition was not, therefore, surprising. In all isomeric substances, more exact research had demonstrated, that their elements were differently arranged, and that, consequently, their chemical *constitution* was to the full as different as were their physical properties. Although their composition in 100 parts was the same, yet their atomic weight, or the products of their decomposition, or their density in the state of vapour, was different; the variations in their chemical constitution corresponded to that of their physical properties. What, now, according to these

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previous observations, was the cause of the great dissimilarity in the properties of the above-mentioned animal substances? If their elements were differently arranged, or the products of their decomposition or transformation different, this formed, of course, no obstacle to the probable conversion of one into the other, of caseine or fibrine into albumen, or of albumen into caseine and fibrine, since the study of isomeric substances had taught us, that in many cases, even where the difference of chemical constitution was very great, such transformations of one into another actually occur. All this was left unexplored." —(*Chemistry of Food*, p. 22.) And then he goes on to comment on the proteine theory, condemning Mulder for neglecting the field of isomeric research, "which promised so rich a harvest," and for assuming, "on the ground of the most defective experiments, that in these three substances the four above-named elements were combined, exactly in the same way in all, to form a group, which group constituted a distinct substance, capable of being isolated, to which the name of *proteine* was given."

Into the dispute concerning the proteine theory we shall not enter farther than to say, that the objections of Liebig appear to be of so grave a character that the whole doctrine must be regarded as in abeyance, waiting, if it indeed be true, the further labours of the chemist to restore it to the place it once occupied. True or false, however, it furnished at least the occasion, or heralded the great step in advance, which freed physiology and pathology from the mysticisms and crudities of preceding times, and has led to the general, if not universal, belief that where there is a difference of properties in organic compounds, *there* there must be a difference of chemical constitution, although sometimes, in the words of Professor Paget, "no power of artificial chemistry can tell the difference."

The pathology of Hahnemann, if not indeed of the homœopathic system itself, is in some measure cold, if not positively hostile, to the chemical doctrines of the ordinary school; and hostile it ought to be to all such doctrines as reverse the proper relation in which chemical conditions stand to the vital processes which produce them, and which inculcate a chemical treatment of the mere consequences of diseased action to the neglect of

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that action itself. It struck even John Dryden that "chemical substances are observed to relieve oftener than to cure," and modern rational pathology fully justifies and explains the observation of the sagacious poet. But there is a sense in which homœopathic pathology is pre-eminently chemical, and might contentedly acquiesce in the most extreme chemical pathology of the present day. The whole of the psoric theory, give it as wide an acceptation as may be, is chemical in the sense that it involves of necessity a *materies morbi*, a material element of disease, a *dyscrasia*, or morbific admixture with the solids and fluids of the body. Homœopathic medication is in a sense chemical, in fact if not of necessity, for the blood or organs which admit its remedies are different in constitution from what they were before, though "no power of artificial chemistry can tell the difference."

Taking the Lectures of Mr. Paget on Nutrition, Hypertrophy, and Atrophy,* as an exposition of the chemical pathology of allopathic physicians (and they have been lauded by some of the principal teachers among that body), although we may see good grounds to decline following him in the ultra *humorism* of his views, yet our objections to even that part of the system he expounds arise not because of anything in them which homœopathy might not consistently adopt, but simply because it appears neither well-founded, nor necessary to explain anything which may not be as easily explained by more of a chemical *solidism* than he has thought fit to adopt. What seems to be chiefly liable to objection in these lectures is the extreme length to which the author pushes the doctrine of the dependence of the solids of the body, for their nutrition, on the composition of the blood. Doubtless, the blood must contain certain principles capable of being easily appropriated by the assimilative energies of each part, as it stands in need of renovation; it is not a matter of indifference whether the blood consists of its customary elements, fibrine, albumen, &c., or be entirely destitute of substances bearing any chemical resemblance to those organic principles; the tissues cannot nourish themselves out of *anything* indifferently; and thus far the

* *Medical Gazette*, 1847.

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nutrition of the tissues is obviously dependent upon the constitution of the blood. The doctrine of Mr. Paget, however, goes a great deal farther than this, and may be briefly represented as follows:—"The healthy process of nutrition depends on so nice a refinement of affinities—such an exact and constant adjustment of the adaptation between the blood and tissues—as we can only discern when we see the consequences of its loss;" —"no power of imagination can conceive the perfection of that adjustment with which, amid all the varieties of healthy life, the blood is maintained in perfect adaptation to these differences (of every particle of tissue from every other, even of the same kind), and supplies to every part its appropriate material;"— "it will be sufficient if I have proved without pretending to explain or describe the perfect and most minute exactness of the adaptation which, in health, exists between the blood and all the tissues; and that certain inconceivably slight disturbances of this adaptation may be sources of disease." In these and similar passages the two following propositions are maintained; first, that, of even the same tissue—the skin for example—no two portions, however small, are exactly alike in constitution, "though no power of imagination can conceive the nature of the difference," and no artificial chemistry can detect it; and, secondly, that, in the blood, every portion of tissue, however small, has prepared for it a nutrient material, the fruit of the assimilating powers of the blood itself, which "with the most minute exactness" "is appropriate to the healthy nutrition" of that part and no other; for other parts, though we call them the same tissue, are dissimilar to that part in some inconceivably minute particular, and therefore have not the same affinities with it, and do not extract from the blood the nutrient material which is adapted only to that individual part, for "though one may speak of all bone and all skin as if it were all alike, yet there are differences," and "the blood is maintained in perfect adaptation to these differences, and supplies to every part its appropriate material," by the nicest "refinement of affinities."

I need not advert to the considerations which induce the author to adopt so extraordinary a hypothesis as this, for there is one objection, at least, so obvious and insuperable as to upset

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the whole speculation, and to excite not a little surprise that it should have ever been conceived. The skin, ligaments, tendons, areolar tissue, cartilage, aponeuroses, and fibrous tissues, composing probably more than three-fourths of the whole body, chiefly consist of gelatine; and it has been well known since the researches of Bostock in 1809 (*Med. Chir. Trans.*) that the blood *yields no gelatine.* It is of no consequence to the validity of this objection whether gelatine exist as such in the gelatinous tissues, or be a product of the boiling process employed to extract it; fibrine, or albumen, or blood, yield no gelatine by being boiled, yet, according to Mr. Paget's doctrine, the greater part of the solid matter of blood should consist of gelatine like the gelatinous tissues which it nourishes. As the organic principles of the blood, by which these tissues are nourished, are dissimilar in chemical composition from the tissues into the substance of which they are transformed in nutrition, it necessarily follows, in the words of Liebig, that "the capacity of growth (or nutrition) in a living tissue is determined by the immediate contact with matters *adapted to a certain decomposition*, or the elements of which are capable of becoming component parts of the tissue in which vitality resides," and not by exquisitely nice adaptations, which the other hypothesis assumes, previously existing in the blood and supplying with "the most minute exactness" a specific *pabulum* appropriate to each individual portion of tissue, and to none else.

This doctrine of nutrition in the healthy state was necessary, if not as a foundation for the extreme humorism so common in modern pathology, at least to make the former harmonise with the latter, and thus lend it some countenance and support. For if it should be once granted that every particle of tissue is, previously to its taking its place in the solids, so nicely elaborated by powers inherent in the blood, as to be adapted with inconceivable yet indispensable exactness for that place only, it would seem an almost unavoidable conclusion that every morbid structure and deposit must emanate, ready made, from the same laboratory. In further support and illustration of this conclusion a most illogical use is made of contagious and medicinal diseases,—*illogical* when employed to uphold a doctrine which

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assigns to the blood an inherent power of assimilation and self-alteration, for medicinal and contagious principles are derived from without; and although certain facts concerning their action on the tissues may serve to establish the doctrine that different tissues, and even different portions of the same tissue, stand in different relations towards morbific principles in the blood, and are thrown into disease by disturbances of the constitution of the blood by such causes, "inconceivably slight" as they may be, yet all this furnishes no evidence whatever of a *self-altering* power on the part of the blood. That fluid can be altered only by the admission of morbid elements *ab extra*;—by the retention and accumulation of matters naturally destined for excretion, a process which is not a function of the blood, as Mr. Paget and his school assume, but obviously of the solids, among which certain organs are specially set apart for that duty; or by a perverted action of the living tissues, whose "vital force" presides over, and directs, all the changes that occur in the circulating fluid, being the sole "cause of motion and of change in the form and structure of material substances, * * * conveyed to the living tissues in the form of blood." (Liebig.)

Bearing these truths in mind, and making such corrections as they suggest, in the phraseology and opinions contained in the following extracts, much instructive and interesting observation will be found in them.

"Nor is there less of exactness in the assimilation of which a part that has been diseased is the seat. For, after any injury or disease, by which the structure of a part is impaired, we find the altered structure,—whether an induration, cicatrix, or any other,—perpetuated, as it were, by assimilation. It is not that an unhealthy process continues: the fact is the result of the process of exact assimilation operating on a part of which the structure has been changed: the same process which once preserved the healthy state maintains now the diseased one." It may be noticed, in passing, that the instances here adduced appear irreconcileable with the notions already adverted to, of each particle of tissue being prepared in the blood to suit its special locality, for a cicatrix or other morbid tissue that is strictly of local origin cannot come within those normal

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arrangements which are distinguished, according to the theory, by such exact adaptations as have been mentioned, and it is inconceivable that a new process should be set up by the "assimilating powers" of the blood to prepare a proper *pabulum* for the strange tissue. It seems much more reasonable that the stranger should help himself from the common fare.

"The maintenance of morbid structures is so familiar a fact, that not only its wonder, but its significance, seems to be too much overlooked. What we see in scars and thickenings of parts appears to be only an example of a very large class of cases: for this exactness, by which the process of assimilation in a part maintains the change, once produced by disease, offers a reasonable explanation of the fact that certain diseases usually occur only once in the same body. The poison of small-pox, or of scarlet-fever, being, for example, once inserted, soon, by multiplication or otherwise, affects the whole of the blood—alters its whole composition; then, the disease in a definite form and order pursues its course; and, finally, the blood recovers, to all appearance, its former state. Yet it is not as it was: for now the same material, the same variolous poison, will not produce the same effect upon it, and the alteration thus made in the blood or the tissues is made once for all: for, commonly, through all after-life, assimilation never deviates from the altered type, but reproduces particles exactly like those altered by the disease; the new ones, therefore, like the old, are incapable of alteration by the same poison, and the individual is safe from the danger of infection. So it must be, I think, with all diseases which, as a general rule, attack the body only once. The most remarkable instance, perhaps, is that of the vaccine virus. Inserted once in almost infinitely small quantity, yet, by multiplying itself, or otherwise affecting all the blood, it may alter it once for all. For, unsearchable as the changes it effects may be, inconceivably minute as the difference must be between the blood before and the blood after vaccination, yet, in many instances, that difference is perpetuated; in nearly all it is long retained; for, by assimilation, the altered model is precisely imitated, and all the blood thereafter formed is unsusceptible of the action of the vaccine matter."

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It may be unnecessary to remark that there is not a shadow of proof adduced to show that the change produced by the vaccine virus, and the other poisons adverted to, is in the blood and not in the solids; and no *a priori* reason can be conceived for supposing that the "almost infinitely small quantity" of virus which produces an effect fraught with such vast consequences, though, possibly, "inconceivably minute" in itself, must necessarily act on the blood and not on the solids. There is, to be sure, the zymotic theory, or the wider doctrine of a *contagium vivum*, which accounts for the action, multiplication, and diffusion, of all contagious principles, by presuming them to consist of vegetable sporules or animal ova, which, once admitted into the blood, there either undergo development after a period of incubation, or in the manner of a ferment (Ζύμη) grow, propagate, and spread, until the whole circulating fluid is contaminated and altered, the solids coming in, at last, for a share of the disturbance before the matured organisms emerge from the scene of their early activity to seek another *nidus* for another generation like themselves. Some who hold the humoral doctrines regarding the operation of the small-pox, vaccine, and similar poisons, affirm that the blood of a human being who had never previously been infected by them, contains a substance convertible, by the assimilating powers of these poisons, into matters possessing a character and properties identical with theirs, and that, after this conversion has occurred, the subject of the operation is no longer liable to any injurious influence from the same agents, or is not, at least, until after the lapse of years the convertible substance has been restored to the blood. To get rid of the difficulty presented by the number and violence of the symptoms which are apt to occur when the substance in question is converted into small-pox virus, while no such consequences attend the conversion into vaccine matter, Mr. Simon presumes (for in these days of ours there is as little scruple in starting gratuitous hypotheses to sustain a theory, or to dispose of an objection, as if the *Novum Organum* had never been written) that the variolous poison accumulates in the blood, while the vaccine is expelled as soon as it is generated! *

* Lectures on General Pathology, by John Simon, Esq. F.R.S. *Lancet*, 1850.

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This theory of contagions is founded on loose analogies and inconclusive experiments. The doctrine of a *contagium vivum* originated with Linnæus, and may be found, as taught by its author, in considerable detail in a thesis by his pupil, John Nyander, published in 1757, in the *Amenitates Academicæ*. Of the facts on which it was originally based the following may serve as an example;—speaking of hooping-cough, Nyander observes: "The domestic remedy which the Norwegians commonly employ against this malady consists of an infusion of the *ledum palustre* (a plant which is also employed to cure swine and cattle of lice), and which being remarkable as a powerful narcotic and strong-scented poison to insects, seems to denote that the causes of this malady also are to be found in animalcules."

The more modern facts which sustain the theory are scarcely more conclusive,—such as the *sarcoptes scabiei* being the cause of itch, certain cryptogamic *fungi* the causes of *porrigo favosa* and thrush, and some other instances (I do not include the unfortunate assertions regarding the cholera fungus) in which independent living organisms have been detected in connexion with sundry morbid conditions. The first example I have referred to may be regarded as undeniable, but it surely gives a very equivocal testimony to the theory in question, for it can justly be regarded as no more than an instance of an insect parasite causing local irritation by its bodily and visible presence here and there under the cuticle,—between all which and the vast consequences to human life that attend the invisible and volatile principles which compose the contagion of small-pox and scarlet-fever, there is so vast a distance that no chain of sound reasoning can connect them. The other examples are, if possible, even less capable of lending any countenance to the theory, for all that can be properly affirmed of them is, that they are instances of fungi vegetating in the morbid secretions of diseased surfaces, which secretions are quite as likely to constitute the contagious principles as the fungi can be conceived to be. Nor is the stage of incubation, or latent period, which elapses between infection and the outbreak of actual disease, of any value in supporting the theory, though

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it is one of those incidental coincidences which ingenuity is ever ready to convert to the purpose it may have in view. According to the theory, when infection happens the ova or sporules of the *contagium vivum*, according as it is animalcular or fungoid, enter the body of the patient, and the six, eight, or fourteen days which elapse before actual disease becomes apparent, are occupied by the development of the germs, which, when they have attained maturity, stir up the general disturbance which constitutes the disease. It is quite a sufficient answer to this part of the argument, that substances which most assuredly are not of the nature of an animate contagion, have sometimes as long an interval between their application to the body and the consequences which result, as is usual in contagious diseases. A highly respectable surgeon of my acquaintance informed me some time since, that the peculiar eruption which is apt to follow the application of *arnica* to the skin, made its first appearance on his own person ten days after the last application of it to the surface over a sprained ankle; and in the case of a lady who had applied the same drug to her wrist, the interval between the last application and the commencement of the eruption extended to fourteen days. In a note, under Rhus toxicodendron, in the American edition of *Jahr's Manual*, it is said: "A young lady used for some days daily frictions with the leaves of Rhus on the arm, breast, &c., until a slight redness appeared. For fourteen days afterwards she omitted to do so, when the eruption broke out over the whole body." A latent period of many days, therefore, is no evidence that contagious principles are either sporules or ova, and if the advocates of that doctrine should refer to still longer periods of latency as favourable to their views, those who dissent may point to Mercury, which sometimes does not produce its baneful effects on the system for months, or even years.

Opposed to the theory of a *contagium vivum* is that which regards contagious poisons as due to an act of specific secretion,—the blood furnishing, of course, some ordinary constituent capable of being converted, as it passes through the disordered tissues, from which it emerges in its new character, into the same sort of matter as that which causes the altered state and action of the

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parts diseased. According to this doctrine it is the solids which generate the poison out of the constituents of the blood, these solids themselves being thrown into a morbid condition by the "almost infinitely small quantity" of the animal poison which comes into contact with them, or otherwise acts upon them. If it be objected that the blood can be proved experimentally to contain the contagious principles, the reply is easy and complete, —that it may do so in a merely secondary manner, as by absorption, or in the same way as it comes to contain urea—by extrication of transformed particles from the tissues where they had previously lodged. Much may be urged in favour of this doctrine of specific secretion. The virulence of the secreted poisons of serpents, resembling in their consequences so much the symptoms of some febrile contagions, tells certainly more in favour of this hypothesis than the instances referred to of insects and fungi do in favour of the other. The specific contagious secretions also of gonorrhœa and syphilis clearly countenance this doctrine, by proving that the greatest difficulty in the way of its reception need be no difficulty at all. It is a startling proposition that a substance applied to a vascular living surface excites in it an action or condition which causes it to throw out a secretion different from what it normally furnishes, and the same in specific properties with the foreign substance which had been applied. And yet gonorrhœa and syphilis are examples of that very proposition. Clean the surfaces affected with all possible care, the exuded matter is still a peculiar animal poison in either case, and no other part will furnish anything like it unless it be previously touched with a poison of the same kind. The attempt to explain this local exudation of poisons in accordance with the humoral theory is as follows:—the part which is irritated or inflamed by the poison has certain constituents of the blood thrown out amongst its fibres or meshes, and the poison which has been imbibed coming into contact with these effused matters, multiplies itself by converting them into its own likeness, the affection of the solids having no influence on this peculiar result. But unfortunately for this explanation, we know that the matter of primary syphilis when mixed with the blood, instead of converting any element of the latter into its own likeness, is either destroyed or changed into a something totally

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different, and becomes the poison of secondary syphilis—a poison which produces sores that do not yield a substance like the secretion of the primary disease. The matter of primary syphilis, when absorbed, cannot be traced beyond the nearest lymphatic glands, and though by being absorbed its opportunity of multiplying itself at the expence of the blood is greatly increased, it notwithstanding fails entirely to do so. It is impossible, then, to deny with any degree of candour or justice, that the affection of the solids, at the parts to which the primary poison had been applied, is mainly instrumental in producing the peculiar exudation which distinguishes the disease.

Instances and arguments might be adduced at great length which tend more or less to fortify the position that the multiplication of contagious principles should be regarded as due to secretion, but I add only one or two to those already noticed. The following are examples of an apparent formation of contagious matters in circumstances which, at least, exclude the supposition that sporules or ova had anything to do with them. The cases are given on the authority of Dr. Graves. A young lady had erythema nodosum on her legs, some of the tumours of which having been irritated ran into superficial pustules. Her mother opened some of these with a needle, and, during the operation, a drop of the fluid fell upon the back of her middle finger; in ten minutes after (no incubation of ova, &c., here) she felt a tingling and painful sensation in the unbroken skin of the part, which she had merely wiped and not washed. The spot became inflamed, and next day an angry pustle, exactly similar to those on her daughter's legs, formed on her finger. Again,—a young lady had been directed to apply to her head white precipitate ointment, to destroy some *pediculi*, which she had perceived in her hair. Instead of it, the apothecary, by mistake, sent her tartar emetic ointment; this was well rubbed into the scalp by her maid, with the effect of producing violent inflammation, followed by a large crop of pustules, and copious purulent discharge. Pustules afterwards appeared on various parts of her body, and continued to come out for several months. Her mother, also, who had a sore from the burn of sealing-wax on her finger, having dressed her daughter's head, became affected in a similar manner, pustules and boils breaking out

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over her body, and continuing to reappear, in spite of every sort of treatment, for many months. To these cases I shall add an experiment with variolous and vaccine virus, which appears to bear on the question of secretion, as being the mode by which contagions multiply. A person having been inoculated at the same time, and nearly on the same spot, with both poisons, as the resulting vesicles proceeded in their course, they, being so close to one another, coalesced so as to form a single pock, one side of which furnished the variolous, the other the vaccine virus. It is scarcely to be supposed that if the poison of small-pox multiplies itself in the blood prior to its appearance in the vesicles, it would have been excluded in this instance from the vaccine side of the pock, when this was becoming expanded with a substance so closely akin to itself. This experiment in common with all those in which simultaneous inoculation with the two poisons produced pocks which yielded, each, that poison only to which it owed its origin, appears much more in accordance with the doctrine of a specific affection of the inflamed part being the source of the new matter, than with any other conceivable explanation. Have we not, also, in that incapacity of the skin to be again excited, in one who at a former period had been affected with small-pox or vaccinia, even by inoculation to exhibit that peculiar form of vesicular disease which distinguishes those affections in persons who have not undergone that "inconceivably minute," but yet most important, change which follows when either has been once experienced, evidence of an implication of the solids in a very remarkable degree in the action of those poisons on the body; evidence the most direct of a singular alteration in the constitution of the living tissues, while we have none whatever of an alteration of any kind having been produced in the constitution of the blood. Inoculation with either virus produces no other effect, when it produces any, on one who continues to enjoy the protection of a previous experience of the disorder, but some redness and swelling at the seat of the puncture, such as might follow the insertion of any other irritating substance into the skin.

(*To be continued.*)

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ON CARDIAC DISEASE,
ORIGINATING IN RHEUMATISM OF THE HEART,
Unpreceded and unaccompanied by Rheumatic Fever,

By Dr. Acworth.

Every one who practises physic knows how often organic disease of the heart is the consequence of rheumatism or rheumatic fever—but I think the profession is not generally aware, how very often such disease would seem to be of rheumatic origin in patients who have never had rheumatic fever, or suffered from rheumatism in any of their joints. From several cases that have come before me, I am led to believe that disease of the heart is a frequent consequence of an acute rheumatism that expends itself entirely on that organ, without showing itself on the joints *primarily*, or giving rise to what is called rheumatic fever. Just as there are cases of rheumatic fever in which the joints are alone attacked and the heart may not at all participate—so, I believe, there are other cases in which, so to speak, the whole virus of the disease concentrates itself upon the heart alone and leaves the joints altogether unaffected. It is, I think, very generally supposed that rheumatic fever precedes or accompanies the development of endo-cardial and pericardial inflammation, when that inflammation is rheumatic in its character—whereas, I believe that such inflammation may occur not only as a *primary* disease in which the joints are affected *secondarily*, but that very often it occurs as such without the joints being touched at all. In other words, I am disposed to believe that acute inflammation of the textures of the heart is, except when rheumatic, of rare occurrence—and that *rheumatic* inflammation is more frequent than is supposed,—being often only unrecognized as such, because unaccompanied by affection of the joints, or unpreceded by rheumatic fever. I am not aware that any writer has made this point as clear as it appears to me. It has been shown how often disease of the heart is a consequence or concomitant of rheumatic fever—but it has not been shown, as far as I am aware, how often the heart is the sole seat of rheumatism—how often it is invaded by rheuma-

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tic inflammation without the joints participating therein.—This is my reason for bringing the subject before the notice of the medical profession—though I am sorry to say that the cases I have recorded are far too few to generalize from, or to serve for its illustration. My principal object in the present paper is to call the attention of my brethren to the subject, reserving to myself, at some future time, the task of doing it more justice than at present. Meanwhile, perhaps the following cases, preserved out of several that are unrecorded, may put my views in a clearer light.

E. J—, the son of a butcher—a boy of about three years of age—was brought to me, the beginning of last year, suffering, I might say, from general anasarca. Face—arms—legs—abdomen—in short—the whole of the cellular texture was invaded by dropsy evidently depending on organic disease of the heart. Of this there could be no doubt. The very tumultuous action of the heart—the dulness on percussion in the cardiac region far beyond the natural extent—and the strongly developed bruit de soufflet—rendered the diagnosis of the case quite clear. On questioning the mother as to the history of the case, I found it to be this. The little fellow had been seized at play with very sharp pain in the region of the heart, for which little was done beside keeping him in bed, no medical advice being considered necessary. There was not the slightest pain or swelling in any one of the joints. I catechised the mother very strictly as to this point, but always met with the same answer. I found, however, that a brother of the patient and older than him by a couple of years, had suffered, very nearly at the same time, from a severe attack of rheumatic fever which had confined him for more than a month to his bed, and that another brother, a little while previously, had suffered also in a similar way.—Here then was a case, as it seemed to me, in which acute rheumatism had fixed upon the heart, expending all its energy thereon, without invading any of the joints. In a family of strongly-marked rheumatic constitution, the essential elements, so to speak, of rheumatism which, in two of its members, had found in the joints "a local habitation and a name" had, in the other, made their seat solely in the heart and never strayed beyond its

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precincts in the form and with the character of rheumatic fever. Would other cases confirm this view? It was suggested to my mind by some that I had seen of which unfortunately I had never taken notes, but curiously enough I was led to take notes of the case that I have just narrated from its close resemblance, in nearly all its features, to one that I had seen but a little while before.

A boy was brought to me, about nine years old, suffering from severe disease of the heart, but who had never had rheumatic fever, or pain or swelling in any of his joints. The history of the case was precisely similar to that of the one that I have mentioned. He had been seized with very sharp pain in the left side—was quite unable to get about for days—and had afterwards more or less difficulty in walking—all of which symptoms were disregarded, till at last, at the end of three or four months, dyspnœa—palpitation—and anasarca induced the mother to seek my aid.—From her report I learned that *he* had never had rheumatic fever, but that a younger brother had had it most severely.—This case I never saw but once—but it made a strong impression on my mind—which was still more strengthened by the one that came immediately after, and which I also saw but once. Both patients died soon after I saw them, having been ill but a few months.

Emma H—, seven years and a half old, complains of pain in the region of the heart, which she has had more or less for the last six months—so severe, at times, as to rob her of sleep and prevent her getting about. On examining the chest, the heart is found to beat most violently—a strongly marked bruit de soufflet is heard accompanying the second sound—and there is dulness on percussion in the cardiac region over a much larger space than natural. In addition to the heart-disease, and perhaps connected with it, she has very decided symptoms of chorea, and moreover seems suffering from ascarides besides. The history of her case is this. Six months ago she was seized while walking with such sharp pain in the left side as obliged her at once to return home, where she was laid up for several days. From that time up to the present day the pain has been more or less severe, and her sleep and appetite have gradually failed till now her general health is much

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impaired. About six weeks before I saw her, or four months after she was first attacked, pain and swelling of the joints came on which confined her to bed for above a week. Both upper and lower extremities were attacked. Now that here was a case of cardiac disease originating in acute rheumatism of the heart would seem almost to be placed beyond a doubt by the subsequent affection of the joints. Dr. Watson, speaking of rheumatic carditis in connection with articular rheumatism, says—"It is a curious circumstance that rheumatic carditis is sometimes the first step in the whole disease—the cardiac symptoms, I mean, precede those of the joints—even by two or three days." And then he gives an example.—But here was a case where the cardiac symptoms preceded the articular by at least four months: and might well make one think that rheumatic carditis may exist without *any* affection of the joints.—I gave Spigelia with the most marked effect in this case. The pain was instantly and thoroughly relieved, and the general health very much improved, but the chorea symptoms remained in statu quo—or at least did not show the same amendment as the others. Upon what do these depend—the cardiac disease? This case is one that I am treating still, and it is one that I shall watch with interest.

The Rev. T. A. S. æt. 50, is under my care, at the present time, for dropsy depending on disease of the heart, for which he consulted me nine years sgo. At that time all that he complained of to me were slight dull pains in the neighbourhood of the heart and "little convulsive struggles in the throat, on first falling asleep at night." On examining into the state of the heart, it was found to beat with hypertrophic violence—there was dulness on percussion in the cardiac region to a more than normal extent—and a decided bruit de soufflet was heard accompanying the second sound. Up to within the last six months he has not suffered much from this state of his disease, but recently, owing to fresh cause of aggravation, œdema of the lower extremities came on, that has now invaded the abdomen.

In this case, though I never was furnished with a history that satisfied me quite of its *acute* origin, there is reason, I think, to presume it was *rheumatic*—for though the patient never suffered from rheumatic fever, two of his family are completely crippled

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by it, and have nearly lost their eye-sight from rheumatic inflammation.—I would observe further in reference to this case—a remark I only make en passant, that though the disease is of the gravest kind, (the right side of the heart being invaded by it now, as well as the left)—I have obtained results from the 200th * attenuation of Arsenicum and Digitalis, which I could not obtain from the 30th or the 3rd.—The dropsy that would not yield to the 3rd has very much lessened under the 200th.

So much for the cases I have taken notes of. I am well aware that they are insufficient to establish the views I have brought forward: but, as I said before, there are others I have seen of which I have never taken any notes. In fine, if any one will turn his attention to the subject, I think he will not fail to come to my conclusion—that rheumatic carditis is not uncommon, independent of any affection of the joints—that its attack is not unfrequently insidious, giving rise to much less suffering at its outset than the amount of mischief would lead one to expect—that on this account and from being unlooked for except in connection with rheumatic fever, it may have escaped notice as a primary disease—and that when it *does* occur in rheumatic fever, this is not owing so much to metastasis, or transference of the disease from the joints to the heart, as to the elements of the disease being in the blood and its seat the fibrous structure of the heart as much as that of the joints themselves.

FRACTURES, AND THEIR HOMŒOPATHIC TREATMENT,

By Dr. Henriques.

(A Clinical Lecture delivered in the Hahnemann Hospital School of Homœopathy.)

Gentlemen,—It is my pleasing duty to appear before you this night, for the purpose of addressing you on the method of treating surgical diseases, according to the conservative principles of the immortal Hahnemann.

* By whom prepared? It is now ascertained that the so-called high dilutions of Jenichen were not really attenuated to anything like the above degree. Their exact degree of dilution is not known; but it is known that none of them were higher than the 40th, and many were quite low dilutions, and differed from the common preparations only in being more shaken.—[Eds.]

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The course of lectures that I have undertaken to deliver will be especially clinical, commenting, however, as we proceed, on the principles of the *Organon*, and illustrated by cases which many of you present have yourselves witnessed in the surgical wards of this hospital.

In order to render our study as complete as the limited materials of our present small institution will permit, some methodical arrangement is necessary. I intend, therefore, to make a sort of anatomical classification of the various affections that have come under our observation for the last three months; by this means, we shall be enabled during this brief session to pass successively in review a great variety of the almost innumerable surgical lesions to which the several component tissues of the organism are subject; and thus, I hope, to make this projected series of lectures as comprehensive, as useful, and as interesting as possible.

Before we proceed, however, with the class of cases selected for this night's lecture, it behoves us to establish the fundamental principles that ought ever to guide us in the treatment of surgical diseases. To begin then. You are aware that the vast domain of pathology has been divided into internal and external diseases—the former is, at present, the province of the physician, the latter of the surgeon; but it is worthy of remark, that prior to the 12th century this distinction was unknown, for the Greek, Roman and Arab physicians treated indiscriminately medical and surgical cases, as the writings of Hippocrates, Galen, and Albucasis fully attest. It was during the middle of this ignorant, barbarous, and superstitious age, that the Council of Tours, under the hypocritical pretence of its abhorrence to the shedding of human blood, decreed that surgical operations should no longer be practised by the priests, who at that epoch, together with the Jews, were the only scientific practitioners of the healing art. From that period, surgery fell into the hands of the illiterate, who soon reduced its practice to the inferior grade of a purely empirical and mechanical art, and confined it within the narrow limits of mere manual operations. With the general progress of science, however, added to the efforts of Carpi, Fallopius, Eustachius, Harvey and Ruysch, surgery was rescued from its previously degraded position and is now restored

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to the rank of medicine; but, unhappily, the absurd distinction between internal and external diseases is still maintained, and surgery continues to be the subject of a distinct profession.

Hahnemann, following the path of the illustrious pioneers of ancient and legitimate medical science, has briefly, but ably, protested against this injudicious separation, which is not only arbitrary, but I consider that it is also highly injurious to science and humanity.

1st.—It is arbitrary, I say, because unity is the very essence of life. The *external* and *internal* parts of the organism form one indivisible whole, and, physiologically speaking, no parts, whether internal or external, right or left, constitute separate individuality, besides which, in pathology, there is no possible basis of distinction between internal and external diseases: in proof of this let us consider erysipelas. This affection, as you are aware, frequently occurs from external injury. It is an inflammatory action of the cutaneous tissue: hence, according to the common acceptation of the term, erysipelas is a surgical case. But is not this external morbid action as much a vital process as inflammation of the brain or the lungs? Does not the whole organism participate in the morbid action set up in erysipelas? Do fever and delirium, which are considered internal diseases, not frequently supervene in the course of erysipelas from external injury? How then is it possible for the surgeon to treat erysipelas without a thorough knowledge of medicine?

Again: peritonitis is an internal disease, appertaining it is said to the domain of medicine; but are not ascites, œdema, and gangrene of the legs, common sequences of peritonitis? How, then, can the latter be considered external diseases, appertaining to the domain of surgery? Hence, gentlemen, you perceive how impossible it is to draw a line of distinction between medicine and surgery.

2ndly.—It is detrimental to the progress of science; because, as all the component parts of the organism are animated with and exercise their several functions by virtue of one identical and indivisible potentiality, and as they are co-ordained, correlated, and dependent one upon the other, in the harmonious play of life, it is evident that no parts could be so isolated from the whole as to become a distinct object of study: hence the sepa-

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rate study of the diseases which affect the external and internal parts of the body must be detrimental to the progress of medical science?

3rdly.—It is injurious to humanity; because, practised as a separate profession, surgeons are too apt to consider external diseases as purely local lesions, and this leads to a corresponding exclusively local method of treatment, which the dicta of science and experience pronounce to be always improper and often injurious.

In illustration of the truth of the foregoing observation, I may here cite from my case-book a remarkable instance of traumatic necrosis, which had resisted local treatment of the antiquarian school for five years, and yielded to specific dynamic agents administered according to the homœopathic principles in less than five months.

Ann Hycroft presented herself at the Hahnemann Hospital on the 14th August 1851, to be treated as an out-patient. She was 31 years of age, fair complexion, dark blue eyes and light chesnut hair, delicate skin, much freckled in the face, full and well formed, but of a spare habit and nervous temperament. She bore evident marks of the scrofulous dyscrasia: her face was pale, haggard and anxious. She states that she is married, has several children, and is now nursing a baby four months old; that she pricked her right hand five years ago with a toasting-fork, and pain, inflammation and swelling immediately followed the accident; that having applied to several surgeons for advice, who recommended various external remedies without any result, and finding that the hand was becoming worse, she went to St. George's Hospital, where she was attended for ten months without any benefit; that she has been recently attended by a surgeon of this town, but as she found herself getting daily worse, and fearing that she might ultimately lose her hand, she was induced to try homœopathic treatment; that she has had, at various times, five sequestra exfoliated and discharged from the several fistulous openings seated in the palmar and dorsal surfaces of the hand, and from which was now issuing a very large quantity of sanguineo-purulent matter.

On examination, the hand affected was swollen to double the dimensions of the other; there was a deep erysipelatous blush extending from the fingers to the middle of the forearm, inability

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to bend or move the hand and fingers, extreme sensibility to the touch; excessive pain all over the arm to the shoulder-joint, which increased at nights; nocturnal hectic fever; sleeplessness; sweats profuse; loss of appetite; and extreme irritability.

I will not abuse your patience with any further recital of the diary of this case, suffice it to say that this patient under the influence of specific pharmaco-dynamic agents, such as Arnica, Silicea, Belladonna, Hepar sulphuris, Rhus and Phosphorus, without any local applications (save an Arnica lotion during the time she was taking internally the same remedy), gradually improved, and at the end of five months she was discharged perfectly cured.

It is right to observe that I had no means of ascertaining precisely the treatment that was adopted by the old school, but, as far as the imperfect account of the patient goes, it appears that beyond the application of lotions, poultices and plasters, with the occasional use of narcotics and purgatives, nothing else was done. In fact, what other resource has the old school in such cases but external appliances, since it obstinately persists in denying the specific action of dynamic agents, and their remedial efficiency when administered according to the therapeutic law of the reformed school?

According to our acceptation of the term, surgery then is but one of the means employed in medicine for the cure of diseases, but it does not form a separate science. It is simply a branch of therapeutics—*quod in therapeia mechanicum.* On all necessary occasions, therefore, the homœopathic surgeon must promptly resort to all the manual operations and mechanical appliances that have been devised by ingenuity, and which are most approved and admired by the profession in general. The difference between the homœopathic and allopathic surgery is not in the mechanical portion of this branch of the healing art, —on this point both schools are agreed; it is the medical treatment that distinguishes them, and in this respect daily experience teaches that homœopathy is vastly superior. By virtue of specific remedial agencies, the homœopathic surgeon may often render painful and dangerous surgical operations unnecessary; he very frequently prevents the evil effects and fatal consequences of mechanical injuries and dangerous operations; he

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can more successfully, promptly, and with greater safety and certainty, combat the constitutional symptoms which proceed from external injuries; and he sometimes can eradicate those peculiar constitutional vices, whether congenital or acquired, which are the fruitful sources of so many malignant local affections, hitherto considered incurable.

Hahnemann, in his *Organon of Medicine*, has set forth the entire subject of homœopathic surgery in a series of propositions which will be found comprised betwixt § 185 and § 205, which I must recommend to your careful reperusal. Three important conclusions result from the propositions contained in these paragraphs, and these constitute the essence and distinguishing characteristics of homœopathic surgery, consequently they should never be forgotten by you.

1. That homœopathy is based upon a principle of conservatism.

2. That, scientifically speaking, there are no purely *external* or *local* diseases.

3. That all external local diseases must be treated constitutionally, by means of specific pharmaco-dynamic agents, administered according to the homœopathic law.

Having now concluded the preliminary observations I thought fit to make as an indispensable introduction to the study of homœopathic surgery, let us now consider the first class of cases that I have selected to illustrate practically the foregoing principles. I will call your attention to night to lesions of the osseous system.

Case I.—*Fracture of the Femur.*

Matthew Rowcliffe, 63 years of age, spare habit of body, of a debilitated and broken constitution, was admitted on 17th October in the hospital, under Mr. Engall, for a fracture of the upper third of the femur. The following details are extracted from the records of Mr. Engall's case-book.

The present accident happened without any external violence, he was merely walking across the room when he felt the bone snap. As considerable effusion had taken place around the fracture, it was thought advisable not to reduce the fracture at the moment. Arnica lotion was ordered to be applied to the fractured part, the limb having been previously placed in a comfortable position.

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18.—Has passed a restless night, chiefly caused by inability to pass the urine. To this state of retention patient says that he has been frequently liable for years past. At present the bladder is much distended. An attempt was made to introduce the catheter, but from the irritation caused it was not persisted in. To have Opium $^1/_3$, $^1/_4$th of a drop every hour.

At ½-past 9 P.M., Mr. Engall again saw the patient. He had urinated naturally, and was considerably relieved.

19.—All unpleasant symptoms relative to retention gone. The fracture was now reduced, and limb placed in a straight position; a long splint externally from above the pelvis to the ankle on the outer side, and a short one on the inside of thigh. Belladonna $^1/_3$, $^1/_6$th every six hours; quarter diet.

20.—Has passed a tolerably comfortable night; has now an incontinence of urine; complains also of slight pain in the fractured thigh. Causticum $^1/_4$, $^1/_4$th every hour.

21.—Incontinence better.

22.—Complains of chafing in the hip; a lotion to be applied to the part, composed of Tr. Arnica gtt. xx, water ℥ vj.

25.—Going on well. Half diet.

26.—Bowels opened by an enema last night.

27.—Passed a comfortable night; perfectly free from pains.

29.—Better. Calcarea carb. $^4/_3$ gtt., $^1/_8$th every six hours.

On 1st November, fifteen days after the accident, Rowcliffe was placed under my care, Mr. Engall having completed his term of service. This patient had been admitted in the hospital by me in February last, and attended for three months, in consequence of *exostosis* in the centre of the left tibia, and excruciating pains in all the bones, the history of which he then related as follows. That he was attacked with dysentery forty years ago whilst in the East Indies, for which he was salivated, since that period he has never been well, he has always had more or less pains in the limbs; that twelve months ago he began to experience great pain and swelling in the centre of the left leg, which had now so much increased as to render it almost impossible for him to put his foot to the ground. He remained in the hospital at that period from February 6th to April 5th, when he was discharged to be made an out-patient, having been much benefitted by the administration of Belladonna, Hepar, Sulphur, and Mezereum. To complete this history, I may also add that Rowcliffe was subject to diarrhœa, vertigo, and violent

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fits of spasmodic cough. I have thought fit to enter into the foregoing details, because the condition of the constitution is an important element in determining the prognosis of fractures, as well as all other injuries. The prick of a pin occurring in a healthy individual is a very insignificant accident, but let it occur in an individual whose constitution happens to be vitiated, as in Rowcliffe's case, and you might witness the most fatal results.

On the 2nd November I examined the fractured leg and found that there was no attempt at the formation of a callus; he was suffering a great deal of pain, from the fracture as well as the exostosis, which occupied the middle third of the left leg. He had no constitutional disturbances, but was very fidgety and dissatisfied with himself and all who approached him, arising no doubt from the incessant contusive pains he experienced in all the joints and bones.

Ordered Ruta graveolens $^{5}/_{12}$, $^{1}/_{6}$th, one dose to be taken every night and morning.

24.—From the 4th inst. till this day he continued taking Ruta with occasional intermissions; the pains had very much decreased, and at this time union of the fractured bone had evidently taken place, for there was a hard bony tumour around the fractured part; but on my visit this morning I found that the patient had passed a very restless night from *agonising*, *burning*, and gnawing pains in the *exostosis;* he appeared to have a strong disposition to sleep, and he stated that he felt his head as if bewildered. These symptoms were attributed to the pathogenetic effects of the long continued use of Ruta, I therefore discontinued it, without ordering any other remedy, convinced that if they really arose from medicinal aggravation, they would soon disappear; the leg was, however, changed from the horizontal position and placed on an inclined plane, which he said gave him much ease and comfort; his diet was reduced from the half to quarter ration.

25.—Is better; all previous symptoms have considerably diminished; no medicine; return to half diet.

Dec. 23.—From the 25th ult. to this day nothing worthy of remark occurred; he gradually improved and was now able to get out of bed, to stand on the leg, and move about gently with the aid of crutches without experiencing the least pain.

31.—Callus quite consolidated, and was well enough to be discharged; the leg was shortened about a quarter of an inch, to remedy which he was recommended to wear a high-heeled boot; his general

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health was much improved; exostosis remaining in the same state as when he entered the hospital; to be made an out-patient for this affection. Since his dismissal Rowcliffe has written a letter of thanks for the care and attention he received at the hospital, and states that he regrets not being able to attend as an out-patient, having been made a Greenwich pensioner.

Remarks.—Simple fractures, under favorable circumstances, are neither very formidable nor dangerous injuries. Like simple incised wounds of the soft parts, fractures readily unite by the inherent reparative powers of nature; the former are said to unite by agglutination, that is—a plastic lymph first exudes between the approximated edges of the wound, it thus becomes organised, and in a few days the wound is thus perfectly healed; the newly formed substance exhibits a peculiar appearance, and is called a cicatrix; the latter are united by osteotylosis, that is, the formation around the fractured part of a bony tumour resembling exostosis, and which is called a callus. This newly formed bony substance differs somewhat from the normal osseous tissue; in the first instance its structure has not the common fibrous appearance of bone, it rather resembles ivory; and secondly, it is said to contain not only double the quantity of calcareous matter, but it has also a smaller quantity of animal substance.

The case I have just related to you was evidently a simple oblique fracture of the superior third of the femur, below the capsule, but it presented such a host of unfavorable circumstances, that we were rather doubtful whether the patient would recover. In fact when we consider Rowcliffe's history and reflect upon his advanced age, the spontaneous occurrence of the injury, his enfeebled and vitiated constitution, his previous sufferings from that agonising and almost unmanageable affection, exostosis, to which he had been so long subject—and when also we take into account that his system was saturated with Mercury, that he was liable to periodical attacks of diarrhœa and cerebral congestion, occasional dysuria, and constant spasmodic cough, you will have no difficulty in coming to the conclusion that the prognosis was necessarily most unfavourable.

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The curative indications in the treatment of fractures are threefold:

1st. To reduce the fragments.

2nd. To maintain them in apposition.

And 3rd. To combat the accompanying accidents.

In the case before us there was little or no displacement, the reduction was therefore easily accomplished. The plan adopted for maintaining the fractured ends in apposition was the horizontal position, or Hippocratic method: it consists in placing the fractured bone on the same plane as that on which the body rests, having previously applied a bandage around the limb. Of the various methods recommended, the horizontal position although the oldest, appears preferable in ordinary cases, for the first ten or twelve days, because it is the most convenient one for the patient.

The remedial means adopted to combat the incidental phenomena that occurred during the process of ossification were first, an Arnica lotion applied to the injured part, which soon diminished the pain and swelling.

A dose of Opium 1/3, divided in four doses, relieved almost instantaneously the retention of urine.

Three days after the retention he had an attack of incontinence of urine, which was speedily cured by a dose of Causticum. However antichemical this preparation may be, it is nevertheless a valuable remedy in several disorders of the urinary organs; it is more especially indicated in cases where there is frequent inclination to urinate, or involuntary emission of urine, arising from irritation of the mucous tissue of the bladder and urinary canal.

Calcarea carbonica was also administered to improve the constitution, whereby acting as a sort of prophylaxis, it would tend to diminish his predisposition to cerebral congestion and diarrhœa. This substance is well known in the homœopathic school as a most valuable remedy to individuals of a weak, sickly constitution, and scrofulous diathesis; it seems to improve the tone of all the tissues and organs of the body, by giving additional power to the functions of assimilation and sanguification; hence you will frequently see cadaverous looking children,

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in advanced stages of scrofulous affection, rapidly gather *flesh* and *colour* soon after taking a few doses of Cal. carb.

You will have remarked that the patient continued, with occasional intermissions, from the 4th to the 24th November, to take night and morning, a dose of Ruta; this medicine appears to possess a decided elective affinity for the periosteum and osseous system in general; it was in order to avail myself of this known specific property of Ruta, that led me to employ it as a means of promoting the process of ossification. I have no doubt in my own mind, that it had the desired effect, for if you compare the unfavorable prognosis of the case with the ultimate happy and prompt result obtained, I do not think it possible to deny that the action of this medicine contributed in some degree to the final consolidation of the fracture; that it acted on the organism, we have the proof in the medicinal aggravation it caused. I must admit, gentlemen, that it is an unusual course in homœopathic practice, to repeat the same remedy in such rapid succession as was done in the instance before us. Experience, however, has taught me that the salutary action of remedial agents depend not only on *quality*, but also on *quantity*; for instance, one case of fever will require the eighth, another the fourth, one a drop, and another two drops of Aconite, to reduce the heat and frequency of the pulse—as it is in acute so it is in chronic diseases. I believe that in every case, according to concomitant circumstances, there is a *definite amount of medicinal* action required to cure each and every individual case; all have their peculiar exigencies, which may be *surmised* but cannot ever be *absolutely predetermined*. If you administer less than the nature of any given case requires, you will fail to effect a cure; if you surpass the necessary quantity you will produce a medicinal disease or aggravation, which is manifested by the sudden and greater intensity of the natural symptoms of the affection, and to which is added not unfrequently the development of some new phenomena appertaining to the pathogenetic effects of the given remedy. This quantitative question in homœopathic practice is difficult of solution; it appears to have presented a great difficulty even to the mind of the great master himself, for his opinion on this topic was not

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always uniform. I believe, in the actual state of therapeutic science, that it is impossible to lay down any fixed and precise rule relative to posology, and as I am one of those humble admirers and followers of Hahnemann, who considers independence of thought—and not servile obedience to authority—to be the true spirit which ought to animate man in his pursuit of ever progressing and never ending science, I am guided solely, in these minute details of practice, by my own experience, controlled however by that of others whose years, superior claims, and greater advantages merit consideration. The plan I usually adopt is this: supposing the remedy to be homœopathically indicated, I continue its use till some change is produced; if an amelioration follows the administration of a remedy, I suspend it for a longer or shorter period, as the case may be, when, if there be no contraindication, I resume it and so continue to give it till a cure is effected; if instead of amelioration there follows an aggravation, I discontinue its use immediately, allowing the remedy to exhaust its action before I give another. I think it preferable in general to act in this manner, rather than to give an antidote, because in the latter instance you incur the risk of complicating the morbid phenomena with others arising from and appertaining to the pathogenesis of the antidotal remedy.

Before concluding my observations on this case, I must not omit to call your attention to the very trifling deviation that occurred in the length of the limb, it did not amount to more than a quarter of an inch. It is extremely rare even in the simplest and most favorable cases, to cure fractures of the thigh bone without some degree of shortening of the limb, which varies from a quarter to two inches. A high heeled boot removes the evil; but this fact is important to be remembered in the prognosis of such fractures.

Case II.—*Fracture of the Fifth Rib.*

John Lucas, aged 50, of a bilious temperament, delicate make, cachectic looking, with a complete deafness of the left ear, and almost total extinction of voice, was admitted into A ward on the 31st January. He states that in coming down stairs yesterday he fell and struck the right side on the edge of a step; that on rising he ex-

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perienced great pain in the side; and ever since he has had difficulty of breathing, with pricking pains in the injured side, greatly increased by coughing, a long breath, and speaking, also inability to walk without suffering considerably. It was ascertained that he had been an out-patient of Dr. Roth for some time, suffering with chronic rheumatism, bronchitis, and ulcers on the hip.

On examination of the chest, the fifth rib on the right side, a little anterior to the angle, was found fractured; there was no displacement of the fractured ends; but crepitation was readily discovered by the slightest touch; he had frequent and violent paroxysms of cough, with abundant mucous secretion, the effects of a recent catarrh; he looked anxious, and appeared to suffer much during the fits of coughing.

A broad circular bandage was rolled round the chest, and compresses of Arnica lotion were kept constantly applied to the affected part; Arnica was also administered internally, $^{5}/_{12}$ - $^{1}/_{6}$th every four hours, and he was placed on low diet. I consider a common broad bandage of a thick unyielding substance preferable to strapping the sternum with strips of plaster, as has been long ago recommended by Malgaigne in France, and recently adopted at Guy's hospital by Mr. Hilton, because 1st, it is an unnecessary complication; and 2nd, should the lungs be affected, the physical signs ascertained by percussion and auscultation would to a certain extent be vitiated, a proof of which Mr. Hilton himself furnishes in his lecture published by the *Lancet* on the 7th inst. He observes: "You will be pleased to notice that the dulness on percussion here spoken of would be a circumstance of great importance and much against the patient if it had not been owing, as was subsequently ascertained, to the plaster which had been applied."

Feb. 1.—Progressing favorably; no symptoms worthy of record.
Continue lotion, medicine, and diet.

2.—Complains of great uneasiness in the chest, and pain in the fractured side; acute stabbing pains; action of the heart and circulatory system were, however, normal; urinated freely; bowels confined; sharp shooting pains very considerable when he coughs.
Tr. Bryonia $^{1}/_{3}$, $^{1}/_{4}$th every four hours.

3.—Pain in the side quite relieved; is going on well in every other respect; bowels have not yet acted.
Continue Bryonia.

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6.—Has been gradually improving; sat up for the first time this day; bowels have been acting regularly.

No medicine; half diet.

18.—Has had no untoward symptom from the 6th; fractured rib perfectly consolidated; was discharged cured.

Remarks.—Such cases as the preceding frequently occur, particularly in old age, a circumstance that always renders the accident more dangerous. It is true that Lucas was not old in years, but the deteriorated state of his health, from protracted chronic affections, made him appear much older than he really was, and led us to anticipate unfavorable results. In cases of simple fractures, when proper conservative means are adopted, a month is about the average time that nature requires to consolidate the reparative process of osseous reunion; but from the morbid condition of this patient at the time of the accident, we were led to imagine that union of the fracture would be retarded, and to anticipate some unhappy results. In this prognosis we were agreeably deceived, for in eighteen days Lucas was discharged from the hospital perfectly cured. It has been observed to be more common for several ribs to be fractured at the same time;—cæteris paribus, it is not of much importance to the prognosis whether there are more than one rib fractured in a given accident. The middle ribs are more frequently fractured than the superior and inferior ones, because the former are protected by the clavicles and shoulders, and the latter are smaller, moveable, and better protected by the surrounding mass of soft parts. Fractured ribs are dangerous only on account of the proximity of their fractured ends to the enclosed respiratory organs, hence it is of the highest importance as soon as you have ascertained the nature of the accident, to determine whether there is or has been displacement; for in that case you must be prepared to meet with some degree of inflammatory action of the thoracic viscera, contusion of the lungs, emphysema or lesion of the intercostal artery; and in cases of comminuted fractures by fire arms especially, the diaphragm, lungs, and liver, have been pierced by portions of bone.

M. Malgaigne has published several cases of what may be termed spontaneous fracture of the ribs, because they occurred

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solely from violent muscular action performed by the patient himself, during violent fits of coughing, in climbing, or in mounting a horse; I simply call your attention to this fact, in order that you may not be deceived and fail to recognise a fractured rib because there has been no external violence.

The diagnosis of fractured ribs is not ordinarily difficult. The most common and constant signs by which this accident is detected are:—

1st.—Sharp acute and fixed pains, which are increased whenever the patient breathes strongly or coughs.

2nd.—There is also a grating sensation experienced by the patient at the painful part, and sometimes crepitation is distinctly felt by the surgeon. All these signs were clearly recognized in this case.

The indications for the treatment of fractured ribs are threefold:—

1st.—To give mechanical support to the sternum.

2nd.—To prevent local inflammation.

3rd.—To subdue constitutional disturbances.

I previously explained to you the kind of mechanical support that was adopted in the case that forms the subject of our present discussion, and I likewise gave you my reasons for objecting to the use of plastered bandages; it now only remains for me to add, whilst on this topic, that I consider a common corset (such as females injudiciously use to vitiate their naturally beautiful forms) to be, in general, the best mechanical appliance for fractured ribs, and this the more particularly so when there are two or more ribs fractured.

With respect to the mechanical support of the sternum, the means may vary, but the principles are the same both in the old and new schools. It is not so, however, with regard to the second indication.

Arnica is the antivulnerary specific, if I may be allowed this expression, which is employed in homœopathic surgery to prevent as well as to cure local pain, swelling and inflammation, following an injury. In the old system, as you are aware, it is by antiphlogistics that these effects are controlled. I allude to these, without discussing their effects on the organism, or their ultimate results in inflammation, because my object is simply

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to furnish data by which you may estimate the comparative merits of *soidisant* legitimate medicine, and the rational method of the new school, which is one of the principal advantages I anticipate from these lectures.

To return then to Arnica: this may be called the antiphlogistic of homœopathy in certain cases of local injuries, whether given internally or applied externally to the injured surface. The action of this remedy is evidently on the circulatory system, through the instrumentality of its direct action on the nervous tissue; when applied locally, it first smarts, but this is soon followed by a corresponding soothing feeling, it then becomes very grateful to the patient. You ought to be aware, gentlemen, that Arnica not unfrequently produces erysipelas of a character sometimes that is very alarming to one unaccustomed to the use of this topical remedy. I have never seen it produce any serious consequences; and this specific cutaneous irritation readily yields if you discontinue the lotion as soon as you perceive the slightest erysipelatous blush,—in 24 or 48 hours after you will find all traces of inflammation and with it the traumatic effects of the wound disappear.

As an external application Arnica is extremely useful in all cases of mechanical injuries, where the continuity of the surface is not interrupted, hence in such cases as ecchymosis, concussions, strains, dislocations and fractures, it will be found a most valuable antivulnerary; on the contrary, whenever incisions, lacerations, contusions, and excoriations occur, Arnica is, in general, contraindicated, because the irritation it creates is apt to determine excessive suppuration, and thereby retard cicatrization of the wound.

As it would be important to ascertain whether the erysipelas observed in any case of accident where Arnica had been applied resulted spontaneously from the injury or the result of the remedy, I take this opportunity of establishing the diagnosis of artificial erysipelas produced by Arnica. There is—

1st.—Absence of heat in the affected part.

2nd.—Its redness is neither transparent nor shining, as in traumatic or spontaneous erysipelas.

3d.—There is always observable a sort of roughness or eruption on the parts.

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Besides these signs, you will have other evidences, in the feeling of amelioration of the local injury, and in the absence of corresponding constitutional disturbances or febrile action. In the case of Lucas, Arnica was administered internally likewise; it was suitable to the local injury, it was indicated against the rheumatic pains and paralytic feelings, and it served to restore the nervous system, and through it the whole organism to its normal influence, which is always more or less deranged by shocks from mechanical injuries.

The next remedy administered was Bryonia, an agent that is much used in homœopathic practice to combat diseases of the respiratory organs. You will, perhaps, recollect that on the 2nd of February, that is three days after Lucas entered the hospital, he complained of great uneasiness in the chest, stabbing pains in the fractured ribs, and several other symptoms indicating a commencement of pleuritis or an attack of pleurodynia: to combat these symptoms Bryonia seemed most homœopathic. It was further indicated by the constipation that was present, which it ultimately relieved, at the same time that it arrested all traces of local inflammatory action. After the use of Bryonia he progressed favorably, and without any other remedy in eighteen days the patient was discharged perfectly cured.

Gentlemen, I have endeavoured in this lecture to discuss as briefly as possible the fundamental principles of surgery, to indicate the distinguishing characteristics of the new surgical school, and likewise to demonstrate the efficiency of the homœopathic method of practice, by citing cases which have been treated in this hospital under your own inspection. From these observations I flatter myself that you must be impressed with the conviction that surgery, such as it is practised in the old school, is destined to undergo a great reformation. The lofty, noble and philanthropic mission of homœopathy, gentlemen, is the transformation of the reigning principle of destruction into that of conservatism. The principal objects of the antiquarian school surgery consist in devising highly ingenious instruments for maiming and mutilating the body,* and in acquiring manual

* [We must object to this statement. The boast of modern surgery is that it avoids operations as much as possible.—Eds.]

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dexterity for executing it in the most expeditious manner: the principal object of the modern school is the discovery of specific pharmaco-dynamic agents, whereby diseases may be cured without painful surgical operations; and, if allowed to judge, from the success already attained in this path, I have no hesitation in expressing my belief that homœopathy, in its progressive march of remedial discoveries and its daily increasing conquest over disease, will ultimately reach the happy goal of abolishing the fire and the knife from the domain of surgery.

REVIEWS.

HOMŒOPATHY AND THE HOMŒOPATHS, by J. Stevenson Bushnan, M.D., F.R.C.P.E., &c. London: Churchill. 1852.

Writings against homœopathy that have hitherto appeared in England may be divided into two great classes. 1. Violent diatribes against the followers of Hahnemann, and unfounded imputations against them of all sorts of nefarious practices and mercenary and despicable motives; coupled with fierce denunciations against having any professional communion with such unprincipled quacks. 2. Adverse criticisms of the principal peculiarities of Hahnemann's system, and attempts at a logical refutation of the novel doctrines promulgated by the Founder of homœopathy; together with would-be exposures of our statistical fallacies, mixed up with much harmless banter or more elaborate ridicule, which like the hyæna's laugh serves but to betray the lurking spite and cordial hatred of those who use it. Each of these classes of writings has its own circle of admirers and readers, and we presume it was with an eye to securing for his book both sorts of readers and admirers that Dr. Bushnan has in this little work of his given us a combination of both the above styles of treating the great Medical question of the day.

The first mentioned style is decidedly the most attractive, the easiest, and the most popular with the opponents of homœopathy, and accordingly Dr. Bushnan puts the portion of his work that condemns and abuses homœopathists first, contrary to what the title of his work, "Homœopathy and the Homœopaths," would lead us to expect, and quite as felicitously as if the judge should condemn the prisoner to the gallows or the hulks before summing up the evidence against him.

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The first part of Dr. Bushnan's work we shall not condescend to notice further than to say that it is a mere repetition of the absurd accusations and transparently false and calumnious vituperations that have disgraced the pages of the defunct or transformed (let us hope regenerated and reformed) *Medical Times.* We cannot conceive how a man of Dr. Bushnan's learning and acknowledged ability could condescend to indulge in such a style of writing as an introduction to a serious examination of homœopathy, unless it was that he knew his book would not be relished by some of his fraternity unless he wrote *down* to their low level of vulgarity and bad taste. The introduction is not only wicked, it is more intolerable for it is stupid.

The rest of the work consists of a summary of Hahnemann's doctrines as contained in the *Organon*, and a critical analysis of these. The summary is a condensation into 40 pages of the matter that occupies 230 pages of the original *Organon* of Hahnemann. This part is executed with tolerable fairness and ability, and seems to indicate a desire to state the homœopathic doctrines as nearly as possible in the words of the Founder; a plan which has not hitherto been followed in this country, where the opponents of homœopathy have usually amused themselves with constructing straw-figures which they called the homœopathic doctrines, but which were as unlike the originals as possible, and shewing their ability in demolishing their own constructions, whereby their wonderful logical powers were exhibited to great advantage, and gained great admiration from their readers, but the real homœopathic doctrines were left erect and unscathed. Occasionally, but we feel assured not designedly, Dr. Bushnan mistakes the precise meaning of the idea he wishes to condense. Thus in his abridgment of sect. cxxxvi of the *Organon* at p. 35, he makes Hahnemann utter great nonsense. What Hahnemann means to say, and does in effect say, though in a roundabout fashion, is this: "Though a medicine does not develope all the symptoms it is capable of exciting, in every prover, it possesses the power of curing morbid states which it may not be able to excite except in a very few individuals." But with the exception of a few such misconceptions of Hahnemann's meaning, we acknowledge the general accuracy of Dr. Bushnan's abridgment, and proceed to the consideration of his critical remarks upon the Hahnemannic doctrines.

The first of Dr. Bushnan's objections that strikes us is this: "Hahnemann," he writes, "considers the external symptoms alone, whereas

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we take into account the external phenomena and the internal likewise. Here is a main difference between us on a matter which may be regarded as the foundation of medical science, viz., a correct knowledge of disease." (p. 60.) Now what Hahnemann says is, that we must take into consideration the totality of the symptoms cognizable by our senses, and the symptoms so cognizable must include everything that we ascertain by means of the most careful observation, aided by all the means placed at our disposal by the latest advance of what is called physical diagnosis. What Hahnemann deprecates distinctly and forcibly is the attempt to found a treatment of diseases upon mere hypothetical speculations concerning the nature or proximate cause of diseases; a system which has in all ages led to the most irrational, diverse and unsuccessful methods of treatment, varying with each new pathological hypothesis. The essential nature of diseases (and this is what Hahnemann means, as is perfectly obvious, by the *internal morbid processes and changes*) cannot be ascertained by our senses, but can only be surmised or guessed at, and the science of therapeutics is too important to human life and health to be built up upon conjecture and speculation; our endeavour should be to found it on what is distinctly cognizable and palpable, and the perceptible symptoms of disease alone have any claim to this character. The symptoms of disease may and must include everything that we can observe in the patient, and every new means placed at our disposal for the purposes of diagnosis, only enables us to ascertain the actual symptoms with greater exactness and fulness. If Hahnemann makes no mention of the improved methods of diagnosis put within our reach by Laennec and Piorry, this is because he was not practically familiar with them, but his directions for our guidance in the observation of disease do certainly not preclude us from making use of every means whereby the symptoms of disease may be most perfectly discovered. The crepitating râle and the bronchial respiration revealed by the stethoscope and the dulness heard on percussion are no less *symptoms* of pneumonia than the febrile excitation, the shooting pain, the cough, and the rusty expectoration observable without these aids. The homœopathist avails himself of all the improved methods of diagnosis as eagerly as the allopathist, and in doing so he believes that he still adheres to Hahnemann's directions, to take note of all the symptoms cognizable by the senses. There may be and doubtless are some old-fashioned homœopathists

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who sneer at the stethoscope and plessimeter, as there are many old-fashioned allopathists who do the same, but the great majority of both schools acknowledge the obligations they are under to the cultivators of every modern method of physical diagnosis. Consequently Dr. Bushnan's sneer at what he conceives to be the one-sideness of Hahnemann's views respecting the indications of diseases to be noted by the practitioner is completely misplaced.

Dr. Bushnan strangely misapprehends and misrepresents the spirit of Hahnemann's observations when he says: "according to his most recent theory, diseases are not accompanied by any change of structure." (p. 64.) On the contrary in the paragraphs of the *Organon* to which reference is made (§§ vi to xiv) nothing of the kind is stated. Hahnemann simply states there that every morbid alteration of the vital force reveals itself by morbid signs and symptoms, and it is these morbid signs and symptoms that alone come under our observation, and they alone reveal the alteration of the vital force, which is not itself perceptible to our senses. If by Mr. Avery's speculum we can see into the interior of the bladder, or by Dr. Simpson's sound we can ascertain the exact position of the uterus, we thereby only add to our knowledge of the morbid signs of bladder and uterus, but neither of these ingenious instruments enables us to ascertain the "morbid alteration of the vital force" (a sufficiently intelligible expression, though perhaps not strictly correct according to the most modern physiological views) a bit better than before. Dr. Bushnan must know very well that the change in structure does not stand in the relation of cause but of effect to what we term disease; the structural change is only a sign or symptom of some antecedent morbid alteration of the vitality or "vital force," as Hahnemann expresses it agreeably to the physiological doctrines he held in common with nine-tenths of the physiologists of his day.

All Dr. Bushnan's arguments respecting Hahnemann's supposed neglect of the ascertainable material changes in diseases, are out of place, for there is not a syllable in his writings to shew that he did neglect such material changes; on the contrary, the directions he gives us for the examination of the patient from § lxxxiii to § civ of the *Organon* inculcate the necessity of ascertaining with the utmost minuteness every ascertainable symptom objective and subjective; and these directions we recommend to Dr. Bushnan's attentive reperusal as the best refutation of his assertion that "Hahnemann obtains only half an idea of disease in the abstract." (p. 69.)

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Dr. Bushnan next attacks Hahnemann's minute individualization of cases of disease, and his injunctions to observe each case of disease for itself, as each case differs from every other in some symptoms, and the differences observed may be of importance in guiding us to a selection of the appropriate remedy. "This," Dr. Bushnan alleges, "is totally opposed to all the principles of natural science which relate to organic beings." (p. 69.) Doubtless had Hahnemann been intent on constructing a system of nosology it would never have done to have constituted each case a separate genus or species, but the requirements of therapeutics are very different from those of systematic nosology; synthesis is the main element of the latter, while analysis is essential to the former. The nosologist seeks for the resemblances among a number of cases; the therapeutist looks mainly to their differences. To the nosologist a certain number of cases having some symptoms in common are all scarlet-fever, and are all to be ranged under one head; to the therapeutist one case is scarlet-fever with predominant head affection; another is scarlet-fever with predominant chest symptoms; a third is scarlet-fever with predominant abdominal derangement, and so on; and these differences are to him indications for the employment of different remedies, for one a remedy that acts specifically on the head, for the other a medicine that acts more especially on the chest, for the third a drug that possesses a decided action on the implicated abdominal organs. Hahnemann's observations on this subject have, as Dr. Bushnan well knows, no reference to nosology, but only to the treatment of disease, and it is anything but ingenuous in Dr. Bushnan to represent him as denying the connexion betwixt cases of disease in a nosological point of view, when the whole tenor of his remarks is to shew the necessity for therapeutic purposes of examining every case for itself, and not to content ourselves with treating the mere nosological name. The most the nosological name can do to assist us in treatment is to direct our attention to a certain class of remedies, but something more is required for therapeutic purposes, and it is a careful examination of each case that can alone furnish us with the indications for the particular remedy or remedies for each. Thus Dr. Bushnan's sneers at Hahnemann for his earnest injunctions to attend to the specialities of each case, and not be misled into any slovenly general treatment by the mere nosological name of the disease, are quite uncalled for, and indeed Dr. Bushnan himself shews a few pages further on (p. 72) that the meaning he attached

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to Hahnemann's directions is perfectly erroneous. Moreover, Hahnemann's doctrine of the origin of chronic diseases shews how great was his tendency to combination when the question was merely a nosological one, for he arranges under a few heads the great array of dissimilar chronic diseases, by referring them all to only three morbific causes.

It would be a work of supererogation on our part to point out what a perverted caricature of Hahnemann's directions Dr. Bushnan draws in his ludicrous misrepresentation of the supposed homœopathic treatment of two incurable patients in the dying agony. (p. 75.) The exaggeration is so great and the misrepresentation is so apparent that the whole point of the ridicule is lost.

It is curious to notice that Dr. Bushnan a little further on (p. 77) admits that Hahnemann founds his indications on the "distinctive, peculiar" symptoms of the disease, which Dr. Bushnan finds to be the same as the indications of his own school's rational practice; and then our critic protests that this is a contradiction of Hahnemann's previous directions; whereas the only contradiction is between Hahnemann's actual views and Dr. Bushnan's absurd misconception of them.

At p. 78 Dr. Bushnan says that Hahnemann defines diseases to be "nothing but changes in the general state of man," and then he proceeds to add with much critical acumen: "Truly a most profound remark, but all changes are not diseases." Truly a most profound criticism, but unfortunately the definition of disease Dr. Bushnan charges Hahnemann with is not Hahnemann's but Dr. Bushnan's imperfect attempt to make a summary of what Hahnemann actually does say in § xix of the *Organon*, which we need scarcely remark is quite different from the meaningless nonsense of Dr. Bushnan's abridgment which he himself finds such a pleasure in cutting up.

When Hahnemann defines disease to be "a dynamic alteration of the vital force," and looks upon the material and functional changes that ensue as the effects of that alteration, he gives a perfectly comprehensible, and making allowances for the peculiarity of his physiological views, a perfectly correct definition of disease, and it is a less correct idea of disease to consider the organic morbid changes that occur as the disease, in place of the effects of the disease. Dr. Bushnan has therefore no right to censure Hahnemann's definition of disease, when it would be easy to shew that Dr. Bushnan's is the least correct of the two.

It is this "dynamic alteration of the vital force" which Hahnemann

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alleges to be not cognizable by the senses; the functional, sensational and organic changes produced by it are the symptoms which we are to note in order to form an exact conception of the disease. This is surely a more correct view of the case, pathologically speaking, than to consider every organic change that we may detect during life or after death as the actual disease, which is the plan generally adopted by the practitioners of the self-styled rational school.

We are perfectly free to admit that Hahnemann, in the directions he gives for the examination of the patient, does not enter into minute details as to our observation of the objective symptoms of the disease, and that he dwells with greatest elaborateness on the investigation of the subjective symptoms, but he tells us in general terms that the practitioner is to take note of all that is cognizable by the senses, which of course includes all detectable organic changes.

For the examination of the material or organic changes, Hahnemann justly thought he gave directions enough, when he told the physician to employ his senses in the investigation, but the novelty of his system of examining the patient consisted in paying the greatest and most minute attention to every change of sensation experienced by the patient, and every alteration of the mental state observable in him. These latter symptoms had been he felt too much neglected for purposes of diagnosis, and hence he found himself compelled to dwell upon them at much greater length than upon the objective or structural changes patent to the sight, hearing, or touch. To insinuate as Dr. Bushnan does that Hahnemann neglected entirely the information supplied by the latter means, is altogether incorrect, as could easily be proved by many passages and descriptions in his writings. That Hahnemann was not conversant with the refinements of modern physical diagnosis cannot be imputed to him as a fault, but rather as a misfortune that he shared in common with many veterans of the old school, in that his medical education was completed before the introduction of the stethoscope, and he had no leisure in after life for testing its merits and acquiring a familiarity in its use.

Having disposed of this portion of Dr. Bushnan's strictures, we now come to his remarks on the means adopted by Hahnemann for ascertaining the powers of medicines.

Dr. Bushnan pompously commences this portion of his criticism by the following sentence:—

"*We*, practitioners of the modern school, ascertain their effects by experiments on the healthy body, it is true, but likewise on the sick body."

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Indeed? we were certainly not aware that it was the habit of practitioners of the old school to ascertain the effects of medicines by experiments on the healthy, and we should feel vastly obliged to Dr. Bushnan to refer us to these boasted experiments. True, Haller long ago spoke of the necessity of testing the action of medicines on the healthy before administering them to the sick,* and in more remote times still some score of criminals have been delivered up to the tender mercies of toxicologists and have been duly poisoned to death, or rescued in the nick of time by some antidote—of such a character are the scanty observations of Matthiolus, Claudius Richard, and a few others; true, also, Alexander of Edinburgh nearly put an end to himself by swallowing enormous quantities of camphor, and Störck, of Vienna, took under his especial patronage a few of the narcotico-acrid poisons and swallowed some desultory doses of them. We believe these are all or nearly all the recorded instances of attempts to test the action of medicines on the healthy before the time of Hahnemann. Since his time, and it is to this period Dr. Bushnan more particularly refers as being most prolific in such physiological experiments, what has been done by practitioners of the old school? Professor Jörg formed among his students a class for proving medicines avowedly with the purpose of shewing the fallacies of Hahnemann's observations. The volume he published containing the results of his experiments, which we acknowledge were carefully made, now proves a welcome addition to our pathogenetic knowledge, and has been thankfully incorporated into our materia medica. The experiments that were painfully instituted with a view to crush us, have thus been made to serve as a pillar of support to the homœopathic system. The outworks so carefully raised against us by the enemy for the purpose of destroying us, having fallen into our hands, serve but to strengthen our position. Almost the only other experiments that have been made by the allopaths since Hahnemann's time, are those instituted by a committee of the Vienna Society of Physicians, which were very prematurely put a stop to as they were found only to corroborate the accuracy of the homœopathic provings. With the exception of a few other desultory and timid swallowings of a very few medicines, these actually constitute all the "numerous experiments" on the healthy body, made by practitioners of the old school for the purpose of ascertaining the effects of medicines. Dr. Marchall, of the Faculty of Medicine of Paris, was more candid in his admissions on this subject than Dr. Bushnan, when, at the examination of Dr. Simon, Jun.,

* Pharmacop. Helvet., Pref.; Basil, 1771, fol. p. 12.

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he confessed that "with regard to specifics and their action, all we know, we owe to the works of homœopathists; in those of physicians, commonly called legitimate, from Hippocrates to our own time, we find absolutely nothing."* Dr. Bushnan, however, evidently aware that he can shew little or nothing in the way of physiological experimentation in the records of allopathy, notwithstanding his boast of the "numerous experiments" which have no existence except in his own fertile imagination, affects to sneer at the importance of experiments on the healthy, and says it is of far greater importance to determine the action of medicines on the sick. Undoubtedly, if you have no guiding therapeutic principle, if the positive actions of medicines on the healthy are to give you no clue to their remedial powers, the only plan left to you is that which has been in vogue for the twenty-five centuries previous to Hahnemann, viz., to test every medicine in every disease, and to facilitate your researches, rarely or never give the remedies singly and alone, but always jumbled up together in most rational and orthodox mixtures. As Dr. Bushnan is skilful in cyphering and gives us specimens of his calculating powers a little further on, we would advise him to try and reckon how many billions of years must elapse before the remedial powers of a single medicine can be discovered by this method. During the five-and-twenty centuries that have elapsed since Hippocrates' time, not one certain specific has been discovered in this manner, the only two specifics known to allopathists, bark in ague and mercury in syphilis, were discovered in quite a different manner, the first by South American savages, the last by sheer accident. What Butler says of *inventions*, we may apply to the *specifics* of the old school—

> "All the *specifics* that the world contains,
> Were not by reason first found out, nor brains,
> But pass for theirs who had the luck to light
> Upon them by mistake or oversight."

In one of his earliest Essays† Hahnemann has fully exposed the fallacy of this favourite allopathic method of setting about the discovery of the remedial powers of medicines, and to this essay we must now refer Dr. Bushnan for further information.

"In the homœopathic system," says Dr. Bushnan, "it is assumed that medicines produce the same effects on the sick body which they do on the healthy body." Now even in Hahnemann's view of the

* *Vide* this Journal, Vol. vi, p. 124.

† Essay on a New Principle, &c.—Hahnemann's Lesser Writings, p. 295.

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cure being effected by the stronger medicinal disease overpowering the weaker natural disease, this statement of Dr. Bushnan's is not correct, as he himself shews in a note to this very passage, where it is stated that "Homœopathic medicines act only on the affected parts." But still less is it true for those who do not accept Hahnemann's theoretical explanation of the curative process, and this includes the great majority of his disciples. We perfectly agree with Dr. Bushnan that the idea entertained by Hahnemann that the cure is effected by the stronger medicinal disease overcoming the weaker natural disease is quite untenable, and this idea has been combatted and refuted over and over again by many of Hahnemann's followers with more ability and with less acrimony than are displayed by Dr. Bushnan. The homœopathic therapeutic law, similia similibus, is merely a rule for treatment, and implies that for the cure of a disease a medicine should be given capable of producing similar symptoms, in other words, the medicine given should be one capable of acting on the same organs and parts as are affected by the natural disease, and in a similar way. It is not sufficient when the liver, for instance, is affected, to give any medicine that acts on the liver, the remedy must have the power of producing the same or rather a similar derangement of the liver to what we observe in the case before us. Now the different derangements of the liver and of every other organ express themselves by different arrays of symptoms, different sensational and functional disturbances, and if we find a medicine that produces the same functional and sensational disturbances in a disease, we may conclude that the medicine acts upon the same parts as are affected by the natural disease, and that in a similar or analogous manner; such a medicine is the homœopathic similar of the disease in question, and, though it may have many other actions, in the small doses in which we exhibit it, it has only the power of influencing the parts that have their susceptibility abnormally exalted by illness.

Few if any of Hahnemann's disciples now believe in the explanation he offers of the mode in which the cure is effected, and this explanation has been, as before stated, refuted again and again by Hahnemann's own followers, who still are ardent admirers and skilful practitioners of the homœopathic system; from which fact Dr. Bushnan will perceive that in attacking so elaborately as he has done Hahnemann's explanation of the homœopathic therapeutic law, he does not affect the truth of that law as a rule of practice, any more than the

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overthrow of Dr. Black's theory of latent heat will disprove the well known phenomenon of heat being developed by friction. Indeed Hahnemann himself says (*Org.* § xxviii) that he does not attach much importance to the explanation he attempts to give of the curative process, and his followers attach so little importance to Hahnemann's attempt, that it has satisfied few or none of them.

Hahnemann is not the originator of the idea of the stronger expelling or overcoming the weaker, the maxim is as old as the aphorisms of Hippocrates, and the substitutive idea he entertains is not a novelty in theoretic medicine, and it is even held by modern authors of celebrity in the old school, for instance, MM. Bouchardat, Trousseau and Pidoux; but we are indisposed to admit it as a true explanation of the homœopathic curative process. Dr. Fletcher seems to have entertained juster notions on the subject, when he says (Fletcher's Pathology, p. 489): "It is not in this way that homœopathic remedies operate, but by stimulating to increased action the seat of the disease."

Dr. Bushnan states (p. 83) that "the experiments of the homœopaths with medicines on the healthy are felt to be utterly valueless, and that in point of fact they are guided in their use by their effects on disease."

Wonderful indeed that homœopathists should have arrived at their certain choice of their remedies and their successful method of treating diseases by the antiquated fashion of experiments on the sick, and that with medicaments which Dr. Bushnan elsewhere declares (p. 166) have no action at all! Verily this is too great a compliment to the homœopaths at the expense of the allopaths, who for near 3000 years have been trying this plan with medicines, which all who have taken them must acknowledge have *some* action, and yet they have attained neither certainty in the selection of their drugs nor success in the treatment of disease, by their own admission.

"It has," continues Dr. Bushnan, "already been shewn (p. 32, foot note) that these experiments are quite fallacious." The proof to which he refers is a stupid tirade against Hahnemann's provings extracted from Dr. A. Wood's notorious book entitled *Homœopathy Unmasked*, the merits of which are by this time well known to our readers, as well as its ingenious author's claims to veracity and scientific character. Dr. Bushnan regards the disapproval by some of Hahnemann's followers of the mode in which he has arranged the

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effects of medicines on the healthy as a proof of the fallacy of the homœopathic provings, which it is needless to say it is not, and he cites the authority of the last antihomœopathic champion Dr. Routh, as stating that "a new periodical has been established in Vienna to reprove all the medicines, because Hahnemann's views are not to be depended on," whereas in the very passage in that journal to which Dr. Routh refers the editor emphatically deprecates the opinion Dr. Routh attributes to him and his collaborateurs in the above extract.

In the very next sentence Dr. Bushnan attributes to Dr. Routh some disparaging remarks on the provings, which some hundred pages further on (p. 201) he quotes again with peculiar unction; this time, however, attributing them to a pretended homœopathic physician of the name of Isensec. Dr. Routh himself, from whose work Dr. Bushnan quotes, ascribes them to one Isensec, author of a *History of Medicine*, who we presume is the well known Dr. Isensee of Berlin, who wrote a history of medicine, but was and is still if he lives a determined opponent of homœopathy. Thus Dr. Routh, whom his friendly reviewer in the *British and Foreign Medico-Chirurgical Review* accuses of misquoting his authorities, is in his turn misquoted by our most accurate critic, Dr. Bushnan, and a precious mess the two misquoters make of it between them.

Dr. Bushnan imagines he has discovered a great point against homœopathists when he finds that Hahnemann disapproves of the method of ascertaining the curative virtues of drugs from clinical experience, whereas some of his disciples consider clinical experience a great assistance to the practitioner. The fact is Hahnemann inveighs against this method in consequence of the abuse that has been made of it in all ages, and from a fear lest his disciples should be ever led to trust to it as a source for ascertaining the virtues of drugs in lieu of pure experimentation; but practically Hahnemann admits the utility of the information to be derived *ab usu in morbis*, as, especially in his later works, he prefaces each medicine with a list of the affections in which he had found it useful. If Dr. Bushnan would know the cogent reasons that led Hahnemann to the condemnation of the experience *ab usu in morbis*, as a sole source for ascertaining the curative virtues of medicines, we would recommend to his perusal the Essay prefixed to the third part of the Materia Medica, entititled: "Examination of the Sources of the ordinary Materia Medica." *

* Also translated in Lesser Writings, p. 748.

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In examining the principle *similia similibus curantur*, Dr. Bushnan makes the following admissions, which we quote in full.

"1. We admit the principle to a certain extent, and would apply it to a certain number of cases; it has been received and acted on by medical practitioners for several centuries; but we deny the propriety of extending this principle so far as to make it the basis of a system of therapeutics, still less to proclaim it to be an universal law; we deny the propriety of applying it from 'particulars to universals,' as the logicians say; and, lastly, we refuse to acknowledge that this principle, which in modern language we call 'substitutive medicine,' admits of being applied in the manner of the homœopaths, much less to the extent in which they employ it.

"2. The principle of substituting a medicinal disease for a natural one has, as we have observed, long formed part of regular therapeutics; and we can readily perceive why, in several cases, the medicinal disease should bear more or less resemblance to the natural one.

"3. The treatment of local diseases and local inflammations by the Nitrate of silver, affords perhaps the most striking example which could be adduced of the value of this principle when properly applied. But even in these cases, although the theory be the same as that of Hahnemann, the practice is different; for we apply the substance which is to produce the artificial inflammation directly to the affected part; we hold the agent and its effects completely under our command; we treat a local malady by a local application, and do not pretend that if administered internally the same advantages could be derived from it.

"4. Again, if we consider the *rationale* of many therapeutic agents, several reasons will be discovered why the effects of remedies and the symptoms of disease should often bear more or less resemblance to each other.

"5. In the first place, many symptoms of a disordered state are merely results of nature's efforts to get rid of the *causa mali;* and it is not astonishing that the medical practitioner, who takes nature for his guide, should administer remedies calculated to produce the same or similar results, and therefore the same or similar symptoms as those which accompany the disordered state. Thus, when an indigestible or irritating substance offends the stomach or bowels, nature endeavours to get rid of the offending cause by vomiting or purging. These are the more common symptoms of indigestion from overfeeding, &c., and the medical practitioner has recourse to remedies which produce

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the same symptoms, *viz.*, vomiting and purging. Yet even here the analogy is more apparent than real. The practitioner does not give emetics or purgatives in the cases alluded to for the purpose of exciting vomiting and purging *per se*, but to effect the expulsion of offending matters; and as this is most readily attained by emetics or purgatives, he has recourse to these remedies. If the offending matter could be removed in a more easy and effectual manner by any other means, the stomach-pump for example, the latter might be, and occasionally is, employed to attain the desired object. Besides, no sane practitioner would employ purgatives or emetics for colliquative diarrhœa or for vomiting in pregnancy.*

" 6. Again, when any system or organ is disordered, the practitioner often seeks to act on them through remedies which are known to influence the affected organs or tissues *directly*. If, for example, the nervous system be affected, we have recourse to remedies which act upon that system; if the circulation, we often choose medicines which act upon the heart; if the uterus be the seat of hæmorrhage, instead of employing a general styptic, we select a remedy, as the ergot of rye, which addresses itself more directly to the organ affected, &c.

" 7. Now as disorders, (distinguished from diseases,) consist mainly in disturbance of the functions of an organ or system, and as remedies likewise produce disturbance of function, it is not astonishing that the two disturbances should present many points of similarity, whenever the remedy employed is of such a nature as to act *directly* on the organ or system affected; and this the more readily, since the principal phenomena which characterise the disturbances (natural and medicinal diseases) are of limited number.

" 8. To give an example: one of the functions of the nervous system is to regulate or excite muscular contractions; when the latter become disordered (if we are unable to ascertain the cause), we often

* Unfortunately for Dr. Bushnan's illustration it so happens that the great Dr. Simpson of Edinburgh, our author's predecessor in the homœopathic war of extermination, only last year related to his class a case of obstinate vomiting in pregnancy which he could not cure until at the suggestion of a foreign professor of midwifery, Dr. Arneth of Vienna, who is a homœopath of many years' standing, he gave the patient very small doses of Ipecacuanha, whereupon the vomiting ceased. The question of Dr. Simpson's sanity, here inferentially impugned, we shall leave to him and Dr. Bushnan to settle between them, it is too delicate a point for us to determine; in the meantime we have little doubt that we shall soon find our opponents giving very small doses of purgatives for colliquative diarrhœa, for their success with very large ones of astringents has not hitherto been very encouraging.

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select such remedies as act on that part of the nervous system which regulates muscular movement, and among the phenomena of the latter it may not unreasonably happen that several are analogous to those of the physiological action of the remedy. Thus, convulsive movements are a frequent form of disordered function in this part of the nervous system; and hence it can readily be understood how remedies which disturb the same system should, among their effects, give rise to some convulsive movements likewise.

"9. The above examples, and they might be multiplied greatly if space permitted, show how a similarity between the symptoms of disease and the effects of remedies is a necessary consequence in many cases where the remedy acts directly on the affected organ by disturbance of its function; but this comprehends only a limited portion of phenomena, and therefore has no claim to be erected into a general law. It does not apply to those very numerous cases where treatment, directed against a local disease (the proximate cause of which is unknown to us), cures at one and the same time the local disease and the general or sympathetic phenomena depending on it."

Now, though we cannot accept the idea contained in Dr. Bushnan's term "substitutive medicine," as conveying a correct notion of the mode of action of the homœopathic medicine, and find it just as objectionable as Hahnemann's notion of the stronger (medicinal) disease expelling the weaker (natural) disease—with which it is in fact identical, and though we cannot allow that many of the examples brought forward by Dr. Bushnan in the above paragraphs, particularly those in the sections we have numbered 3 and 5, to be homœopathic cures, the instances of homœopathic curative action, rude and superficial as they are, adduced by our author in the paragraphs numbered 6 and 8, are quite sufficient to take off all the point from his hypercritical objections to Hahnemann's directions that the symptoms of the remedy should be as similar as possible to those of the disease; and the manner in which he handles this subject shews rather the captious special pleading of the counsel who knows the weaknesses of his client's case, than the fair spirit of the earnest truth-seeker. Had it been possible to ascertain the exact seats of diseases, and the precise parts of the system involved by the medicinal disease, Hahnemann would certainly have directed us to give the medicine that acted on the same parts as those implicated in the disease we had to treat; but Hahnemann knew full well the difficulty, we may say the impossibility, of ascertaining the precise anatomical seats of diseases, whether natural or medicinal, and he wisely directed us not to engage

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in such a wild-goose chase as the search for the so-called proximate cause necessarily would be, but to confine our attention to the actual symptoms of every case, and to found our treatment on the palpable and obvious, rather than on the recondite and hypothetical. That he left something to the reasoning powers of the educated and observant physician, and did not make his system consist in a mere unthinking counting of symptoms is evident from this, that he directs us to attend to the characteristic and essential symptoms, and not to found our selection of the remedy upon the more general symptoms common to many diseases and many remedies. The cures that Hahnemann adduces from the works of the old authors, such as dysentery cured by purgatives, &c., which Dr. Bushnan most disingenuously brings forward as specimens of Hahnemann's homœopathic practice, are certainly not adduced by him as models for imitation, but as Dr. Bushnan well knows, are merely cited by Hahnemann to shew that the homœopathic law was sometimes, though unwittingly, acted on by the old school practitioners. Dr. Bushnan shews how hard pressed he is for an argument against homœopathy when he gravely quotes the absurdities contained in a charity sermon, as though the preacher were an authority on medical subjects.

"If a disease," says Dr. Bushnan, (page 100) "be merely a spiritual change of life consisting of symptoms, say, *a*, *b*, *c*, *d*; if a remedy produce these same symptoms, *a*, *b*, *c*, *d*, we cannot possibly discover why the two effects should be only similar and not identical." Now Hahnemann nowhere says that disease is "a spiritual change of life consisting of symptoms;" what Hahnemann says in fact amounts to this: that disease is an alteration of the vitality which manifests itself by symptoms, subjective and objective, which is certainly as rational a definition of disease as has yet been offered—but let this pass: this plan of Dr. Bushnan's, to misrepresent his opponent, and then abuse the misrepresentation, is a stale trick, which we have seen Dr. Bushnan is not ashamed to resort to when it suits his purpose. It does not follow that because we observe a resemblance in the array of symptoms of two different individuals, that therefore they are labouring under an identical affection. For instance: Belladonna will excite in a healthy person all the symptoms of a certain stage of scarlatina—rapid pulse, febrile commotion, heat and bright scarlet redness of skin, thirst, sore throat, congestion of the brain, delirium; and yet the different duration, progress, and termination of the two affections shew that they are not identical, however much they may appear to be so at a certain moment of their existence; and though

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we may say that the same points and parts of the organism are similarly affected in both, no one would assert that they were the same disease.

We may and do admit that almost all the analogies Hahnemann has adduced in illustration of his therapeutic principle from the physical and moral world, which Dr. Bushnan so elaborately refutes, are unhappy; we have ere now, frequently exposed their fallacy, but their refutation does not affect the validity of the homœopathic law, it only shews that Hahnemann in his eagerness to render his discovery acceptable, has sought for comparisons in departments of nature where no comparison was possible.

Dr. Bushnan, at page 110, gives a list of substances known to cure certain affections, which he triumphantly parades as doing so, although they are not able, he says, to produce similar ones. Let us examine these negative proofs against the universal validity of the homœopathic law.

"Bark cures ague, but it does not produce similar symptoms to it."

Now, not to speak of the direct evidence of Hahnemann and several of his disciples to the contrary, we find Dr. Bushnan himself quoting at page 192 M. Zimmer, of Frankfort, in favor of the fever-producing power of the Alcaloid of bark, and we would recommend him to the following additional authorities for the same fact, which he may consult at his leisure: Hirschel, in *Hufeland's Journal*, Vol. LXI, No. vi, p. 141; Osann, *ibid.*, Vol. LXI, Supplement-bd. p. 97; Wittmann, *Das schwefels. Chinin als Heilmittel betrachtet*, Mainz, 1827, p. 18; Auber et Goudorp, *Journal Hippocratique*, Mars, 1840, p. 431; Barbier, *ibid.*, p. 370; Merard, *Froriep's Notizen*, Vol. VI, No. xix, p. 304; Aubert, *Revue Méd.*, Mars, 1840, p. 461; Asmus, *Ueber die Heilwirk. des Chinins*, &c., Königsberg, 1842, p. 40.

"Lemon juice causes scurvy, but it does not produce similar symptoms to it."

Stevens, on the Blood, has more than once been cited as bearing witness to the contrary, and in No. XXXIX of this Journal will be found some cases of scurvy and hemorrhage occurring in individuals who were taking large quantities of Lemon-juice, recorded by Dr. Hayle.

"Iodine cures goitre, but it does not produce symptoms similar to it."

We certainly know of no instance where Iodine has produced any thing like goitre, but we know of many cases where Iodine has signally failed to produce the slightest amelioration of the tumour, and

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many instances are on record where the disappearance of the tumour under Iodine has been followed by the most serious diseases, and even rapid death from phthisis, which Dr. Bushnan would scarcely call a cure of goitre, unless like Lugol, of Iodine celebrity, he could talk of patients *dying cured.* We have, however, the authority of Coindet, the discoverer of the use of Iodine in goitre, of Gräfe, the celebrated surgeon of Berlin (*Jour. f. Chir. u. Augenheilk.*), of Peschier (*Hufeland's Journal*), and others, for the fact of Iodine producing a primary increase of the size and hardness of the goitre before effecting its diminution; and it may be that future experimentalists will shew us what effect Iodine does produce on the glands of the healthy individual, and thus give us a guide for its employment in goitre, in which disease it has only hitherto been used empirically, and often with but indifferent effects on the tumours it was intended to disperse, but with decided bad effects on the patient's general health —phthisis, general wasting, and atrophy of the mammæ and testicles having been observed from its use for the cure of goitre.

"Mercury given to ptyalism will sometimes cure the remote effects of lead poison, but it cannot produce them."

As long since as 1796 Hahnemann* pointed out the remarkable analogy betwixt some of the symptoms of lead-poisoning and those produced by Mercury, and spoke of the antidotal efficacy of Mercury to certain forms of the lead disease. We can testify to the powers of Mercury in some cases of lead-poisoning from our own experience, and can assure Dr. Bushnan that it is not necessary to push the Mercury to the production of ptyalism in order to obtain all the good it is capable of affording in these and other cases.

"Mercurial ptyalism may be relieved by chlorate of potash, but that salt cannot produce the symptoms of a similar disease."

Now the only proving of chlorate of potash we are acquainted with is that of Dr. Martin,† and incomplete though it is, still we observe the following symptoms most distinctly marked: *Bright red gums; Easily-bleeding gums;* INCREASED FLOW OF SALIVA!

These are all the examples Dr. Bushnan brings forward in disproof of the alleged homœopathic relation of the specific medicine to the disease it specifically cures. We cannot congratulate him on the happiness of his selection of these examples, and advise him to set about discovering a new series of cases for his next edition, which we doubt not will tend equally to the confirmation of the homœopathic law as the sole rule of action of specific remedies.

* Lesser Writings, p. 335. † Stapf's Archiv, XVI, i, 181.

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Dr. Bushnan gives a totally erroneous account of the mode adopted by Hahnemann for ascertaining the pathogenetic effects of medicines. He would have it be believed that the provings were all conducted with globules of the 30th dilution, but this is entirely a mistake. In the fifth edition of the *Organon*, to which Dr. Bushnan refers, Hahnemann certainly advises us to test medicines in this way, and in the Introduction to the second part of the *Materia Medica Pura*, third edition, published in the same year, 1833, he gives the same advice, but it must not be supposed that the effects recorded in the homœopathic materia medica were noticed after such minute doses. On the contrary, it is not until this year 1833 that Hahnemann speaks about proving medicines in the 30th dilution at all. In the fourth edition of the *Organon* he gives very different directions, and we know from those who assisted in these very provings that the quantity of medicine taken was often very considerable, and the dose ingested by Hahnemann's own advice, as will be found in the very last edition of the *Organon* (§ 123), was larger or smaller in proportion to the weakness or energy of the medicinal substance, and was taken at short intervals until an effect was observed. Moreover, the *Materia Medica Pura* is not composed entirely of the symptoms furnished by Hahnemann's own provings or those conducted under his own eye, for many of the medicines were proved independently, and some of them in every dose, by other homœopathists, such as Wahle, Trinks, Hartlaub, Stapf, Franz, and others, and some even were proved by allopathic opponents of Hahnemann, such as Jörg, and that in considerable quantities. All these observations, and all recorded cases of poisonings by the medicines, Hahnemann has incorporated in his materia medica, and the great majority, indeed almost all, these provings were made and published before 1833, the year when Hahnemann first proposed to prove medicines in the 30th dilution, so that it is utterly erroneous to allege that the records of our materia medica are made up of the supposed effects of globules of the 30th dilution. In fact the very passage Dr. Bushnan refers to as his authority for this statement, read in connexion with the paragraphs immediately preceding it, shews that Hahnemann only meant these provings with medicines in the 30th dilution to be undertaken for the purpose of adding to the results obtained by the method he advises in § 123, but it is obvious that he by no means intended that they should supersede the latter.

Such being the facts, such the sources of Hahnemann's materia medica, what becomes of all Dr. Bushnan's weary pages of facile

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abuse of the supposed proving of medicines in globules of the 30th dilution, which was only adopted to a very limited extent by Hahnemann in respect to a very few of the medicines proved by him in his later years, and was never acted upon by those of his disciples who have been mainly instrumental in enriching our materia medica? We have not the slightest hesitation in saying, from our personal acquaintance with the principal contributors to the materia medica, and from our knowledge of the careful and accurate mode in which Hahnemann tested the effects of medicines on himself and others, that the recorded results of his and their observations are as *bona fide* effects of the medicines as any we are acquainted with, and the re-provings of the more recent homœopathists, especially those of Vienna, have shewn them to be worthy of our most implicit confidence.

We shall not enter into a discussion with Dr. Bushnan respecting the precise amount of a decillionth of a grain, we cannot see the relevancy of calculating the precise distance to which a decillion of globules will extend, nor the value of the reckonings indulged in by Dr. Bushnan and all antagonists of the homœopathic system in reference to the quantity of water it would require in order to dilute a grain so that each drop should contain a decillionth part of a grain. Such calculations are quite beside the question. It suffices to reply to them by stating, that in order to make the 30th dilution of a medicine we only employ 3000 drops, or not much more than six ounces of fluid, and that the ranging of a decillion or any smaller or larger number of globules side by side, is a task it never entered our heads to attempt to perform.

As to whether the infinitesimal doses act or not upon the diseased organism to which they have a homœopathic relation, that is not a question for the arithmetician with his slate, or the chemist with his wonderful analytic apparatus and sensitive balance to decide, that is a question that can only be decided by experience at the sick-bed; this experience has been often interrogated, and its response invariably is "they do act;" and as long as experience so replies, not all the calculations nor all the chemical analyses in the world will suffice to throw discredit on its answer.

But the question of infinitesimal doses, in spite of all that Dr. Bushnan may say, is not necessarily involved in the homœopathic law of cure, however important a part it plays in Hahnemann's system. Diseases have been, are, and may be cured by homœopathic medicines in very palpable quantities, numerous instances of which

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are adduced by Hahnemann himself in the Introduction to the *Organon;* and there are few of Hahnemann's disciples who do not deem it expedient occasionally to administer material doses of the homœopathic medicines they prescribe, nor do they attempt to conceal the fact.

We claim for ourselves the privilege accorded to all medical men, of prescribing for each case what we think best adapted for it. We believe, and act upon that belief, that medicines must be administered in accordance with the homœopathic law of cure in order to do most good, but whether a larger or a smaller dose is indicated we have as yet no fixed rules for determining, and in this matter we are guided by our experience alone. The largest of our doses, however, would be considered insignificant and contemptible by the allopathist, consisting at the most of one or two drops or grains, and very rarely so much—never so much of the stronger remedies. The stories that have been circulated of poisonous doses of the powerful alcaloids having been found in our powders are either purely calumnious fables, as we believe them to be, or they refer to practitioners who have no claim whatever to be considered homœopathists. Though such stories are eagerly repeated by the opponents of homœopathy, no name has ever been mentioned in connexion with them, which throws great doubts on their truth, whilst at the same time it prevents us tracing them to their source, and thereby positively refuting them.

The next point that engages Dr. Bushnan's attention is Hahnemann's theory of the dynamization, or absolute increase of power of medicines or development of new medicinal properties in them by their succussion and trituration with a non-medicinal vehicle. The theory as stated by Hahnemann we admit to be untenable, but the facts on which it is founded are almost sufficient to justify it. Thus many substances inert in the crude state are found to act energetically when sufficiently comminuted by trituration with milk-sugar, among the rest we may mention gold, silver, mercury, animal and vegetable charcoal, silex, &c. Again, most medicines have, as is well known, two actions, depending on the size of the dose in which they are administered; in large doses many produce a merely irritant effect, giving rise to vomiting, purging, or other general actions, which by procuring their speedy expulsion from the system prevent their specific effects from being developed, whereas these specific effects are readily produced if the medicine be given in sufficiently small doses to avoid their irritant effects. In as far therefore as the deve-

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lopment of their specific action is concerned, it is evident that many medicines are actually more potent in small than in large doses. One example indorsed by allopathic authority may suffice. Calomel in doses of 10 to 20 grains merely causes purging, whereas the observations of Dr. Law, of Dublin,* have shewn that one or two grains taken at short intervals and in divided doses, will speedily produce sore gums and ptyalism. To a certain extent then it is true that small doses are more powerful than large ones, and experience has shewn that in certain diseased states of the system the doses sufficient for curative purposes may be small beyond all previous conception. Moreover experience has shewn that some diseases absolutely require for their cure extremely minute doses of medicine. It is on these facts that Hahnemann founded his theory of dynamization, but this theory is by no means essential to homœopathy, and is rejected by the great majority of his disciples.

Dr. Bushnan next falls foul of Hahnemann's theory of chronic diseases, and is extremely facetious and satirical on the notion that many chronic diseases are derived from itch. If Hahnemann is in error on this point, he errs in goodly company, as Autenrieth and Schönlein have expressed very similar ideas; indeed the last named professor expresses surprise† at what he calls Hahnemann's impudence in asserting that he first pointed out the origin of many chronic diseases from suppressed itch, and claims the honour of the discovery for Autenrieth. Few of Hahnemann's disciples have adopted his views respecting the origin of chronic diseases. The truth that lies at the bottom of the psora-theory, as it is termed, seems to be the frequent connexion of chronic diseases of internal organs with cutaneous diseases; and it must be remembered that the diagnosis of itch was but imperfectly or not at all known to Hahnemann and the physicians of his own standing, and that a multitude of perfectly dissimilar diseases were included under the one generic term of itch *(krätze.)* In several previous numbers of this Journal the psora doctrinè has been thoroughly examined, and its true value estimated, so that it is needless to repeat here what we have already stated on the subject.

"We should like," says Dr. Bushnan, "to see a homœopath treat a severe case of tinea capitis by internal means without touching the head. What would soon be the state of the unfortunate child?" (p. 181.)

We will venture to say that there are few homœopathic practitioners who have not succeeded in curing many cases of severe tinea capitis

* Dublin Medical Journal, Vol. xiv. p. 393. † Lancet, 1844, p. 211.

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with internal remedies alone, and that sometimes after they had long resisted the vaunted external treatment of the regular practitioner. We could shew Dr. Bushnan many instances of this successful treatment in our own practice, and he would never have ventured to express incredulity on the point, had he been acquainted with the admirable action of Sepia, Calcarea, Rhus, and a few others of our remedies in such cases. The great authority of his own school on such subjects, Mr. Erasmus Wilson, considers the constitutional treatment to be the most important part of the treatment of ring-worm. Dr. Bushnan does not impress us with a very high opinion of his medical skill, when he points to the success attending the treatment of chronic ulcers of the leg by means of caustics, blisters, fomentations and metallic washes. (p. 182.) The best practitioners of his own school have a wholesome dread of healing up such ulcers by these means, and from an experience of the bad effects often resulting from the rapid closure of "running sores," are disposed to think highly of the eccentric John Hunter's coarsely expressed advice to "let them run and be d——d."

Hahnemann believes with many other physicians that mental diseases are always dependent on some corporeal malady, and here is Dr. Bushnan's comment on that opinion: "If there is no distinction between mental and corporeal diseases, it follows that there is no distinction between mind and matter, and that Hahnemann was a materialist." (p. 154.) Supposing Hahnemann was a materialist, would that render him the worse physician? but really this accusation is too absurd coming as it does from Dr. Bushnan, who not many pages back reviles Hahnemann for being an ultra-dynamist in his notions of disease, and who, in former days, endeavoured with some success to demolish Lord Brougham's arguments for the Immateriality of the Soul!

At p. 191 Dr. Bushnan triumphantly parades a specimen of his practice, and insinuates that homœopathy can do nothing half so fine: "Here is a case," he exclaims, "of intermittent facial neuralgia of the 5th pair. Let the effects of infinitesimals be compared with those of Quinine, or of Arsenic combined with Tincture of Aconite." Alas for Dr. Bushnan's case! It so happens that Quinine, Arsenic and Aconite are homœopathic remedies for this kind of neuralgia, and a knowledge of their pathogenetic effects would teach Dr. Bushnan in what cases to give Quinine, Aconite or

* *Vide* The Philosophy of Instinct and Reason, by J. S. Bushnan, M.D. Edinburgh, 1837.

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Arsenic. In our homœopathic records he will find many cases of neuralgia cured by infinitesimal doses of these very remedies of which he boasts so much.

The remainder of Dr. Bushnan's book is prnicipally taken up with some second-hand sneers at homœopathic statistics, borrowed from Dr. Routh and Dr. Gardiner. In our last number we shewed that Dr. Routh's work divested of its verbiage and sophistry is an ill-disguised eulogium on the success of homœopathic practice. Dr. Gardiner's qualifications for the task he has undertaken may be estimated by his picture of the homœopathic hospital of Vienna, which he represents as situated in a peculiarly healthy site, far away from the reach of the extremely abject and dangerously diseased, whose arrangements are such as to attract the valetudinarians whose illnesses and means permit them to avail themselves of its superior accommodation. (p. 202.) Now what are the facts of the case? Precisely the opposite of Dr. Gardiner's description. Fleischmann's hospital is situated in the poorest suburb of Vienna, surrounded by a population of ill-fed and hard-worked mechanics, principally weavers. The patients admitted into it are entirely of the lowest orders, whose diseases, according to the authority of an allopathic writer, Mr. Wilde of Dublin, are as acute and virulent as any he witnessed in the other hospitals.* Valetudinarians, or those affected with chronic diseases, are scarcely ever admitted, and the treatment is entirely gratuitous, none of the patients being in a condition to pay for the alleged "superior accommodation," as Dr. Gardiner insinuates. So much for Dr. Bushnan's veracious authority.

We have given this lengthened review of Dr. Bushnan's book, because it is the most pretentious and specious work that has hitherto been published against homœopathy in this country, and though we are conscious that we could not within the limits of a review enter upon a minute examination of every point treated of by Dr. Bushnan, we have said enough to shew that Dr. Bushnan has not inflicted any damage upon the system he meant to overthrow by his elaborate assault.

Dr. Bushnan has no doubt shewn that Hahnemann's views respecting the mode of action of the remedial agent are untenable; we have ourselves long entertained and expressed a similar opinion, but the truth of the homœopathic law of cure is not affected by the discovery of the fallacy of the explanation, and Hahnemann himself admits that he does not attach much importance to his explanation.

* Wilde's Austria and its Institutions, p. 277.

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Dr. Bushnan makes out an elaborate case against the dynamization theory, and against the psora theory; we have always expressed our disbelief in both these theories as propounded by Hahnemann, but nevertheless we remain stanch homœopathists.

Dr. Bushnan has not brought a single argument or fact against the truth of the homœopathic law of cure; he has even admitted its truth to a certain degree; but as the most striking feature in the Roman triumphal procession was the absence of Pompey's statue, so the most remarkable circumstance in Dr. Bushnan's book is the absence of any apology or argument for the old system of medicine.

Dr. Bushnan commences his book with a sweeping condemnation of homœopathists as quacks and impostors, and the system they practise as an absurdity and a delusion, but we look in vain throughout his pages for any proof of the one or the other. He assails and no doubt overthrows some of Hahnemann's theoretical views, which few or none of his disciples have ever thought it worth their while to defend, but the great therapeutic principle discovered by Hahnemann is left unharmed, if indeed it is not rather strengthened by the unwilling testimony to its occasional truth of its fierce assailant.

One word more before concluding this review. Dr. Bushnan's work, we have no hesitation in saying, is at once the best and the worst that has yet appeared against homœopathy. The *best*, because it is the only one we are acquainted with where it is attempted to set forth the actual doctrines of Hahnemann; the *worst*, because, as a criticism of homœopathy, it is utterly destitute of sincerity. We can look with more complacency on the prejudiced and bigotted opponent who condemns and vilifies us without examining our system, than on one who like Dr. Bushnan carefully studies the system for the purpose of discovering some little hitch or unimportant theoretical error, at which he quibbles and nibbles, whilst he leaves the main points of our doctrine unrefuted, or else he blusters over them, and seeks by bold denials and vulgar abuse to conceal the poverty of his arguments. An uncomfortable impression is left on our minds by the perusal of Dr. Bushnan's book. It is like the painful sensation we experience on hearing a clever counsel argue a bad cause; we feel conscious that he knows the weakness of his case and could argue much better on the other side. We have been informed that Dr. Bushnan was a favourite pupil of the late Dr. Fletcher of Edinburgh, and if that be the case he must, from the instructions of that eminent teacher, be familiar with much more powerful arguments in favour of homœopathy than any he has

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brought against it, and that he is or rather was, in days gone by, a thorough Fletcherian, we have the authority of the same Dr. Forbes, to whom he dedicates this book, who, in reviewing his work upon the *Philosophy of Reason and Instinct*, accuses Dr. Bushnan of giving a mere *rechauffé* of Dr. Fletcher's opinions without sufficient acknowledgment.*

We take leave of Dr. Bushnan's book with a feeling of pity for the author. Dr. Bushnan's position as the editor of a weekly Journal, which in order to compete successfully with the *Lancet* must rival it in scurrility and abuse of everything that threatens to disturb the repose and diminish the profits of the unthinking routineer, renders him of necessity an uncompromising opponent of homœopathy, and gives to his special pleading against this novel system the insincerity and exaggeration of the hired advocate, doing his little bit of pettifogging chicanery with an overstrained and artificial zeal proportionate to the anticipated reward at the hands of his clients.

A PRACTICAL TREATISE ON THE DISEASES OF THE LUNGS AND HEART, INCLUDING THE PRINCIPLES OF PHYSICAL DIAGNOSIS, by Walter Hayle Walshe, M.D. London: 1851. 8vo. pp. 580.

It is now an old charge made against homœopathy, that it disregards all the aids of diagnosis, and ignorantly revels in a mere catalogue of symptoms. This objection, as readily refuted as it has been frequently reiterated, has again been wrested into a point of severance between the two schools, and on this feigned distinction is founded one argument why the homœopathic practitioner should not be met in consultation by the ordinary school.

"Nor is it very apparent, how the diagnosis of the regular school can be made very available for the therapeutics of the modern innovation. The diagnosis of the one attempts from certain symptoms to arrive at a knowledge of the nature of the disease; in order that it may be opposed with those remedies, the employment of which is warranted by experience. That of the other merely consists in grouping together the appearances which the disease presents; not that deductions may be drawn from these as to what the state of the system is under which they have been produced, but only that a remedy may be resorted to which is supposed to have the power of producing a similar group when given to a healthy person. Between such methods of diagnosis there is no real corres-

* *Vide* Brit. and For. Med. Rev., vol. xi, p. 103.

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pondence, and to pretend that any enlightenment could follow a conference between the practitioners of two such opposite systems, is merely an attempt to impose on the public." *(Medical Times.)*

As we address homœopathic practitioners, it is needless to shew the error in statement pervading this extract, and the consequent faulty conclusion arrived at; but should this perchance be read by those differing from us in therapeutic opinion, we refer them to the numerous cases which have appeared, from time to time, in this Journal, as fully refuting the charge. These reports shew that though the totality of the symptoms is our guide, yet to form a correct image of the disease we collect all symptoms objective, and subjective, and we use all the possible aids of the laws of health, and disease to enable us to give these symptoms their due sequence and value. Nay, more, they shew that while we grant that the objective phenomena, such as the physical signs in pulmonary and cardiac diseases, are of the greatest clinical value, we also consider the subjective as being not unfrequently of great use in a further individualizing of the case.

It is to be regretted that the profession as a body blindly excommunicate the followers of Hahnemann, not merely banishing their writings from their libraries, but descending to the cowardly act of persecuting the bookseller who may vend them. If their belief in the delusiveness of homœopathy is sincere, their practice belies it, for their attitude assumes that by writing a lie can be rendered permanent. If allopathy is invulnerable, why shield it so zealously with protective armour.

It is a matter of congratulation that they cannot close their works to us, and that we can derive pleasure and profit from turning to that very field which, were the charge true, should be to us barren and unprofitable. The homœopathic school aims not only to improve the diagnosis of artificial diseases produced by remedies, but is also desirous to be skilled in the diagnosis of natural disease; and in investigating these parallel lines of inquiry, it often consults authors who are in no way friendly to its therapeutics. For the opinions of those whose faith is weak an *index expurgatorius* may be necessary, but confident in the light of our therapeutic law we would seek for knowledge in all quarters, were it merely that such varied reading sharpens the intellect, and is the true charm against the ever-narrowing circle of sectarianism which dwarfs the mind and raises a formidable barrier to all further discovery.

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It is then with this double view that we direct the attention of our readers to the volume which heads this article, by a well known physician, who has already distinguished himself by researches on physical diagnosis, and an admirable treatise on cancer, and who has now presented the profession with a publication characterized by great accuracy of description, and written in a very clear and concise style.

We propose at present to give a sketch of the physical diagnosis of pulmonary diseases, and in future numbers to review the allopathic and homœopathic treatment of thoracic diseases, in such a manner as to afford a manual to those commencing the practice of homœopathy.

Dr. Walshe's first chapter is devoted to the physical examination of the lungs, and the first three sections of it embrace the aids which are derived from *inspection*, *application*, and *mensuration* of the chest.

Let us suppose that a healthy adult is the subject of examination: he should be seated on a tolerably high stool, the muscles of the upper extremities being kept as much as possible in repose; the chest being bared, or if this is inadmissible a thin vest covering the chest. The form of the chest, and the relative proportion of the sides are the first objects of attention. In all the examinations the corresponding regions of both sides should be closely compared. Certain motions are observed; during inspiration the ribs move from their fixed point at the spine, the anterior portions passing somewhat forwards, the lateral downwards, and the posterior backwards, at the same time the anterior walls rise upwards, thus is produced an associated movement of expansion and elevation. During expiration the walls of the chest are restored to their previous condition by the converse movements of retraction and depression. Besides these motions, during inspiration the diaphragm descends, and causes protrusion of the abdominal walls, and during expiration, retraction. The abdominal movement is observed to be greater than the thoracic, and the former commences sensibly before the latter. "In females," Dr. Walshe says, "the costal expansion (especially superiorly) is greater than the abdominal; a difference, I presume to depend on the constraint of the lower chest and upper abdomen by stays and other articles of dress. In forced breathing, in both sexes, the thoracic movement is greater out of all proportion than the abdominal; and even in the male the expansile action commences superiorly." From 14 to 18 inspirations occur in the minute, and about every

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fifth is attended with greater effort. The average numerical proportion of the respiratory movements to the pulsations of the heart is about 1 to 5 or 4½. If the hand is applied to the surface of the chest while the person is speaking, a vibratile tremor is felt. This vibration is gentle, and easily destroyed by undue pressure; it is generally in proportion to the coarseness, loudness and depth of voice; hence more distinct in adults than in children, in whom it is almost deficient, in males than in females, and more marked in thin than in fat people.

"As a general truth, the intensity of the fremitus is considerably greater on the right side of the chest than the left, the greatest amount of this excess existing in the infra-clavicular, infra-scapular, and inter-scapular regions. Exceptional regions are the right infra-axillary and infra-mammary, where the presence of the liver interrupts the vibrations, and throws into comparative prominence the naturally weak fremitus in the corresponding regions on the left side; the difference would be greater, were it not for the presence of the spleen in the latter position. Where the heart is uncovered by the lung, vibration is totally absent, and the right edge of that space may be traced by its abrupt cessation there; over the left lung there is naturally so little vocal vibration, that modifications of the sign can scarcely be used with confidence for making out the left edge. The lower border of the right lung may be traced by the abrupt cessation of all fremitus immediately below it." (p. 22.)

Mensuration of the chest is performed when it is in rest, and in motion; for the former Dr. Walshe recommends a very simple contrivance, suggested by Dr. Hare, "that of joining together two graduated tapes at the commencement of their scales, and fixing them as the patient reclines, at their line of union, to the spine, each side of the chest has thus its separate measure." (p. 27.) For the mensuration in motion Dr. Walshe recommends the chest measure, a very ingenious instrument invented by Dr. Sibson, but it appears to us that though an adjunct in hospital examinations, its size, &c. are great drawbacks in private practice, especially as the deficiency in expansion of both sides, or of one over the other, can be very well ascertained by the sight and touch. Another instrument has lately been invented by Dr. Hutchinson, the Spirometer, which Dr. Walshe describes as a very valuable instrument by which the expansibility of the lungs may be estimated by measuring the cubic inches of air which can be expelled from the chest by the fullest expiration, after

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the fullest inspiration; but we conceive the same objection will apply to its general use, as in the case of Dr. Sibson's chest measure, the more especially as though the spirometer indicates imperfect expansibility of the lung, it cannot point to the seat nor nature of the cause, whether pectoral, cardiac, abdominal or nervous.

Dr. Hutchinson has shewn that the amount of air receivable into the lungs in health increases in a certain ratio with the height of the individual. The mean volume being 174 cubic inches for five feet, increases eight additional inches for every inch of stature from five feet to six feet. Dr. Walshe observes, "but in practice it turns out that the general standard of height is often valueless,—that the individual healthy standard occasionally varies widely on either side of the general one, so much so, that a great fall may have taken place, from disease, in the breathing-volume of an individual, at a time when he expels a quantity of air above the average standard of men of his height: according to the general standard he is more than healthy, he is extra-capacious; according to his own, he is diseased. For certainty of observation, the individual standard is required; the present man must be compared with the past man, and not with other men. Again, fall below the general average, is a surer indication of disease than the maintenance of the general average, or even a slight excess, is of health." (p. 36.)

Notwithstanding the truth contained in these remarks, we think Dr. Walshe undervalues the utility of this instrument, and lays too much stress on what are really exceptional cases, as is shown by the large series of observations of Dr. Hutchinson. We have in our study a spirometer and weighing machine, as recommended by Dr. Hutchinson, and find the comparative indications furnished by those two instruments of great value in the progress of individual cases of chest disease.

The rhythm of the respiratory act is subject to change; various means have been given. For example: if ten represent the time occupied by one respiratory act, Dr. Walshe gives five as the period of inspiratory movement, and four as the expiratory, allowing one as the almost imperceptible period of rest.

The expiratory movement is observed to be considerably greater than the inspiratory whenever there is an obstacle to the exit of air from the lungs, as in vesicular emphysema.

The relation between the respiratory movements and that of the heart may be disturbed, so that in diseases where a greater or less

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amount of the lungs is unfit for work, the relative number of respirations increases, and the ratio instead of being one to five, becomes as one to three, or even one to two. This point has been carefully examined by Dr. Hooker, of America, and also by Dr. Walshe; the latter in treating of pneumonia remarks that "this perverted pulse-respiration ratio may, as I have found in several instances, prove the first sign of pneumonia, appearing before crepitation or rusty expectoration; as per contra, a return to, or towards, the healthy standard, may announce resolution some days earlier than the rhonchus crepitans redux." (p. 324.)

It must, however, be borne in mind that this perverted pulse-respiration is not always a sign indicative of serious pulmonary lesion, for it is met with in hysteria; and Dr. Elliotson mentions a case in which the respiratory movements of a young female, through nervous affection, were 98, or even 106, whilst the pulse was 104.*

An inversion of the ratio is met with in cases where, as in typhoid fever, and narcotic poisoning, the respiration is slow and the pulse quick, the proportion of the former being to the latter as one to six, or even one to eight; a very alarming condition.

Percussion.—This process consists in striking the chest so as to determine the density of its contents; this is judged of by the nature of the sound, and the elasticity of the parietes. The examination may be either immediate, that is, by striking the chest directly, or mediate, by interposing some substance. The former process, introduced by Avenbrugger, is less delicate than the latter, and is much more distressing to the patient, so that now it is generally abandoned, and mediate percussion adopted. M. Piorry has the honour of having invented this, and brought it to great perfection, though perhaps he burdens it with over refined distinctions. It consists in placing some substances such as an ivory plate, a piece of india rubber, or the finger between the chest and the hammer or hand with which percussion is made. Various instruments have been proposed; we have occasionally derived assistance, for example, in percussing the super scapular and apex of axillary regions, from the use of the finger as a pleximeter and a light hammer tipped with india rubber, an instrument which is strongly recommended by Dr. Bennet of Edinburgh. He considers that the advantages it possesses are—1st. That the tone produced in its clearness, penetrativeness, and quality far surpass that which the most practised percussor is able to occasion by other means. 2nd. It is especially useful in clinical instruction, as

* Physiology, p. 215.

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enabling the surrounding students to hear distinctly. 3rd. It at once enables those to percuss, who from peculiar formation of the fingers, want of practice, &c., are deficient in the necessary dexterity.* But with practice the fingers are no doubt the best and most convenient instruments, possessing the great advantages of being always at hand, of being readily applied, and in no way alarming the patient. Dr. Walshe observes, "they have in these points of view an unquestionable superiority over M. Piorry's plate of ivory. The india-rubber pleximeter may, however, be defended; there is nothing pompous in its appearance, and by a little management, it may be accurately applied, even in the intercostal spaces of the thinnest persons. It has, besides, this positive advantage, that it saves the finger of the operator; no trifling matter, where a very large number of patients are to be examined. And its use implies a saving of pain not only to the operator, but also to the patient, as I ascertained some years ago by a considerable series of comparative trials. Some individuals bear percussion without murmur in this way, who resolutely refuse to allow it, if the finger be used for a pleximeter. The only objection I have ever heard urged against the india-rubber is, that it deadens the sound. This, which would be a valid argument if a single point only of the chest were to be percussed, and a direct inference drawn from the result, has in reality not a particle of force; because inferences are invariably drawn from the comparison of the different parts." (p. 43.)

To percuss well great practice is required, and if carelessly performed it leads to much error. The pleximeter should be placed in firm and perfect contact with the part to be examined: when the finger is used the palmar surface is generaly applied, but some physicians, among them, Louis and Stokes, prefer the dorsal surface. According to the part percussed, and the degree of force required, the points of one or more fingers may be used; when more than one is used, their points should be on exactly the same level, and they should be made to fall perpendicularly on the fingers or other body used as the pleximeter. The movement should be quick, and light, springing from the wrist only, and on the importance of this Dr. Walshe observes with great justice, "The essential advantages of this mode of percussing are the nicety with which the force of the blow may be regulated, and hence made precisely equal in any two places it is the object to compare; and the great comparative ease of keeping the percussing fingers at the same angle in striking

* Edinburgh Monthly Journal of Medical Science, New Series, No. x. p. 351.

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repeatedly the same or different spots. Were this point of manipulation generally attended to, it would be infinitely less common, than it now is, to hear a new and different sound elicited by each of a number of successive blows upon the same place; a variation, the mere possibility of which constitutes a serious drawback to the utility of percussion, as it is too frequently practised." (p. 46.)

Percussion practised on the healthy chest gives varied degrees of sound according to the part tapped, depending on the thickness and nature of the parietal walls, and underjacent pulmonary tissue. Our space will not admit us of extracting the full and accurate percussion typography which Dr. Walshe gives from p. 49 to 56; it is well worthy of study. We would here merely allude to the importance of accurately comparing corresponding portions of the chest, and when a delicate examination is necessary, of making the comparison during the same stage of the respiratory act. In some cases attention to the fact that respiration modifies the results of percussion will often lead to the suspicion of tubercular, and more rarely of scirrhous deposit in the apex of the lung. So that in a case of suspected commencing tubercular affection, when the resonance on percussion of both infraclavicular regions is the same during ordinary inspiration, there may, after a full inspiration, be comparatively deficient increase of clearness on one side, shewing that on that side there is not free ingress of air. Again, any obstruction which prevents or retards the egress of air, may cause comparatively deficient diminution of clearness at the close of full expiration, a sign observed in emphysema, obstructed bronchus, or air in the pleura.

Dr. Walshe gives the following arrangement of percussion sounds as produced by disease, (p. 57.)—

1. *Diminution of clearness*, gradually passing into perfect dulness; the *duration* of the sound being proportionally shortened, and the *sense of resistance increased.*
2. *Increase of clearness and of duration* with *decrease of resistance.*
3. *Increase of clearness and of duration*, with *increase of resistance.*
4. *Alterations of quality.*

The *first change* is indicative of the presence of some substance of greater density than lung and air combined in their natural relationship: as in congestion, œdema, and inflammation of the substance of the lungs, tubercular, purulent and scirrhous infiltration, effusion into the pleura. In such cases the diminution of clearness amounts more or less to complete dulness. A less degree of diminution of clearness is met with in dilatation and thickening of the bronchia condensing

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the adjacent parenchyma. "It is," says Dr. Walshe, "obvious, too, that serous infiltration of the parietes, abscesses, tumours, thickening of the periosteum of the ribs in syphilitic persons (a state of great importance clinically), will deaden the sound." (p. 58.)

The degree of dulness and the region where it exists will often partly exclude certain diseases, and thus facilitate the diagnosis; for example, dulness over the infraclavicular regions is much more likely to be owing to tubercular infiltration than to inflammation of the parenchyma, &c. Whether the dulness is due to a solid, or to a fluid in the pleura may at first appear to be easily determined by the limits of the dulness remaining fixed or changeable, but not so in practice, for often in pleuritic effusion the adhesions of the pleura circumscribe the motion of the fluid; but this moveableness according to the position of the patient is met with in hydrothorax. Further diagnostic signs between the dulness of pleuritic effusion and that of pulmonary hepatization are afforded by auscultation.

The *second change*, that of increased clearness and duration of sound with decreased resistance, is met with in such cases where the relative quantity of air within the chest is increased: as in emphysema, pneumo-thorax, hydropneumo-thorax. This symptom may also be met with in very emaciated persons who have no pulmonary disease. Dr. Stokes says that anæmia by diminishing the quantity of blood in the lung may also give rise to abnormal clearness.

The *third change*, the same as the second but with increased resistance, is met with under a combination of such circumstances as are present in a superficial cavity with thin, adherent, and indurated walls. The point of difference between class second and third is often forgotten in practice, but is often of decided value; for example, we may discover normal resonance of left infraclavicular region, and comparatively increased resonance of the corresponding region of the right side, and on this conclude that the left is diseased; but if resistance is taken into consideration, then the sensation of firm resistance communicated while percussing the clear region of right lung shews it to be the seat of disease, and points to a cavity near the surface of the lung.

So far we have spoken of the natural sounds being altered in degree, they may also be altered in quality, and such changes Dr. Walshe describes under the names of *wooden*, *hollow*, and *tympanitic*.

"The *wooden* quality is very closely that of the sound yielded by mediate percussion of a common table, and distinctly conveys the idea of hardness. The duration of the sound having this quality is

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commonly less than in the natural state, and the sense of resistance experienced by the fingers is unusually great. I am inclined to think, that, when well marked, it may be considered almost a conclusive sign of a thick and dense stratum of fibrous substance in the pleura, binding the lung and parietes together. No amount of fluid in the pleural cavity, or consolidation of the lung itself, seems capable of producing it to a marked amount; but all descriptions of consolidation when indurated false membrane is present, furnish it more or less." (p. 61.)

The *hollow* type occurs under three varieties. Dr. Walshe styles it *tubular*, when the sound emitted is like that produced by percussing the trachea. This sound is present whenever the large bronchi are brought close to the parietes, as in the inner part of the infra-clavicular region when pleuritic effusion occupies the lower part of the chest. Observed also when solidified lung, or abscess or tumour, lie between the large bronchi and the costal surface. Dilatations of bronchi, and small excavations yield a similar resonance.

The second variety is the *amphoric*, which is imitated by filliping the cheek when moderately inflated. The common source of this sound is a large cavity, near the surface, provided with thin and hard walls. Barth and Roger describe this sound as often taking on a metallic quality, when the cavity contains air and liquid matter, and they style this *bruit hydroaérique*. They say that it is heard in pneumo-hydrothorax at the line where the air and liquid meet. According to M. Piorry it is heard even in simple hydrothorax, if the pleural cavity is close to an organ distended with air, such as the stomach.* Dr. Walshe describes no such variety.

The third variety is the *cracked metal sound* (*bruit de pot félé*); it is readily imitated by striking the backs of the hands, loosely folded against each other, on the knee. In detecting this sound generally a single tap is sufficient, and while this is being done the patient should be desired to keep the mouth open. This cracked metal sound indicates, in the great majority of cases, a pulmonary cavity, generally tubercular: but this sound will not be elicited unless the cavity is of certain size, and rather superficial, the walls being thin and elastic. Many writers, such as Barth and Roger, consider that air and liquid are essential elements for its production. But Dr. Walshe is undoubtedly right in considering the presence of the former only as necessary. The experiment with the hands is alone sufficient, but he mentions a case, where, when the mouth and nose

* Barth et Roger, Traité Pratique d'Auscultation, p. 468.

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were closed, in a patient furnishing the cracked metal sound when they were open, that character at once ceased to be produced, though the percussion still continued to give an amphoric note. The cause therefore of the phenomenon is the sudden rush of air from the cavity outwards, produced by the blow on the yielding parietes. Dr. Stokes has observed that a metallic resonance, somewhat analogous to the cracked-jar sound of cavities, but evidently more diffused, is occasionally discoverable in cases of bronchitis, particularly in children. Dr. Walshe has repeatedly observed this in infants, and says, "it becomes especially likely to mislead where there is evidence of tuberculous disease in extra thoracic regions, as the brain or meninges. . . . . The pliancy of the chest walls explains the peculiarity in children." (p. 63.)

In addition to the amphoric there is a resonance which is styled *tympanitic*, from its resembling the sound of a drum. Dr. Walshe says it has been by numerous foreign writers confounded with the amphoric variety; but even with Dr. Walshe there is ambiguity in his description, for he classes it among the alterations of quality, and yet describes it as exaggerated pulmonary quality, which is a change merely in degree. Barth and Roger describe it as a great increase of the normal clear sound, resembling the sound elicited by percussing the left hypochondrium distended with wind (*loc. cit.* p. 638): they attribute to it the same semiotic value as Dr. Walshe, and at the same time write of the amphoric variety under the name of *son clair et creux* (p. 648). The confusion which may arise in determining whether the resonance is tubular, or amphoric, and tympanitic, will be greatly avoided by bearing in mind that with the two first there is always loss of resistance, with the latter normal or increased elasticity on percussing. This sound is seldom met with except on one side of the chest, and rarely more than one-half of that side, and circumscribed. It indicates air in the pleura. But it may be met with even in pneumonia; and Dr. Walshe confirms the observation of Dr. Graves that the quality of the note over pneumonic consolidation sometimes temporarily becomes tympanitic, and refers to two cases where he distinctly met with it, the one with, the other without plastic lymph in the pleural cavity. It lasted a few days, and he attributes it to air the product of secretion. Skoda describes other circumstances in which a true tympanitic sound is produced; he has observed it when there is extensive pleuritic effusion, so that the lower portions are compressed, and the upper part contains air and

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is in contact with the thoracic wall. He has pointed out that as the effusion increases the tympanitic note is lost; and strange to say, may return at a later period without any diminution of the effusion. This peculiarity he explains by the diaphragm yielding so as to lower the whole mass of fluids, and air then rushes into the least compressed portion. Again, the return of the tympanitic sound may denote absorption of the fluid.

Auscultation.—Previous to the discoveries of Laennec the diagnosis of pulmonary and cardiac complaints was in a most unsatisfactory condition; and though some physicians, by rare powers of observation, were able, without much attention to physical signs, to determine the seat of the disease, these were but exceptions, while the great mass of the profession remained in comparative ignorance. In 1820 Laennec first pointed out various sounds which are heard in the chest, and traced these sounds to their anatomical conditions, and to these invaluable discoveries he added the introduction of an instrument whereby under many circumstances the detection of these sounds was facilitated. There is a point in the history of auscultation which must not be forgotten; like many other great discoveries it was not received cordially, many were the objections made, and even as late as 1830 Dr. James Gregory of Edinburgh, wrote a formal refutation of the various arguments urged against the adoption of these means. He alludes to the ridicule and hostility which Laennec's discovery had met with, and adds, "I believe there are few comparatively among the great body of practitioners throughout the country who employ auscultation and percussion, at least to any considerable extent," and this statement is even partially applicable to the present day.

If such is one feature of the history of auscultation, with what logic can it be alleged, that because homœopathists do not use the stethoscope (an untruth), therefore homœopathy is unworthy the attention of the profession, therefore it excludes itself from all pretensions to a science.

Dr. Walshe commences his chapter on auscultation by a slight sketch of the arguments that have been brought forward by the advocates of mediate and immediate percussion, and the constant disputes that ever arise as to the construction of the stethoscope. He wisely concludes that the precision of mediate or of immediate auscultation depends much on the mode of examination to which the observer has been habituated. The best course is to be practised in both, and as far as our own experience guides us, we prefer the

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simple ear in all the posterior—inferior regions of the lungs, and with children this plan can be easily pursued, when the sight or touch of the stethoscope is sure to excite crying. We lately had occasion to attend a child about three years old, suffering evidently from some inflammatory affection of the chest, but owing to his peevishness and screams on being touched, it was impossible to determine the state of the pulse, or the seat of the disease, and thus for forty-eight hours we remained in anxious doubt as to the diagnosis, and appropriate remedies: when it occurred that mesmerism might be useful,—in about ten minutes we succeeded in establishing a partial mesmeric state, and thus were enabled to make a satisfactory examination, the very contact of the head to the chest seemed to keep up the soothing influence.

Of the various stethoscopes that have been proposed, those of glass, gutta percha, and metal, Dr. Walshe condemns as certainly inferior to those of wood. He prefers cedar and ebony; we have found fine deal to answer admirably, and it has this advantage, that in case of falling it is less apt to splinter, and its lightness enables it to be carried with comfort in the crown of the hat. But the really important point is that the ear-piece should fit the ear well. In performing auscultation Dr. Walshe gives several precautions which are worthy of attention, of these we extract the following:

"It is of importance to apply the stethoscope firmly, but not forcibly, to the surface: too slight or too strong pressure interferes with the accurate transmission, or alters the character, of the sounds. 5. Great care must be taken to ensure accuracy of contact between the skin and every point of the circumference of the end of the stethoscope; as a necessary condition for this, the instrument must be applied perpendicularly to the surface, and held until firmly placed, by its applied end. 7. It is advisable to commence the auscultation of patients while they breathe in the manner to which they are naturally inclined, because it is important to ascertain the precise natural condition of the respiration, and besides, directions for the regulation of the act often puzzle. Some individuals, however, absolutely require guidance; as the moment they perceive the instrument applied to their chest, they throw the muscles of the trunk into violent and unnatural motions, which of course materially impede the entry of air into the lungs. The simplest way of making such persons breathe in an efficient manner is to perform several quick *noiseless* respirations before them, and desire them to imitate these. This

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method will, however, occasionally fail; our object may then be gained by desiring them to sigh, to speak, or to cough. The deep inspiration required for the performance of these acts will at once enable the observer to ascertain the condition of the murmurs; and indeed, there are many states of the lung in which, quite irrespectively of the patient's manner of breathing, much information may be gained by a single cough. 9. Both sides of the chest must be submitted to precisely the same examination—conducted precisely in the same way,—as already explained in reference to percussion. 10. Auscultation should never be considered complete until the *entire* chest has been examined; it is often in some other situation, where the symptoms would least have taught us to look for disease, that auscultation proves its existence. 11. In acute affections, auscultation should be repeated twice at least, in twenty-four hours. 12. The student should accustom himself to the use of both ears." (p. 73.)

On applying the ear or the stethoscope to the chest of a healthy person two sounds are heard, the one depending on the *respiration*, the other on the *resonance of the voice*. The former is two-fold, the one attending inspiration, the other respiration. The property of these sounds or murmurs differs in the various regions of the respiratory organs, thus it is termed *pulmonary*, (Dr. Walshe very properly objects to the title of vesicular) bronchial, tracheal, laryngeal.

The pulmonary inspiratory murmur is a sound gradually developed and continuous, neither liquid nor dry, and which our author very happily describes as "breezy." The expiratory murmur is slightly harsher and hollower than the inspiratory, it is of a lower pitch, and three or four times shorter and weaker, and in some persons, especially at the left side, is actually inaudible. In infancy this respiratory murmur is much more intense than in the adult, and is called *puerile respiration;* as old age approaches the intensity of the sounds diminish, and the duration of inspiration is lessened, and that of expiration is increased, *senile respiration*. In females the murmurs are generally louder than the male; in the nervous temperament, or in persons labouring from such diseases as hysteria, it is more intense than in individuals otherwise constituted. Muscular development of the chest, and obesity diminish the sounds. The character of the respiratory sounds do not differ in the corresponding points of the two sides of the chest to any appreciable amount, but according to M. Louis, "in a certain proportion of persons, especially females, the expiratory murmur is longer and louder in the supra and infra-clavi-

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cular, the supra-spinata, and the inter-scapular regions on the right side than on the left. The nearer the inner part of these regions the comparison is made, the more marked the difference; while very notable near the sternum, it may be imperceptible at the acromial angles. The excess of expiration signifies an approach to bronchial character."

As the stethoscope is removed from the pulmonary parenchyma, and brought over the sites corresponding to the bifurcation of the trachea, the breezy character is lost, and the sounds are harsher, of a higher pitch, more rapidly evolved, and the expiratory follows less closely the inspiratory murmur, constituting *bronchial* respiration. The change is still more apparent on the regions of the trachea and larynx, where the sounds are drier, hollow quality, somewhat whiffing, and the two sounds being equalised in duration, and separated by an interval of duration.

The same relation that exists between the respiratory sounds heard over the parenchyma of the lungs, and over the bronchi and trachea exists when the sound of the voice is concerned; thus heard in the latter situations, the voice is heard proceeding through the stethoscope, and striking the ear with force; this sound becomes less intense over the trachea and bronchial ramifications, *(natural broncho-phony)*, and at last over the pulmonary parenchyma it amounts merely to a confused buzzing, diffused, and not giving the idea of articulate sounds. In examining this resonance, the patient should count a certain number, in a distinct loud tone, but in auscultating over tubercular caverns a whisper is often sufficient. The stethoscope should be applied firmly on the surface, and the ear similarly applied to the instrument, but if too lightly applied a tremulous bleating character may be given to the resonance, and if too forcibly used the distinctness is diminished.

We now come to the consideration of the *sounds discoverable by auscultation of the lungs in disease. Exaggerated respiration* occurring in adults is often called *puerile*, sometimes supplementary, and is met with in the neighbourhood of portions of the lung which are inactive, and though not a direct result of disease, it furnishes valuable indirect evidence of its existence, and bears the same relation to the cause producing it, to use Fournet's happy expression, as the shadow to the substance. Weak respiration may be either superficial as in parenchymatous diseases of the lung, or deep-seated as in pleuritic effusion, moderate hydro-thorax.

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As a valuable aid to assist the memory in remembering the relative value of physical signs we recommend the reader to the work we have already quoted by Barth and Roger; they attempt to lay down certain laws based on the study of the abstract physical signs perceived by the ear, and the simultaneous and comparative examination of the other phenomena sensible or rational, based on morbid anatomy and pathological laws, for example, "of all the diseases which we have described as being attended by feeble respiration, tubercles, pulmonary emphysema, and liquid pleural effusion being the most frequent, (bronchitis which is also common, is marked by special rhonchi,) the physician should exclusively direct his attention to them. If the feebleness of respiratory murmur coincides with increased resonance on percussion, there is emphysema; if with dulness, there are tubercles, or pleural effusion. If the feeble respiration is occompanied with dulness, which is confined to the apex of the lungs, the great probability is that there are *tubercles;* if it is confined to the inferior portions, it is probably effusion; if it exists at both summits, it almost amounts to a certainty that there is *tubercle;* if it exists at the base of both lungs, there is double pleurisy or double hydrothorax."

The absence of all respiration is a farther stage of the feeble respiration. When the respiration more or less suppressed takes on an intermitting form, it is an important feature in the physical sign of a foreign body in either bronchus, depending manifestly on the motions of that body from place to place. When the respiratory murmur, instead of being continuous, is attended with a sound of an unequally interrupted character, it is called jerking. When this is partial and confined to the summit of the lungs, it points to partial pleurisy, attendant on tubercles. Of late years much value has been attached to the altered ratio of inspiration and expiration, when, instead of the ratio of the former to the latter being as 3 : 1, it is converted into 1 : 3, 1 : 4, this great disproportion is, however, only met with in emphysema, but in a less degree accompanied with roughness of the respiratory murmur, and if met with at the superior portion of the lung, it forms a valuable diagnostic sign of incipient tubercular deposit. Dr. Walshe, however, attaches less importance to it than Jackson, Louis, Andral, and Fournet; he says, "many persons forget that what may appear in a given individual, as compared with another, *prolonged* expiration is really in him a natural ...e; some confound with it the pharyngeal expiratory sound; the

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normal existence of lengthened expiratory sound at the right apex of many females is habitually forgotten; and too few observers seem to be aware that, under whatever circumstances an obstruction exists to the free circulation of the air in the lungs, the expiration will be prolonged—an obstruction which (experience shows) rarely, if ever, acts on the duration of the sound, without affecting some of its other properties. The fact of obstruction appears to me to account satisfactorily for the phenomenon. Expiration is (unless in exceptional cases) sonorous under all circumstances: when the progress outwards of the air is rendered more difficult and slower than natural, the most natural consequence in the world is, that the attendant sound should be proportionably intensified and lengthened.

"Diminished elasticity of the lung will, if there be obstruction superadded, produce the maximum prolongation, as in emphysema with bronchitis; very often, however, the sound spoken of as prolonged expiration in this disease is nothing more than sibilant rhonchus—true breathing sound being totally absent." (p. 89.)

The soft breezy sound of healthy respiration may be altered and assume a harsh rough dry character, *harsh respiration*, and this insensibly passes through various grades into *bronchial respiration*. There is, however, a distinction, viz., that in harsh respiration the expiratory murmur alone partakes of the change, whereas in the bronchial variety the inspiratory also shares in the alteration. M. Fournet states that alterations in the character always set in with the expiratory murmur, and only affect the inspiration secondarily. With this opinion Dr. Walshe agrees, only that he substitutes the word *habitually* for *always*.

Harsh respiration is present whenever there is commencing condensation or rarification of the pulmonary substance, and dryness of the bronchial mucous membrane. It may be distinguished from puerile respiration by the existence of some change in the resonance on percussion, which does not accompany the latter. When harsh respiration has existed for some time as a marked symptom, it should create suspicions of commencing pulmonary phthisis, and when it is confined to the apex of one lung, it is almost a certain sign of crude tubercles. Blowing respiration is divided by Dr. Walshe into three varieties, the simple, the cavernous and the amphoric. He divides the simple into the diffused and the tubular, and objects to associating the simple with the bronchial variety, as an injudicious attempt at simplification.

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We would, however, differ from him on this point; these terms, tubular, bronchial, blowing, are now so generally used as synonyms, that to separate and draw distinctions instead of defining, tends to confusion. The diffused form is synonymous with what French writers describe under the name of *respiration soufflante;* in it the whiffing murmurs are but moderately intense, and appear to arise over a tolerably extended surface. The tubular again is heard proceeding from a limited space as if issuing from a tubular body, and the character often so metallic as closely to resemble that produced by blowing sharply through a brass tube. It is also drier, more rapid and more intense than the diffused variety. "Now, the tubular form occurs in perfection in but one condition of lung, that of hepatisation; so true is this, that tubular and pneumonic breathing may be used as convertible phrases. But not unfrequently pneumonia runs its course without having produced true tubular breathing—diffused blowing alone being audible." (Dr. Walshe, p. 92.)

Cavernous respiration is a variety of the *blowing*, its existence as different from bronchial respiration is not admitted by Skoda. We have carefully compared Dr. Walshe's description of both sounds, and we can discover no distinguishing features, unless it be "hollowness," of which tubular breathing is said to be destitute, and the still less distinctive statement that in cavernous respiration the ear receives most distinctly the impression of connection with an excavation of moderate size. p. 95. This sound is described as being met with in dilated bronchial tubes, in excavations from bursting of a pulmonary abscess, and in tuberculous cavities, but owing to the comparative rarity of the two first diseases, cavernous respiration may in nine out of ten cases be considered as indicating the last disease. Dr. Walshe says cavernous rhonchus seems to be the neighbouring bronchial breathing modified by echo. Now this echo appears closely to correspond with the theory of consonance, or rather resonance, upheld by Skoda, but the consideration of this point we defer till speaking of bronchophony. Another variety is *amphoric* respiration; it is marked by a distinct silvery metallic note, readily imitated by blowing into an empty water carafe: it is also never attended by cavernous rhonchus, which is so frequent with the cavernous respiration. When well marked it is pathognomonic of pneumothorax with pulmonary fistula.

When indistinct it may indicate the same affection, or may be dependent on a large tuberculous cavity.

We now come to the subject of *adventitious sounds produced in*

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air passages. They may be considered under two heads, the dry or vibrating, and the moist. In the first division we have the sonorous or some call it musical râle, presenting various sounds according to its seat; thus deep and sonorous in the large bronchi; acute and subacute as in the small, and very acute and hissing in the minutest. It is snoring, cooing, rubbing. M. Delaberge has pointed out that the co-existence of sibilant rhonchus with inspiration or expiration is distinctive of the size of the bronchi affected; thus if most marked in inspiration the smaller bronchi are implicated, if in expiration the larger. These râles are essentially of bronchitic origin, they are much less frequently heard in chronic than in acute bronchitis, and when they appear in the former, they indicate a complication with acute irritation.

Another dry rhonchus is the *crepitant.* It has been accurately compared by Dr. Williams, to the sound produced by rubbing, slowly and firmly, between the fingers and thumb, a lock of one's hair near the ear. Dryness is one of the most marked properties of true primary crepitation, as it co-exists exclusively, except in rare cases, with inspiration. Dr. Walshe observes, "When at its maximum the crepitant rhonchus accompanies the entire act of inspiration; when first developed, and when about to be superseded by blowing respiration, it appears towards the close of inspiration only.

"Under all circumstances it is, to say the least, rare to find this rhonchus co-existent in any degree with expiration; the statement that it may generally be heard to a diminished amount with this division of the respiratory act, appears to me to have originated in the confusion which long prevailed between the true crepitant rhonchus of pneumonia, and the subcrepitant rhonchus of capillary bronchitis.

"The crepitant rhonchus, thus characterised, is absolutely distinctive of the first, or congestive stage of pneumonia, and fixes its seat with precision: there are, certainly, rhonchi and pseudo-rhonchi which possess some of its properties, but none that possess them all combined." (p. 102.)

On this point eminent authorities differ; for example, Skoda says the crepitant rhonchus cannot be separated from the moist rhonchi, that it is often heard in other affections, and rarely in pneumonia. Barth and Roger consider that it *may* be distinguished, and is, from the rarity of its occurrence in other diseases, almost pathognomonic of the first stage of pneumonia. When such observers differ we cannot venture to solve the difficulty. Cases of pneumonia do un-

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doubtedly occur where no crepitant râle is heard, but that does not militate against the opinion of Dr. Walshe, that what he describes as true crepitus is, when present, distinctive of the first stage of pneumonia.

The râle crepitant de retour of Laennec suggests also the idea of crepitation, but the crepiti are of a more humid character, and convey the impression of large size. As its name denotes, it is met with in the resolution of pneumonia.

Subcrepitant rhonchus, here the crepitations have a distinct bubbling moist character, are of moderate size, and attend both respiratory movements. This râle Barth and Rogers describe as synonymous with mucous râle, and give various subdivisions according to its fineness. The mucous of Dr. Walshe corresponds with the gros sous-crepitant of these authors. Mucous râles are present whenever there is secretion of mucous or blood in the bronchi. The true form of subcrepitant râle, that is, when the bubbles are of the smallest size, rather viscid than moist, occurring with regularity, and much more marked on inspiration than on expiration, if present at both bases posteriorly, "indicates idiopathic capillary bronchitis; if at either apex, tuberculous bronchitis; if at one base posteriorly, it most commonly depends either on pneumonia in a state of resolution, or on tuberculous disease of the upper lobe. In the liquid form it occurs in various parts of the chest from pulmonary apoplexy; at both bases posteriorly from idiopathic or post-pneumonic œdema. Auscultators are indebted to M. Louis for clearly establishing the frequency, and the pathognomonic character of subcrepitant rhonchus at both bases, as a sign of capillary bronchitis. It is now well understood that the marvellous success obtained by certain French physicians in the treatment of 'pneumonia' depends on their having taken what was in reality capillary bronchitis for the former disease,—the immediate source of their error being confusion of the subcrepitant with the true crepitant rhonchus. The existence of the sound at *both* bases, or at *one* base only, is of great utility in distinguishing the two species of rhonchus. However, true subcrepitation may be found at one base only in the cases of emphysematous bronchitis; though, when thus limited, it is generally connected, as shown by M. Louis, with tuberculous disease superiorly." (p. 108.)

Cavernous rhonchus, or *gurgling*, consists of a few large unequal bubbles, occasionally disappearing for a time, and according to Dr. Walshe, attended or not with cavernous respiration; but according

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to Barth and Rogers, always accompanying it; this attendance they consider characteristic, and distinguishes it from the mucous rhonchus (gros sous-crepitant), with which it often alternates, and runs into. Dr. Walshe describes two varieties, depending on the size of the bubbles, *cavernous* and *cavernulous;* in the latter there is a distinct metallic, but little or no hollow sound. This râle indicates the existence of a pulmonary excavation, communicating with the bronchi, and so seldom of dilated bronchi, that if its seat is towards the apex of the lung, it is a very sure sign of tuberculous excavation.

There is only one *adventitious sound originating in the lung substance*,—it is a series of very fine dry crepiti, which are slowly evolved, variable in number, but generally very numerous, commencing towards the close of inspiration, or even sometimes when this movement has almost ceased. It is heard in the early stages of tubercular deposit. A minor degree of this sound is sometimes met with, at the base posteriorly of the lung of a healthy person, who is made to breathe deeply and hurriedly, but it disappears after a few inspirations. We however would also allude to one other sound, which has its seat in the parietes of the chest, but which, in some situations, as the supra-scapular, when the patient's arm is moved, is apt when mixed with the inspiratory, to give the idea of some abnormal sound, especially if the naked ear is used. It resembles a rumbling sound, like that of carriages at a distance passing over a pavement, and is owing to muscular movements, so rapid that they amount to twenty or thirty in the second. They are readily heard by placing the side of the face against a moderately firm pillow, and then closing the jaws firmly, so that the masseter is forcibly contracted against the pillow.*

When the naturally smooth and moist surfaces of the pleuræ are altered by disease, *an adventitious sound is produced*, called *friction sound*. This sound was first discovered by M. Honoré, who drew the attention of Laennec to it. But to M. Reynard is the credit due of having correctly indicated its pathological signification. Laennec made no mention of its existence in pleurisy, and describes it as diagnostic of interlobular emphysema. Experience has however quite reversed this connection, and it is even now a disputed point whether any kind

* It is, perhaps, this rapid vibratory movement which plays an active part in the pseudo-marvellous magnetoscope and odylic ring. The apparently steady finger being really in rapid motion, just in proportion as the effort is made to steady it.

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of emphysema is capable of producing friction sound. Andral, Louis, Stokes, and Fournet deny the possibility; Barth and Roger state it as very doubtful; but Dr. Walshe, from some notes of cases, is induced to think that Laennec's statement is not altogether erroneous. However, its occurrence is so rare, and if present, it is attended with increased resonance on percussion, so that the fact of friction sound being a characteristic sign of pleurisy is not impaired. Friction sounds present several modifications; when very delicate it is called grazing (frolement), it is then heard over a limited extent of surface and is met with in cases of intercurrent pleurisy of tuberculous cases. When the friction is more advanced, the sound consists of a series of jerking sounds, rarely exceeding at a time three or four in number; it is easily imitated by placing the palm of the left hand on the ear, and drawing slowly the point of one of the fingers of the right hand over the metacarpal-phalangic articulations. It is this rubbing variety which occurs in pleurisy at the period of plastic exudation, disappearing as the pleuræ are separated by effusion or adhesion. Hence from the rapidity with which the former often takes place, the friction sounds have passed away before medical aid is sought; and in cases of pleuritic effusion the occurrence of the latter obscures more or less the redux friction sound. The friction sound sometimes conveys the sensation of grating, and then points to the exudation matter being laid down in a granular form, or to the presence of subpleural miliary tubercles. Sometimes the ordinary rubbing sound runs into creaking, like that of new leather: this indicates firmness, dryness, and toughness of the pseudo-membranous matter, and it is rarely met with except in cases lapsing into the chronic form.

The experience of Skoda and of Dr. Walshe agree in this, that the signs derived from *modifications of the resonance of the voice* are uncertain in character, and though occasionally of importance clinically, yet hold, as a rule, a low place among physical aids to diagnosis.

The natural resonance may be diminished or more or less suppressed, as in cases of obstructed bronchi, or in some cases of solidification of the lung. Again, it may be increased and present a bronchial character, the bronchophony being diffused, weak, incomplete, &c. Again, it may be concentrated, when it is spoken of as pectoriloquy. Laennec attempted to distinguish by special terms the resonance of a cavity from that of condensed lung, styling the former pectoriloquy, the latter bronchophony. Skoda, with justice, denies the existence or value of any such distinction, and speaks

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merely of *complete* (or as some, such as Dr. Davies, translate it *strong*) bronchophony, and of *weak* or *incomplete* bronchophony when the voice produces little or no vibration in the ear, and does not distinctly penetrate the stethoscope. The *pectoriloquous* bronchophony of Dr. Walshe corresponds with the *complete* of Skoda. Bronchophony almost always co-exists with bronchial respiration, and is present in dilatation of the bronchi with more or less induration of the surrounding cellular tissue, in pleurisy, and especially in induration of the lungs. But as the first disease is very rare, this sign almost always denotes the last affection, tubercle and pneumonia being the most common causes of induration. It is more distinctly pronounced in the latter than the former disease. It is only present in some cases of pleurisy, and when well marked, and heard in regions distant from the bifurcation of the bronchi, it may justly excite suspicions of co-existing pulmonary induration. The observation of Skoda facilitates the diagnosis: he considers, that in order that fluid should produce an increased resonance of the voice, it must be effused in such quantity as perfectly to deprive of air a portion of lung containing a bronchus with cartilaginous rings. If then, when we hear incomplete bronchophony, the percussion is not altogether dull, or does not extend to a greater extent than half the circumference of the compressed portion, it may be announced with certainty that fluid alone is not the cause, but that there is at bottom induration of the parenchyma. If there is complete dulness over a large extent of the lung, with incomplete bronchophony, then it is not possible without other signs to pronounce whether there is fluid or condensation.

The bronchophony is said to be *pectoriloquous* when the sound of the voice appears to pass directly through the stethoscope into the observer's ear, and it may be distinctly marked when the ordinary voice is almost destroyed. Skoda denies its value as pointing to a cavity, on the ground that no difference can be drawn between the resonance of the voice in tubercular excavations and the resonance that takes place in the bronchi. On this point Dr. Walshe remarks:

"Bronchophony becomes pectoriloquous in certain conditions of excavation in the lungs, and in cases where solid masses lie between the bronchi and the parietes. If the quality of the resonance be markedly hollow and ringing, and if it exist in the *whispering* form, I believe, notwithstanding the statements made to the contrary, that it surely indicates a cavity; at least I have met with no exceptional

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case: while, on the other hand, the most marked pectoriloquy of the loud form, without hollow and ringing character, I have almost ever heard, existed over a fibrous nodule in the pleura,—the lung being healthy and simply slightly condensed at the spot by pressure." (p. 132.)

Another variety of bronchophony has been styled *ægophony*, from its shaking, nasal, and cracked character, resembling the bleating of a goat: it does not appear to traverse the tube, but flutters tremulously about the end of it. Now a natural ægophonous resonance may be heard in some thin persons over the root of the lungs, and in others by applying the ear too tightly to the stethoscope; but *true* ægophony is generally confined to one side, and is heard, supposing the patient to be seated, in the neighbourhood of the inferior angle of the scapula, and a few inches on the side in a line with that angle, in very rare cases extending almost to the nipple in front. Dr. Walshe considers this limitation of seat as important in the diagnosis of true ægophony. He regards it as characteristic of inflammatory and dropsical accumulation of fluid in the pleura. Skoda considers it as a sign of no value, on the ground that he has found it present in pneumonia and tubercular infiltration of the parenchyma. Dr. Walshe, on the other hand, states that he has never yet detected ægophony, of even tolerably pure character, as an attendant on simple inflammatory induration unless the ordinary voice of the patient was of a shrill tremulous character; and he adds, "I have been gratified by finding that M. Grisolle's experience has led him to a very similar conclusion."

Before concluding we must shortly advert to the various theories that have been proposed as explaining the phenomena of bronchial respiration, bronchophony, and also bearing on the construction of the stethoscope.

Until the time of Skoda the occurrence of bronchial respiration and bronchophony was attributed to the condensation of the pulmonary parenchyma by acting as a better conductor of sound than a healthy parenchyma, but he on the contrary maintains, that the phenomenon is not owing to conduction, but to consonance, that is, the condensed parenchyma affords the best conditions for increasing the resonance of the air in the bronchi, by rendering their walls firmer, and better adapted than they are in the healthy state to reflect the sound within their cavities from side to side. We refer our readers to a very full exposition of Dr. Skoda's views, which appeared

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in the first volume of this Journal, 1843, and for the present we confine ourselves to a very brief explanation of what Dr. Skoda means by consonance; he says—

"A guitar emits a sound when the same note is given out by another instrument near it. A tuning-fork sounds much weaker in the air than when placed on a table. The table then much increases the tone, must make the same vibrations as the tuning-fork; it must *consonate*. The sound of a Jew's-harp is scarcely perceptible in the air, but becomes much louder when it vibrates in the cavity of the mouth. The air in the cavity of the mouth must increase the sound of the Jew's-harp; it must *consonate* with it. When the air in a confined space is thrown into vibrations, the enclosing walls are frequently thrown into the same vibrations. The organ-pipes vibrate when the air in them sounds. The same thing is observed over the vocal tubes. The larynx vibrates with every sound, and its vibrations can be felt through fleshy layers of many inches thick. The walls of the bronchial tubes traversing the lung, when the voice consonates in their contained air, are equally thrown into vibrations, as those of the larynx; and these vibrations are transmitted through many inches of thick fleshy layers or strata of fluid to the thoracic walls."

Dr. Walshe holds opinions opposed to Skoda. First he meets the statements of the latter, that healthy lung removed from the body transmits sound as well, or rather better than hepatized lung, by remarking that "If while one person speaks into a stethoscope with its narrow end introduced into the trachea, a second listens over a part of the chest where hepatized lung lies beneath (and where intense sniffing bronchophony existed during life) the auscultator will often be surprised at the singular, and total absence of sound. Dr. Skoda, obliged to admit this fact, attempts to evade its force by supposing the vibrations to be interfered with by fluid in the bronchi. To this I would reply, that I have established the total absence of post-mortem resonance over pneumonic solidification, where the bronchi, to the third and fourth divisions, were *peculiarly free from fluid*, and scarcely any spumous liquid infiltrated the parenchyma, which very same parenchyma, removed from the body conducted the voice from one stethoscope through another with striking intensity." (p. 126.)

Skoda argues in favour of his theory the sudden disappearance of

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bronchophony, and its equally sudden reappearance after expectoration, as proof that the phenomena are not attributable to transmission of sound through the parenchyma. Dr. Walshe disagrees with him as to the frequency of the occurrence, believing it to be a most rare occurrence, and when it does occur, he explains it by regarding the effects of aerated mucus, and sanguineous serum in the bronchi as having the same effect on vocal echo in these tubes, as the carpet of a room has in deadening the echo between the ceiling and the floor. He also remarks, "the air in any enclosed space does not consonate with every sound produced at its orifice, but only with the fundamental note of that space, or certain others having a fixed harmonical relationship to that fundamental note. Now, when well marked bronchophony exists, it is audible, as I have assured myself, with the various notes of the octave, though most with the low ones. Again, bodies consonate only in unison, or in certain fixed harmony with the original sound. Now, the pitch of the bronchophonic voice varies irregularly from that of the laryngeal, with which it coexists." (p. 128.)

If the fact of the pitch of the bronchophonic voice varying irregularly from the voice be well established, it must operate against pure consonance being the sole cause of the intensification of the sound within the chest. But this difficulty appears to us to be got over by using the term resonance instead of consonance; in order that a sonorous body may consonate its fundamental note must be in harmonic concord with the primary note, otherwise it will only resound, but not consonate in its own tone. The intensity of resonance also depends, *cæteris paribus*, on the pitch of a sonorous body, and its relation to the primary or exciting sound.

Dr. Walshe supposes that the intensification is owing to the reflection of the waves of sound brought to a focus or echo.

These theories are, however, not barren of practical interest, for cases have occurred where consonance has justly been referred to us as explanatory of the existence of rhonchi in situations where the post-mortem examinations could not account for their formation. For example Dr. Davies, in his late work, details the case of a medical student who presented over the whole surface of the left lung a perfectly dull sound on percussion, and marked bronchial respiration and bronchophony. There was also present a distinct subcrepitant rhonchus over the whole of this side, so marked as to give the idea of the whole lung being riddled by small cavities. Whereas on post-

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mortem examination, it was found that two or three cavities of small size existed at the apex, while the remainder of the lung was converted into a solid mass of grey hepatization, no cavity, however small, being discoverable below the apex. The mistake Dr. Davies attributes to the intensification of the moist rhonchus by consonance in the condensed remainder of the lung. The case reminds us of one detailed by Dr. Walshe, as illustrating pleural pseudo-rhonchi, and had not the pleura been carefully examined, a zealous advocate of Skoda's views might have attributed the rhonchi to pulmonary consonance.

"In a male adult presenting the most evident signs both in front and behind, of a cavity at the apex of the left lung, an extremely abundant subcrepitant rhonchus occurring almost in puffs, and having the liquid character in a most marked manner, was day after day, (during the week previous to death) detected in the entire left side posteriorly. The rhonchus was, however, distinctly more abundant, and more liquid in the upper scapular and upper part of the lower scapular region, than elsewhere. As the patient was anasarcous to a high degree, (the urine albuminous) and as he constantly lay on the left side, the explanation of the subcrepitant rhonchus that naturally suggested itself was, that it depended on œdema of the pulmonary tissue generally, but most marked at the apex, and there of course affecting the tissue between the cavity and the surface of the lung. At the post-mortem examination, however, I found this explanation was inadmissible; for the thin lamella of tissue between the cavity and the surface was as hard as cartilage, and contained not a particle of serosity; nor was the organ in any part distinctly infiltrated with fluid, being, on the contrary, particularly dry from its excessive induration. But all along the posterior surface of the pulmonary pleura there appeared (in addition to ordinary dense pseudo-membrane) a quantity of fine adventitious cellular tissue, abundantly infiltrated with liquid,.... the rhonchal sound was actually produced in the masses of infiltrated tissue referred to, and therefore outside the lung, and independently of air." (p. 120.)

(To be continued.)

WHAT IS HOMŒOPATHY? by William Sharp, F.R.S., Rugby, 1852.

We recommend this brochure to our readers as an excellent and concise reply to the question still often put, notwithstanding the

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great diffusion of knowledge on the subject, in comparison at least with what was the case a few years ago. The author is a scholar, a man of science, and at the same time a practical man. The mode in which the subject is handled in this little treatise will satisfy any medical man who peruses it with an unprejudiced mind that Homœopathy is worthy of experimental investigation; and convince every non-medical reader that the system is rational and deserving of confidence.

We notice a very interesting extract from a small book by Dr. Groenvelt, on the use of Cantharides in diseases of the Bladder,—in fact, an anticipation of homœopathy in respect to one medicine. For this however the unfortunate doctor was committed to Newgate in 1694, on the warrant of the President of the College of Physicians,—a pretty strong hint as to what would be the fate of many of us, if times were not otherwise considerably changed. We hope Mr. Sharp will give us a translation or full summary of this interesting book, and we offer our pages for that purpose.

THE RUSSIAN BATH, by M. Roth, M.D., &c. London: Groombridge.

This little pamphlet contains some interesting remarks respecting the use of the particular form of bath at present known by the name of the Russian Bath. Dr. Roth traces its employment as a hygienic and therapeutic agent among the ancient Greeks and Romans, and the modern Turks, Egyptians and Russians. But little is known in this country respecting this form of bath, the main peculiarity of which consists in producing acceleration of the circulation, determination of blood to the skin, and a profuse state of perspiration, by means of hot air and steam, combined with various manipulations, such as frictions, shampooing, or flagellations with birch twigs, and afterwards exposing the bather to the action of cold water, either by immersion or aspersion. We have the testimony of many distinguished continental physicians to the wonderful remedial powers of this kind of bath; and we are glad to learn that Dr. Roth has not contented himself with describing its benefits, but has actually set about the construction of such a bath on a large scale in connexion with his Kinesipathic Institution; and we understand that his intention is to allow his colleagues to avail themselves of it for the cure of those patients, for whom they may judge the employment of the Russian

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bath advantageous. To those who are ignorant of the nature and uses of this powerful therapeutic agent, we recommend a perusal of Dr. Roth's little pamphlet, and we can heartily join the author in his hope that it may be the means of introducing the Russian bath into general use in England.

THE FLORA HOMŒOPATHICA, by Edward Hamilton, M.D., &c. Vol. I. London: W. Headland.

The expectations we had formed of the excellence of this work, from the first two or three numbers, have not been disappointed as the work has gone on. This volume contains illustrations of 36 of the most frequently used homœopathic medicinal substances, all drawn and coloured with remarkable care and fidelity, and testifying to the botanical skill and industry of the author. The accompanying letter-press does not contain much more than we find in the ordinary works on medical botany, and we are sorry to notice that the translations from Hahnemann's Materia Medica are often so innacurate that they quite misrepresent what Hahnemann actually says. One example will suffice. In one column we give Dr. Hamilton's translation, in the other a literal rendering of the passage:—

Dr. Hamilton.	*Literal Translation.*
"Experience teaches us what we ought really to think of the action of Conium in the case (presbytie) of persons advanced in life, and it may possibly be proved that it has the property of destroying this affection."—*Fl. Hom.*, p. 229.	"What Hemlock, judging from Symptom (27),* is capable of effecting in the morbid long-sightedness (presbyopia) of aged persons, experience will inform us, and perhaps it will confirm this [presumed] curative power."—*R.A.M.L.*, VI, p. 238.

We could point out several equally grave specimens of carelessness in Dr. Hamilton's translations, and we call his attention to them in the hope that in Vol. II, he will bestow more attention on this department of his work, as we should be truly sorry to see so beautiful and important a work disfigured by such indications of inaccuracy.

* This symptom runs as follows: "Long sightedness (in a short-sighted person): he could plainly recognize objects at a considerable distance."

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AN ACCOUNT OF THE RECEPTION OF VACCINATION WHEN DISCOVERED BY DR. JENNER; WITH A FEW WORDS ON HOMŒOPATHY.

[This Pamphlet is issued by an individual who has experienced the greatest benefit from Homœopathy, having been relieved by it of disease which there is every reason to believe must have proved fatal, and this without taking a single dose of what is called "regular medicine." It is not designed to prove *the truth of Homœopathy;* but merely to show to sensible people that similar attacks to those made against the new system of medicine were formerly levelled at what are now universally acknowledged to be *great truths.*]

The above short preface shows the aim and scope of this pamphlet, which is well adapted for its purpose. It is printed in a cheap form, and may be had for distribution at the leading Homœopathic Chemists. We understand that the author contemplates bringing out from time to time similar "Tracts for the Times." The next it is proposed will handle the subject of Medical Consultations with Homœopathic Practitioners. We heartily encourage this benevolent defender of our cause to persevere in his laudable course.

HOMŒOPATHIC INTELLIGENCE.

New Homœopathic Publications.

We have before us the prospectus of a new work by Dr. Wahle of Rome, one of Hahnemann's immediate disciples, and one who has already done much to enrich the Materia Medica. The title is, ***Most recent provings of Homœopathic remedies.*** In this work he promises original provings of the following substances: ***Reichenbach's product of distillation*** (whatever that may be), which he alleges is allied to Kreosote (a substance whose introduction into our Materia Medica we owe to the labours of Dr. Wahle); also ***Eupion,*** which he states is a powerful medicine in the colliquative stage of phthisis, and ***Paraffin,*** which he affirms is capable of rousing the action of the alimentary canal when Nux vomica is incapable of doing so. He further promises a detailed proving of the ***Cimex lectularius,*** or bug, which he affirms is capable of curing certain kinds of intermittent fever much better than Cinchona bark or any of the preparations of Antimony or Arsenic. We look forward with interest to the appearance of this work, which is announced as a continuation of Hahnemann's Materia Medica, but we hope that in the manner of recording the provings Dr. Wahle will follow rather the model of the Austrian Society than that of Hahnemann.

From Spain we have also received the prospectus of a new homœopathic periodical, entitled ***Annals of Homœopathic Medicine,*** published by the Hahnemann Society of Madrid.

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Tabular View of the In-Patients treated at the Hahnemann Hospital during the year ending March 16th, 1852. Compiled by Dr. Süss Hahnemann, House-Surgeon to the Hospital.

DISEASES.	Cured.	Improved.	Unaltered.	Entered for Examination.	Under Treatment.	Died.	Total.
Albuminuria		1					1
Abscess in heel	1						1
Abscess in thigh	1						1
Abscess in vagina	1						1
Abscess in perinæo	1						1
Abscess in knee		1			1		2
Abscesses, numerous, in the lymphatic system						1	1
Amenorrhœa	1	6					7
Ascites			1			1	2
Bronchitis	13	2			1		16
Bubo	3				1		4
Burn	2						2
Conjunctivitis, papular	2	2					4
Cynanche	2						2
Cynanche parotidea	1						1
Chlorosis	3	1	1		1		6
Calculus		2					2
Caries	1	3	1		1		6
Carcinoma uteri			1				1
Cystitis		1					1
Catarrh	2						2
Chorea	1				1		2
Coxalgia	1	2			1		4
Colica pictonum	1						1
Cholera						1	1
Cephalalgia	1						1
Deafness				1			1
Dysentery	1						1
Diarrhœa	1						1
Diabetes		1			1		2
Eczema		3					3
Emphysema, ulcer on foot		1					1
Exostosis		2					2
Erysipelas	2	1					3
Epilepsy	1						1
Enteralgia	1						1
Enteritis	1						1
Fistula, blind in ano		2					2
Fistula, recto-vaginal			1				1
Fever, simple, continued	2						2
Fracture of thigh	1						1
Fracture of rib	1						1
Gastritis	4	2			1		7
Gonorrhœa, fistula in perinæo		2					2
Gangrene						2	2
Hæmoptysis		1					1
Heart, diseases of		1				2	3
Carried forward..	53	37	5	1	9	7	112

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DISEASES.	Cured.	Improved.	Unaltered.	Entered for Examination.	Under Treatment.	Died.	Total.
Brought forward..	53	37	5	1	9	7	112
Hooping-cough	1						1
Hysteria	2	2	2				6
Hepatitis.....	1						1
Hemiplegia		1					1
Icterus	1		1				2
Intermittent fever.....	3						3
Injuries, external	5						5
Laryngitis		1			1		2
Meningitis						1	1
Marasmus						1	1
Metritis		5					5
Measles	1						1
Menorrhagia		3					3
Ostitis.....		2					2
Ophthalmia	1	6			4		11
Orchitis		1					1
Otorrhœa	1				1		2
Otitis	1						1
Onyxis	1						1
Paralysis		2					2
Parotitis	1						1
Phthisis		7			2	4	13
Peritonitis		1					1
Pneumonia.....	5				1		6
Pleurodynia		1					1
Panaris	1						1
Phlegmon	1				1		2
Pericarditis		1					1
Rheumatism	21	7			2		30
Retention of urine.....		1		1			2
Spinal affections	4	2		2			8
Scrofulous gonitis	1						1
Scrofula	1	3					4
Syphilis		1			1		2
Scirrhus of breast						1	1
Typhus	7					1	8
Tumour albus					2		2
Tumour encysted		1					1
Tic douloureux	1						1
Ulcers.....	3	3			1		7
Ulceration of neck of uterus	2						2
Variola	6						6
Varicella.....	1						1
Varicose veins				1			1
Vaginitis		1					1
Total....	126	89	8	5	25	15	268
In-Patients left under Treatment last year							14
New Cases since last 16th March, 1851.....							254

	Males.	Females.	Children. Males.	Children. Females.
There are	90	218	20	30

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Tabular view of the Out-Patients treated at the Hahnemann Hospital during the year ending March 16th, 1852.

DISEASES.	Cured.	Improved.	Unaltered.	Result Unknown.	Under Treatment.	Died.	Total.
Amenorrhœa	1	9		6	6		22
Asthma	7	32		24	12		75
Ascarides	22	18		28	15		83
Aphonia				3	1		4
Angina pectoris		1					1
Alopecia	4				2		6
Abscess	15	5		3	5		28
Anæmia	2			1			3
Amblyopia				1			1
Anthrax	2			1			3
Ascites		2		3	2		7
Anasarca		2		1			3
Amaurosis		7		2	1		10
Aphthæ	12			1	2		15
Atrophy		5		4		3	12
Albuminuria					2		2
Acne		3		3			6
Abortion, effects of	5						5
Apoplexy (threatened)	2	1					3
Bronchocele		1		1	4		6
Bronchitis	87	96	3	117	93		396
Burn	3	1					4
Bubo	5						5
Breast, inflam. and soreness of	1	1		1			3
Brain, disease of	4	2	1	2	3	2	14
Cephalalgia	51	57	2	46	42		198
Catarrh	71	28		55	74		228
Chorea	2	1		2	2		7
Caries	5	4	1	2	4		16
Carcinoma uteri		5	4	3	3		15
Cynanche	19	4		8	6		37
Coxalgia	1	6	1	2	3		13
Convulsions	3		2	3			8
Cerebral congestion	2	1		1			4
Constipation	8	4		5			17
Chlorosis	4	12		7	5		28
Cardialgia	2	2		1			5
Cystitis	3	1		1	1		6
Colic	1	3		2	1		7
Colica pictonum	4			2			6
Cataract		3		3	1		7
Coryza	5	3		2			10
Critical period		9		10	6		25
Cutaneous diseases	17	6	1	11	8		43
Cornea, opacity of	2	5		2	4		13
Cornea, prominent					1		1
Cornea, wound of	1						1
Cystophegia		2					2
Carried forward..	373	342	15	370	309	5	1414

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DISEASES.	Cured.	Improved.	Unaltered.	Result Unknown.	Under Treatment.	Died.	Total.
Brought forward..	373	342	15	370	309	5	1414
Calculus renalis				1			1
Crusta lactea	4				1		5
Dyspepsia	137	87	2	118	73		417
Deafness	7	16		15	12		50
Dysmenorrhœa	7	5		5	12		29
Diarrhœa	51	15		22	11		99
Dysphagia		1					1
Dyspnœa		2		2	2		6
Dentition	14	3		11	3		31
Dysentery	11	3					14
Dysuria	1						1
Delirium tremens					1		1
Diabetes		1				1	2
Dislocation	1						1
Entropium				1			1
Epilepsy	5	8	1	21	18		53
Ectropium		1					1
Eczema	1	11		5	12		29
Erysipelas	17	2		5	2		26
Erythema	1	1			1		3
Exostosis		3		1	1		5
Enteritis	3	1		1	5		10
Epistaxis					1		1
Enteralgia	1						1
Fever, gastric	1						1
Fever, simple	7	3		1	1		12
Fever, typhus	1						1
Fistula, vesico-vaginal					1		1
Fistula in ano				1	2		3
Fracture of rib					1		1
Fistula in perinæo		1			1		2
Fits	1		1		1		3
Fright, effects of	1						1
Furunculus	9	1		1	1		12
Fistula lachrymalis					1		1
Gastrodynia		1			1		2
Gonorrhœa	7	10		7	8		32
Ganglion		1					1
Gastralgia	4	1		1			6
Gout, rheumatic	5	1		4	6		16
Gastritis	29	14		15	13		71
Gingivitis	1			1			2
Gangrene				1			1
Housemaids' knee	1						1
Hypertrophy of heart	3	2		4			9
Heart, disease of	2	7	1	5	3		18
Hysteria	1	7		3	1		12
Hydrocephalus		1		1	2	3	7
Hooping-cough	23	5		12	8		48
Hæmoptysis	4	6		8	5		23
Hæmorrhoids	10	13		7	6		36
Carried forward..	744	576	20	650	528	9	2527

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DISEASES.	Cured.	Improved.	Unaltered.	Result Unknown.	Under Treatment.	Died.	Total.
Brought forward..	744	576	20	650	528	9	2527
Hemiplegia		5		5	2		12
Hernia, inguinal				2	3		5
Hernia, congenital		1		1			2
Hernia, umbilical		1					1
Hernia, incarcerated	1						1
Hepatitis	2	7	1	7	6		23
Hypochondriasis		1			1		2
Hydrops universalis				1			1
Hydrocele		1		1			2
Herpes				1	1		2
Hordeolum					1		1
Hand swollen		1					1
Hæmorrhagia	4			2			6
Influenza	18	8		5			31
Injury, external	16	3		16	7		42
Impetigo	2	4		1	1		8
Idiocy					1		1
Icterus	3			1			4
Incontinence of urine	1	3		2			6
Impediment of speech		1		2			3
In-kneed			1	2			3
Leucorrhœa	6	3		6	7		22
Lumbago	1	8		1	2		12
Lupus				2	2		4
Lepra		1		1	1		3
Laryngitis	5	3		3	3		14
Labia, inflammation of					1		1
Lithiasis				3			3
Morbus pediculosus				1			1
Mercurial sufferings			1	4	1		6
Mammæ excoriation	1				1		2
Metritis	18	30	1	34	41		124
Mollities ossium				1			1
Metrorrhagia	2	3		6	6		17
Measles, effects of	1						1
Monomania					1		1
Measles	5						5
Melancholia	2	2	2	2			8
Naevus		1					1
Nausea					1		1
Necrosis		1			1		2
Neuralgia	9	6		15	3		33
Nephritis	6	5	2	6	2		21
Nipples, soreness of	1						1
Nose, sore				1			1
Nursing, weakness from	1			1	3		5
Ophthalmia	32	35	3	34	24		128
Orchitis	1	1		1			3
Otorrhœa	6	15		7	2		30
Ovaritis		1		2	3		6
Otitis	2	1					3
Carried forward..	891	728	31	830	655	9	3144

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DISEASES.	Cured.	Improved.	Unaltered.	Result Unknown.	Under Treatment.	Died.	Total.
Brought forward..	891	728	31	830	655	9	3144
Onanism				1	1		2
Onyxis	1						1
Phlegmon	1			1			2
Paralysis	2	20		11	15		48
Pyrosis	5	4		3			12
Phthisis	3	54	8	63	43		171
Polypus recti	5						5
Psora	8	4		8	10		30
Porrigo	18	5		7	8		38
Polypus nasi	2			2	1		5
Palpitation of heart		4	1	3	5		13
Periostitis	1	5		2	3		11
Panaris	11	1		2	1		15
Prolapsus ani	4	3		1	2		10
Parotitis	6				3		9
Pericarditis	1			1	1		3
Pleurodynia	6	3		6	3		18
Pneumonia		3		3	4		12
Psoriasis	6	3		2	1		12
Pollutions		1					1
Prolapsus uteri		1		2	1		4
Psoas abscess	1				1		2
Prostate, abscess of					1		1
Photophobia		1					1
Rheumatism	44	54	5	81	46		230
Rhachitis		7					7
Retina, congestion of				1			1
Rupia		1					1
Scarlatina, effects of				1			1
Syphilis	6	13		20	11		50
Scrofula	20	48		40	61	1	170
Spermatorrhœa		1					1
Sycosis	2	1			1		4
Spine, disease of		2	2	10	5		19
Scorbutus				1	1		2
Staphyloma				2			2
Strabismus				1			1
Stomachache	4						4
Stricture of rectum		2		1	1		4
Scirrhus of breast		1		3			4
Scirrhus uteri		1	1	1	1		4
Struma	2	11	1	3			17
Scalding of urine	1						1
Stricture of urethra				1			1
Scarlatina	2						2
Sweat of feet		1					1
Syphilis (secondary)				5			5
Sciatica				6			6
Tænia	1	2		5			8
Tic-douloureux	11	7		5	2		25
Tendons, contraction of				2			2
Carried forward..	1066	992	49	1077	888	10	4082

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DISEASES.	Cured.	Improved.	Unaltered.	Result Unknown.	Under Treatment.	Died.	Total.
Brought forward..	1066	992	49	1077	888	10	4082
Tinea capitis	20	18		15	16		69
Tumours.....	6	7		2	5		20
Tumor albus	1	4		6	2		13
Toothache	5	2		1	2		10
Tabes meseraica		3		5	1	1	10
Uterine system, diseases of.....	11			11			22
Urticaria.....	4	2		8			14
Ulcers	15	22		11	8		56
Variola, effects of	6						6
Varicose veins		8		6	4		18
Vertigo	7	7		4	4		22
Variola	6	1		1	1		9
Varicella.....					1		1
Vomiting	1						1
Varus				3			3
Weakness		1	1	3			5
Total.....	1148	1067	50	1153	932	11	4361

Congress of British Homœopathic Practitioners.

We beg to remind our readers that the Congress for the present year will be held at Edinburgh on the 3rd of September, and two subsequent days. The opening address will be delivered by Dr. Drysdale. A communication on the subject of the Dose has been promised by Mr. Phillips of Manchester. Those who have made experiments with the Cobra poison, distributed by Dr. Russell at last Congress, are requested to communicate them to the meeting. Dr. Russell of Edinburgh, Secretary to the Congress, will be happy to supply all needful information respecting the particular time and place of the Meetings of the Congress. We trust that the attendance of homœopathic practitioners will be very large.

MISCELLANEOUS.

Opinion of Sir William Hamilton, Bart., Professor of Logic and Metaphysics in the University of Edinburgh, on the rejection of Dr. Pope.

"Since the previous sheet was printed, above four months ago, I see that the medical examiners have been publicly accused of rejecting a candidate, not for incompetence, but on the confessed ground that he was supposed favourable to a medical theory, rising dangerously in opinion, and not in unison with the medical theory of his examiners. On such a step—such an injustice—such an absurdity—the old sectional examiners would not have ventured. If the charge be well founded, an Edinburgh

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medical graduate may now be an ignorant, unable to spell his mother-tongue, but must not be a proficient, professing to think for himself. So certain also are now the opinions of a majority, touching the very practice and in the very body where heretofore medical scepticism was always in proportion to medical wisdom! Our Gregorys and Thomsons — what would they now say to this?"—*Discussions on Philosophy and Literature, by* Sir William Hamilton, Bart. p. 643.

[Our readers will be gratified to learn that, at the special request of the *Association for the Protection of Homœopathic Students and Practitioners*, the Homœopathic College of Pennsylvania has been pleased to waive its rule, that candidates for its degrees shall undergo a personal examination, in favor of Mr. Pope, and has conferred upon him the degree of Doctor of Medicine, at a public commencement, held on the 1st March of this year.—Eds.]

The Last Argument against Homœopathy.

Our North American contemporary furnishes us with the following novel reason for rejecting homœopathy, taken from a pamphlet published on the other side of the Atlantic.

"Pah!" exclaims our assailant with intense disgust, "we are ashamed to think how these effeminate doctors, who carry a whole apothecary's shop in a pocket-book no bigger than your hand, walk in, put three drops of nothing into two half tumblers of water, giving you a teaspoonful, utterly tasteless, hour by hour; or put upon your tongue three or four white specks of milk-sugar, and that they call medicine! Our Anglo-Saxon fathers would have scorned to get well upon such a dainty practice, and would have died like men upon substantial medicine rather than sneak back to life upon such effeminacy."

It is refreshing to find that, among our go-ahead transatlantic cousins, there are still some specimens of the good old tory school, whose motto is ever *stare super vias antiquas*, and who re-echo the sighs of our own Lord John Manners at the progress of the age. To the author of the above passage we would commend the following parody on the famous couplet of the Poet Laureate of the Woods and Forests, which we feel assured just speaks his sentiments:

"Let wives and daughters, sons and cousins die,
But leave us still our old allopathy."

CLINICAL RECORD.

Cases treated at the Edinburgh Homœopathic Dispensary, reported by Dr. Stewart, *House Surgeon to that Institution.*

Acute Rheumatism.

John Robertson, æt. 6, Carubber's-close, High-street. Oct. 25th, 1851, 6·30 P.M.: Had shivering about a week ago, followed by severe pains all

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over his body; pains still continue, at present they are chiefly in the lower extremities; his knees are swollen and red, and he cannot bear them to be touched; pulse quick; tongue white in the centre, red at tip and edges; he is very thirsty.—Acon. among his drink, Bry., two hourly. 27th, 10 A.M.: Pains not so bad in lower extremities, worse in upper; both hands very much swollen; severe pain on touching elbow joints; short, hoarse, dry, barking cough; passed a very restless night.—Cont. 28th: Rheumatic pain and swelling gone; fingers and wrist of right hand still a little swollen, and slightly painful on being moved quickly; cough not so frequent, and expectoration easier and more copious; bowels moved this morning; pulse 94; slight headache.—Cont. Bry. 29th: Passed a very restless night, crying out from pain in abdomen, which was relieved by pressure, at present is quite free of it; hand getting better; no headache.—Cont. 30th: Rather a restless night, owing to abdominal pain and headache, both now away; forehead very warm; pulse 84; bowels moved to-day; cough much better, almost away; no pain or swelling in hand.—Bell. 3. Nov. 1st: Passed a quiet night on the 30th, and also last night; well to-day.—Cont. 3rd: Continues quite well.

Acute Rheumatism.

Margaret Edwards, æt. 24, Coull's-close, Canongate. Dec. 17th, 1851: About ten days ago began to complain of pains in her loins, and afterwards in the joints of her lower extremities, which became swollen and red; the same afterwards happened to her upper extremities; the joints of her arms, and knee and ankle-joints of her right leg are so painful that she cannot bear even the thought of their being touched or moved; pain in left side, shooting through to back, and much palpitation at the heart; heart's action excessively tumultuous and accompanied by intense blowing sounds; cannot sleep, for when she begins to dose, starts in affright; great thirst; tongue white; pulse 136; much nausea, with occasional vomiting.—Acon. and Bryon. 18th: "A very great deal better;" had a tolerably good night; very little thirst; can move her arms; her hands and wrists are still swollen, but not red; always got some sleep after taking the Bryonia; heart's action not nearly so tumultuous, but still bellows murmur, though not so intense as before; pulse 100.—Cont. chiefly Bry. 19th: Had not so good a night; violent pain and swelling in right knee; pulse 92, full; bellows murmur less distinct; scarcely any tumultuous action of the heart.—Bry. with Acon. occasionally. 20th: Pain in right knee almost gone; slept well last night; pain on micturition severe; scanty urine; no pain in loins.—Cont. 21st: Improving; pain in right shoulder; no pain on micturition; urine more copious, high coloured.—Cont. 23rd to 26th: Improving.—Cont. 28th: Great weakness and dull pain in the limbs; pulse quick and weak.—Arsen. 3. 29th: Much better; pains nearly gone.—Rep. 30th: Improving.—Rep. 31st: Better; still, however, pain in the joints, especially in left shoulder;

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scanty catamenia for some months.—Puls. Jan. 2nd: Much better, almost well.—Cont. 7th: Still slight pain in shoulder, relieved by movement.—Rhus. 14th: Quite well except slight bellows murmur with 1st sound.—Sulph.

Lumbago.

Alexander Edwards, æt. 60, Coull's-close, Canongate. Dec. 18th, 1851: For three weeks has suffered from severe, occasionally excruciating, pain in the "small of the back;" he gets relief to a slight extent by "hanging himself by the arms from the bed-top, or by resting one hand on a table and another on the back of a chair and raising himself from the ground and bending forwards.—Rhus $^3/_6$, one every 4 hours. 19th: Instead of dissolving the powders and taking a tablespoonful of the solution every four hours, he took one of the powders, dissolved in the prescribed quantity of water, at once, and "in an hour after experienced almost perfect relief;" he took the others in succession, at intervals of four hours, but did not feel so much improvement from them, "very likely," he says, "because there was so little left for them to do." He has had repeated attacks of lumbago previously, one, two, and sometimes three, in a year, and never got so soon rid of any, although some of them have not been so severe as this one. 21st: Continues well.

Rheumatic Pains.

Ellen McKay, æt. 17, Heriot's-buildings, Leith-walk. Sept. 30th, 1851: For eight days has had pains in neck and over body generally, with slight cough; pulse quick and full.—Acon. $^3/_6$, Bry. $^3/_6$. Oct. 1st: Soon after beginning to take the medicines the pains abated, especially the pain in the neck; she still continues to improve; cough also abated.—Cont. 2nd to 4th: Improving.—Cont. 7th: Quite well.

Cephalalgia.

Janet McLaren, æt. 14, Skinner's-close, High-street. Nov. 13th, 1851: Three weeks ago was seized with pains all over her body, but was not so ill as to prevent her going about; she gradually got relief from these pains, but suffered instead from severe headache, of which she now complains; tongue white; skin hot; pulse quick, and she is thirsty.—Bry. 3. 15th: Was so much better that she went out for a short time; since coming in again has felt excessively weak, and complained of severe frontal headache.—Arsen. 3. 17th: Better.—Cont. 19th: Quite well.

Cerebral Congestion.

Lawrence Smith, æt. $1^1/_3$, 56 High-street, South Gray's-close. Oct. [illegible], 1851: Had shivering in the morning; at noon was suddenly seized [illegible] severe pain in the head; his face became very red; he is very cross, [illegible] headache; head very hot, as also skin generally; at present skin [illegible] his mother says he often perspires greatly; pulse very quick; he [illegible] breast; frequent attempts at vomiting. Fifteen months ago

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his brother died of hydrocephalus. Bowels rather loose.—Acon. 3 and Bell. 3, altern., two hourly. 15th, 11 A.M.: Almost well; the mother volunteered the remark, that the child was very lively after taking the medicine.—Cont. 16th, 11·30 A.M.: Met the mother and father in the street, the former carrying the child, which has continued well.

Erysipelas.

Mrs. Bruce, æt. 38, 2 Greenside-place. Dec. 1, 1851: Two days ago began to shiver, and has continued to do so ever since; at the same time observed "a red pimple" on her nose; the redness gradually extended over her whole face, which is now very red and much swollen; she complains also of severe headache, and of a dull pain round the upper part of her abdomen; skin hot; pulse 126; tongue red; she is very thirsty; is nursing a child a year old.—Acon. 1, hourly. 2nd: Face much more swollen and red; the redness and swelling have extended to the vertex, and almost over the whole head; no delirium; pulse 116.—Acon. and Bell. alternately. 3rd: After taking "a mouthful of the strong tumbler (Bellad.), the pain in the head, which was very severe, ceased in five minutes," and she felt stupid for a short time; she has improved rapidly ever since; swelling of face is now very much less, and her eyelids, which were closed yesterday, can now be opened; the left side of face and left ear are still swollen, and she has a prickling sensation in them; pulse between 70 and 80, soft and compressible; tongue white; bowels moved yesterday.—Bell. 2 hourly, and Acon. occasionally when thirsty. 4th: She felt feverish, hot and restless, last night for two hours, about midnight, but after that fell into a sound sleep, which lasted till morning; has continued to improve all day; swelling and redness of face almost gone; pulse natural; skin cool.—Bell. 6th: Much better.—Cont. 9th: Lower eyelids slightly œdematous still; skin desquamating.—Cont. 11th: Well, but feels somewhat weak.—Tr. Sulph. 13th: Continues well.—Cont. March 1st, 1852: I have seen her repeatedly since, once not long ago, and she has continued in perfect health.

Jane Paterson, æt. 19, High-street. Oct. 29th, 1851: Erysipelas of the face; considerable fever; pulse 120; tongue very white and loaded; catamenia regular.—Acon. 3 and Bell. 3, alternately. 30th: Very much better; pulse 96; the redness of the nose and cheeks nearly gone, but these parts are still considerably swollen; tongue not so loaded. 31st: Redness of nose gone; pulse 90; no thirst; left eyelid (lower) and left cheek erysipelatous; tongue cleaning; bowels not moved for some days.—Tr. Sulph. and Bell. alternately. Nov. 1st: "Quite well;" she has been working (cleaning away at the house) all the morning; tongue almost clean.

Anasarca, &c. after Scarlet Fever.

Margaret Robertson, æt. 5[illegible]t, Nov. 10th, 1851, 6 P.M.:

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Three weeks ago had scarlet-fever and recovered; five days ago was exposed to cold, shortly after which her eyelids were observed to be swollen, and her whole body gradually became affected in the same way; she is very much swollen at present; severe diarrhœa; stools black; reported to pass urine freely; there is none for examination at present; she is very restless.—Arsen. 3. 11th, 11 A. M.: Not so restless; diarrhœa much better; swelling as before; coughs; the urine she has passed since last visit amounts to six ounces, it is muddy and contains a large quantity of mucous sediment; on being heated it becomes almost solid, and continues so after the addition of Nitric acid.—Bry. 3. 12th: Swelling of eyelids and face diminished; no difference observed on the swelling of the rest of the body; slept well last night; cough almost gone; diarrhœa gone.—Cont. 13th: Swelling as before.—Canth. 15th: Has passed about 19 oz. of urine in the twenty-four hours for the last two days; all last night had frequent calls to stool, with much straining and scanty motions, what she does pass is green and slimy; pain in abdomen, which prevented her from sleeping last night; swelling much the same.—Merc. sol. 3, four doses in alternation with Canth., and then cont. Canth. alone. 17th: Swelling diminished; still abdominal pain; considerable straining at stool, and green, slimy motions, but not so bad as before; urine passed during the last 38 hours equal to ten ounces, but she passed some when at stool not included.—Merc. sol. and Canth. alternately. 19th: Swelling almost gone; straining at stool gone; urine has not been kept; has slept well the two past nights.—Canth. 20th: Some of her urine has been sent me, which on being tested by heat and nitric shows no trace of albumen; she is improving. 22nd: Well.

Ann McKay, æt. 4, Craig's-close, High-street. Oct. 30th, 1851: had scarlet fever four or five weeks ago; ten days ago was bathed in cold water; immediately after she began to swell about the face; she is now very much swollen all over; passes very little urine, which is of a light brown colour, with a very large amount of sediment, resembling coffee grounds, and highly albuminous; she vomits occasionally, chiefly in the morning; bowels regular; tongue coated with a yellowish white paste; very thirsty; has been taking Arsen. 3 since last night, but is no better; pulse 134, small and weak.—Digit. ϕ, two hourly. 31st: much more cheerful; swelling somewhat diminished; urine more copious, and not so highly coloured.—Cont. Nov. 1st: swelling the same; urine clearer, and with less sediment.—Canth. 3. 3rd: urine more copious, about twenty ounces in twenty-four hours, and of sp. gr. 10·20.—Cont. 4th: urine not kept; improving.—Cont. 5th: urine eighteen ounces; a good deal of cough.—Bryon. 6th: urine twenty-four ounces; better.—Cont. 8th: much improved; swelling almost gone; urine twenty ounces; appetite good.—Cont. 11th: very hungry; thin; urine contains no albumen. 15th: continues well.

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Scarlet Fever.

Elizabeth Carberry, æt. 9, High-street. Nov. 5th, 1851: on Monday morning complained of being ill; in the evening a rash came out on her skin; at present skin of a bright red colour, and burning hot; slight headache; tongue white, with papillæ red and projecting; great thirst; sore throat; tonsils enlarged; velum and fauces bright red; slight cough; pulse 164; bowels moved freely to-day.—Acon. 1, and Bell. 1. 6th: very much better; pulse 104; not thirsty; skin much cooler; passed a good night.—Cont. 8th: pulse 94; eruption fading; skin quite cool.—Cont. 10th: thirst gone; heat of skin away; she feels well and is lively; sleeps well at night; bowels moved quite naturally; skin rough.—Cont. Bell. 15th: continues well; desquamation going on.—Tr. Sulph. 17th: ditto. 19th: ditto.—Cont. twice a-day.

John Lockhart, æt. 3½, Old Assembly Close, High-street. Nov. 6th, 1851, 6 P. M.: was fretful and complaining the day before yesterday, and yesterday morning shivered, and looked very pale; he was bathed and put to bed; his skin soon became hot, and covered with an eruption; at present it is of a bright red colour all over, especially on the face; very thirsty; tongue and fauces red; tonsils much enlarged; pulse 148, full and strong; bowels moved yesterday morning; stool of a dark colour; has been in the habit of grinding his teeth, and has had pains in abdomen now and then for some time past; starts in his sleep; vomits. Bell. 1. 8th: pulse 102; parotid and submaxillary glands swollen; skin cooler; bowels moved to day.—Cont. 9th: pulse 120; has been getting sour milk to drink.—Cont. 10th: pulse 120; slept well last night; he is very thirsty; scanty motion last night; throat not so sore; glands less swollen.—Acon. and Bell. 11th: pulse slower; throat better; tonsil of right side still considerably enlarged; has been getting all sorts of sweet-meats to keep him from crying.—Stop pampering and cont. 13th: tonsil still slightly enlarged; skin rough and scaly.—Bell. 3. 15th: continues to improve; skin desquamating; diarrhœa since morning; stools brown, slimy, sour smelling; pain in abdomen.—Merc. sol. 3. 19th: quite well; desquamation going on.—Tr. Sulph. 2ce a-day.

John Bennett, æt. 19, Cowgate. Dec. 5th, 1851, 8 P. M.: has had sore throat for some days; much worse since yesterday; has slept none for two nights; vomited last night; tongue white, with enlarged and red papillæ; right tonsil much enlarged, and fauces very red; skin of a bright red colour; bowels costive; pulse 136, full and strong; great thirst.—Acon. and Bell. 7th: pulse 120; sweats a great deal; not so thirsty; otherwise the same.—Cont. 8th: pulse 86; skin less red; less thirst; throat not so sore; slept well last night; still perspires.—Cont. 9th: no redness of skin; no sore throat; skin cool. 11th: continues well.—Tr. Sulph. 14th: skin desquamating.—Cont. 18th: severe shooting pain in ear.—Puls. 3. 22nd: better; quite well.

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Cynanche tonsillaris.

Elizabeth Mc Kinlay, æt. 11, James'-square. Nov. 20th, 1851, 8·30, P. M.: for two days has been complaining of a feeling of cold, and severe headaches; slight sore throat; pains all over, especially in the chest and loins; no cough; urine red; skin warm; pulse very quick; tongue white; not particularly thirsty; bowels not moved for two days; she is nervous and irritable.—Bell. 3, two hourly. 21st: pulse much slower: headache and sore throat gone; she complains of pain in the lobe of her ear, which is hot and red; no other complaint now.—Cont. 22nd: pain in ear better, but still felt somewhat; otherwise well.—Cont. 24th: well.

John Aitken, æt. 19 months, Milne's-court. Nov. 5th, noon: had scarlet-fever a fortnight ago; on Monday last was exposed to cold, and at night complained of soreness all over, and was very restless during the night; next morning his neck was much swollen, and he had difficulty of breathing and swallowing; got Acon. and Bell. from dispensary last night, and has been taking them since; now much better, but left side of throat much swollen externally, as also left cheek; thirsty; pulse quick; skin cool.—Merc. 3, and Bell. 6th: much better.—Cont. 8th: improving; hands somewhat œdematous; passes urine quite freely.—Cont. 10th: better; no œdema of hands; quite cheerful at present; cross at night.—Cont. 13th: well.

Jessie Tweedie, æt. 5, Big Jack's-close. Oct. 19th, 1851: yesterday at 3, P. M., began to complain so much of headache and sore throat that she had to be put to bed; she had been attending school as usual previously, and up to this hour had been brisk and cheerful; this morning she had shivering. 4·30, P. M.: skin hot and dry; pulse 168; tongue thinly coated with a white layer, through which the enlarged, but not bright red papillæ protruded; great thirst; severe headache; and sore throat; tonsils somewhat enlarged, and thinly covered with mucus, and velum palati and uvula of a bright red colour; bowels costive; no eruption to be seen on any part of the body.—Acon. 1 and Bell 1, alternately ever hour until improvement, and then two hourly. 20th, at noon: much better; skin cool; pulse greatly slower, but still quick; thirst less; and pain of throat almost gone; looks much more cheerful and lively; has had several times straining at stool, without passing anything.—Merc. sol. 3, one dose, and then cont. Acon. and Bell. 21st, at noon: is asleep; pulse 100; skin warm and moist, but room heated; throat quite better; headache gone; unless occasionally; has now diarrhœa; stools green and slimy, with pain in abdomen during and previous to a motion; worms in the stools; grinds her teeth, and starts during sleep.—Merc. sol. 3 and Bell. 22nd: still slight diarrhœa; stools of a natural colour and not slimy; almost well.—Cont. 25th: diarrhœa has ceased, and she has been quite well, except that she has had occasionally slight abdominal pain; it is now gone; but

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she has been troubled with a dry cough for a day or two.—Bry. 3. 27th: cough gone, and she is as brisk as ever.

Robert Boyd, æt. 17, Simpson's-court, Greenside-row. Oct. 11, 1851: For upwards of a week has been complaining of feverishness and sore throat, but has been at work until yesterday; thirsty; tongue white; skin warm and dry; both tonsils enlarged, velum red, and uvula swollen; difficult deglutition, causing pain; shooting through the ears; pulse quick.—Acon. 3, Bell. 3, alternately. 12th: Not so feverish; less difficulty in swallowing, but still pain.—Bell. 3, 2 hourly. 13th: Has gone out to his work this morning, but took the medicine along with him in a bottle. 16th: Has been out at his work every day, and still continues well.

Ann Rintowl, æt. 24, 13, Greenside-place. Dec. 3rd, 1851: For a week has had sore throat with dyspepsia; right tonsil very much enlarged; very hoarse; she applied a mustard poultice last night, but is no better of it; had sore throat very bad a year ago; she is very feverish and thirsty.—Bell. 1. 4th: She "never got so much relief in so short a time from any medicine as she did from that which I gave her last night;" slept better than she had done for eight previous nights; could swallow nothing almost for eight days, and took gruel this morning readily, and with only slight pain; tonsils much diminished in size, but still enlarged; has been up and going about the greater part of the day; scarcely any hoarseness.—Cont. 5th: Almost well.—Cont. 8th: Well.

Diarrhœa.

Susan Menzies, æt. 25. 23, India-place, Oct. 8th: For three weeks has had severe diarrhœa, with pain in abdomen, especially before going to stool; is nursing a child three months old, but for a fortnight has had very little milk.—Merc. sol. 3. 9th: She called at the dispensary and says the diarrhœa is stopped, and that her milk is increased in quantity; all her complaint now is that she feels weak.—China. 16th: Has called to get her child vaccinated; no return of diarrhœa; quite well; still rather weak.

Bronchitis.

James Crow, æt. 6, Trunk's-close. Dec. 17th, 1851: About ten days ago he had a great deal of shivering; his skin afterwards became hot and he thirsty; at present pulse 160, and skin hot; he is also very thirsty, and his tongue loaded with yellowish white fur; lips covered with sordes; he has a very severe, hard, dry cough; worst at night.—Acon. 18th: Much the same; passed a very restless and sleepless night, and was much troubled with cough, although a little less so than formerly.—Acon. and Bry. 4th: Considerably better; does not cough nearly so much, and the cough is looser; not nearly so thirsty; pulse 140; rather stronger than natural;

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slept well last night; tongue cleaner; bowels regular.—Cont. 20th: Much better of cough; did not sleep so well last night, from pain in abdomen; he has also diarrhœa since last night; stools very green and slimy; skin warm, and pulse 128; tongue cleaning slowly.—Merc. sol. 3. 21st: Abdominal pain and diarrhœa gone; cough worse, short, dry, and in fits; he also complains of headache; skin warm; pulse quick. 22: Better of the pain in abdomen and diarrhœa; cough the same; no headache; skin warm; pulse quick.—Bry. 23rd and 24th: As before; tongue dry, furred, and brown.—Cont. 26th: Better.—Cont. 28th: Better; fever gone; cough relieved.—Cont. 29th: Much the same; was very feverish and had little sleep during the night, owing to the tormenting cough; pulse 130.—Acon. and Bry. 30th: No change; becomes very feverish towards morning.—Cont. 31st: Better; appetite returned, and slept tolerably well during the night.—Dros. 1851, Jan. 5th, 8th, and 13th: Well, except a slight cough.—Tr. sulph. 17th: Well.

Pneumonia.

Thomas Henderson, æt. 27, 4, Little King Street. Dec. 5th, 1851: For eight days has been confined to bed with cough and spitting of blood; feels excessively weak; had shivering at first: no pain in chest; dullness on percussion posteriorly over lower third of both lungs, and anteriorly over same extent of right; distinct but fine crepitation on both sides posteriorly, especially on right; very thirsty; pulse 100: not strong: urine high coloured; tongue white; bowels not moved for two days.—Acon. and Bry. 6th: Complete dulness on percussion on left side over lower third, and no respiratory murmur; distinct crepitation on right; cough less; not spitting so much; sputa rusty coloured, and mixed with blood; frothy.—Cont. 8th: Much better, but still sputa rusty-coloured; feels lighter about the chest.—Bry. and Phosph. 10th: Coughed none since last night about twelve o'clock; complains now of nothing but weakness; respiration normal on left side; slight crepitation on right.—Phos. 13th: Has been out of bed yesterday and to-day, and feels quite well, only weak.—China. Went to the country, where he still remains, and is in good health; at least was so according to a report received about a fortnight ago.

Cases by Dr. Ozanne.

CASE I.—*Dilatation of the Urethra in the female for the removal of a foreign body.*

In the January number of this journal Mr. Sharp has recorded a case in which a large calculus was removed by him, by means of dilatation of the urethra. His case is instructive on account of the difficulties which attended the operation.

In two sittings, operating with Weiss's dilator, Mr. Sharp obtained

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sufficient dilatation to allow of the removal of a stone which measured one, by one-and-a-half inch. The operation was not followed by incontinence of urine.

Compared with Mr. Sharp's, my case is in many respects less interesting, but I nevertheless think it right to detail it, as the *modus operandi* was different.

In the beginning of October last a young woman, who for above three years had been in the habit of drawing off her water daily, by means of the catheter, through some unaccountable mistake passed, in the place of the instrument which was in daily use, an old catheter, which being broken, had been put aside as unfit for service. By a further mischance a portion of it remained in the urethra. This being done in the night she did not perceive that a portion only of the instrument was removed. The fragment in the urethra was pushed into the bladder the next time the other catheter was used; some blood flowed with the urine, but this being no unusual occurrence, as she was affected with chronic cystitis, the cause was not suspected until a few days afterwards, when she confessed her carelessness.

Although she was sounded twice very carefully, the fragment of the catheter could not be felt; but that it was there, no doubt could be entertained, as she felt one of its extremities pricking the bladder as if with a sharp spike.

Weiss's dilator was used, but did not produce sufficient dilatation to allow of the introduction of a pair of forceps wide enough to hold the fragment of the catheter in such a manner as not to wound the neck of the bladder or the urethra; for the patient felt that the sharp spike pointed towards the urethra.

As this patient had at various times had copious hemorrhages, I thought it advisable not to make the incisions recommended by Liston, but determined to use other dilating means on the next day.

As Sir Astley Cooper had in a few cases succeeded in producing considerable dilatation by means of prepared sponge, before he advised the construction of Weiss's instrument, I resolved to use it. Accordingly a cylinder of sponge was introduced into the urethra, and well secured. About five hours after I visited my patient, accompanied by Mr. Bellamy. I found that the sponge had expanded so much as to cause not only great pain, but repeated vomiting. It was removed and the forceps introduced. After a few fruitless attempts to seize the foreign body both by Mr. Bellamy and myself, the former was at last successful.

There was scarcely any escape of urine after the operation, and ever since the patient has been obliged to use the catheter as before.

I give the following propositions as the result of my observations in this case.

1st. The branches of Weiss's dilator are rather narrow, and might in some cases, if too great a dilatation were attempted at once, lacerate the urethra.

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2nd. After a preliminary dilatation by means of Weiss's instrument, the introduction of a cylinder of sponge properly prepared, will be capable of producing in four or five hours, sufficient dilatation to remove a tolerably large calculus (in this case the amount of dilatation finally produced was much greater than was at all necessary).

3rd. In this manner incisions will be rarely requisite.

Case II.—*Acute Cystitis following Scarlatina.*

Alfred de L—, eight and a half years of age, residing at *la Mérienne*, was taken ill with scarlet-fever on the 24th of January. For a few days preceding the outbreak of the fever he had been taking Belladonna as a prophylactic.* His attack began violently, but under the continued influence of Belladonna soon assumed a mild course.

On the 2nd of February his father informed me that he was constantly making water, and had much pain in the bladder. I sent Tinct. Cantharid. 3, diluted with water in the proportion of one drop to each ounce, and ordered one teaspoonful to be taken every three hours.

On the 3rd, I was informed that after taking the medicine three times the boy felt much relieved; but in the night the pains returned; the urine was thick; he had had four or five loose stools. The medicine was continued.

I visited him at 3 P.M. on the same day: there was a constant inclination and very frequent attempts to pass water, but none had been voided; a few drops of blood, together with some mucus, were all that passed. The vesical region in the hypogastrium was tense, swollen, and extremely painful when pressed; there were frequent and distressing paroxysms of pain, ending in fruitless attempts to pass water; the face was flushed; the skin hot; the pulse hard, 108. After each paroxysm of pain he was bathed all over with perspiration. Tinct. of Aconite 1, six drops to four ounces of water, one dessertspoonful to be taken every hour; a warm bath was likewise ordered.

4th. Had taken the bath at 7 P.M. with temporary benefit only; during the night frequent paroxysms of pain, with *delirium;* at times, in the anguish occasioned by his complaint, he jumped out of bed as if frantic, and could not be pacified without difficulty; he, however, had passed some urine, mixed with blood. He was ordered to take a few teaspoonfuls of the Cantharides mixture previously prepared.

Visited at 3 P.M. Seemed better; he passed a little urine now and then with screams; the discharge of blood had ceased, and had been replaced by mucus. His father had noticed at different times during the night erections; skin hot; pulse hard, compressed, 108; abdomen tender all over and tympanitic. He was ordered to take six spoonfuls of Aconite, at intervals of one half-hour, in alternation with six spoonfuls of Cantharides at like intervals.

5th. Seemed better; he had slept at intervals, for the first time since the

* This boy was one of a family of six children. The whole family inhabited two rooms adjoining each other, and communicating by means of a door. As soon as the first was placed under homœopathic treatment, all the other children were made to take *belladonna* as a *prophylactic.* They all took the fever within a few days from my first visit, excepting one. Two or three days after this, whilst the fever was going on, another family came to inhabit a room opening upon the same landing place. Four children belonging to this family who never had scarlet-fever were made to take Belladonna; none of them has had the fever, although there were frequent communications between the two families.

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night of the 2nd; paroxysms of pain less frequent and less severe; the secretion and excretion of urine were freer. The medicines were continued in alternation as before.

6th. Had slept well, being awoke only every two hours by the pains, which were less severe; in the morning he passed water during his sleep without being awoke by it. In the afternoon I visited him, and found that the tenderness on pressure at the vesical region had disappeared. The medicines were continued in alternation, the intervals being, however, increased to one hour.

7th. He was quite well and continued so until the 13th, when he had some return of pain, which was removed in a few hours by a few doses of the Tinct. of Cantharides.

In a late number of this Journal I reported a case of nephritis, the most acute I had met with in the course of eight years' practice of homœopathy in this island. In like manner I have here recorded the most severe case of acute cystitis I have observed during the same period. I have had no deaths from either of these diseases.

I am fully aware that isolated cases, selected for publication, have but little value in themselves, with reference to the prognosis of any given disease; but it is otherwise when they belong, respectively, to classes of disease in which the treatment has been uniformly successful.

Guernsey, 4th March.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

THE PATHOLOGY AND TREATMENT OF CROUP.

By Dr. Elb, of Dresden.

(*Continued from page* 418.)

With regard to the prospects of curing croup we may observe, that they are totally different under suitable homœopathic and under allopathic treatment. The latter method offers less hopes of a recovery, because blood-letting and other antiphlogistic means, together with emetics and purgatives, are in most cases incapable of checking the progress of the disease, and its natural course, as previously observed, is in general fatal. Quite different is the influence of the specific homœopathic remedy. Here our art is not limited to the employment of derivatives or attempts to remove the morbid product, but it advances directly against the disease, and thereby obtains better results. Judging from my own pretty numerous observations, I can only declare the prognosis to be a highly favourable one, and I believe I do not exaggerate when I add that a case of death from croup, excepting such cases as only come under treatment in the last hours of the disease, is a rarity; a result that certainly cannot be obtained with any other acute disease equally dangerous in its natural course. Passing from generalities to particulars, we find the value of special signs to be somewhat as follows:—Repeated attacks, which in the case of almost every other disease render the prognosis less favourable, in this disease, with few exceptions, render it more favourable. As regards the particular forms: in the catarrhal croup the issue is

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always happy; in the inflammatory form we may anticipate a better course than in the torpid and spasmodic. If the croup requires a longer time in order to develope itself completely, we may expect a more dangerous course; in that case there is developed an insidious torpid croup. A delicate constitution renders the prognosis less favourable in the torpid and spasmodic forms, just as a stronger plethoric constitution renders the inflammatory croup more dangerous. Every complication with other diseases has an unfavourable influence, constant increase of the fever without remission gives us cause to apprehend a rapid fatal issue. Sleep can only be regarded as a favourable symptom, when at the same time a general subsidence of the disease takes place; in other cases it is rather hurtful, seeing that during its continuance the disease progresses unchecked. Other unfavourable signs are, cold skin; quick, small pulse; continual hoarseness or completely extinct voice, and constant want of breath. When the cough becomes rarer and the breathlessness less, that is a favourable sign in the inflammatory form, while the more frequent occurrence of the cough and increased facility of breathing is a favourable sign in the torpid and spasmodic forms, and *vice versa*. The ejection of tubular membranes is of very doubtful result, even should relief follow it; on the one hand, because it is uncertain if the whole of the membrane present is removed; on the other, because it may be reproduced, seeing that by the mere mechanical removal, the productive power is not checked. The only sure signs of the return of health, are general warm, not profuse perspirations, with simultaneous decline of the fever, of the dyspnœa and the anxiety, together with return or occurrence of coryza. These two phenomena, perspiration and coryza, are to be regarded as the only true crises.

I may observe here, in brief, that the croup allies itself with other diseases, principally with malignant sore-throat, variola, scarlatina, measles, pneumonia, bronchitis,* but these complications are more of the nature of one following close upon the other than any intimate union of the two diseases.

* Schönlein denies these complications and acknowledges only one of them, that, namely, with measles. In my own experience none other has been observed, so that I adduce the rest from the testimony of others.

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It would lead us too far from the end in view were we to go through the differential diagnostic marks between croup and other allied diseases. An error of diagnosis is not so easily made if we pay sufficient attention to the sound of the cough and the respiratory sound, which are only met with in conjunction in the case of croup. The distinction of bronchial croup from bronchitis exsudativa, and of spasmodic croup from Millar's asthma, offers the greatest difficulties; I shall therefore state what is necessary to be known in respect to these forms of disease.

Most frequently the croup is observed in children betwixt the 2nd and 8th year, seldom in the age of puberty, still from this rule we must except the primary bronchial croup; the greater number of children affected by it that have fallen under my observation were in their first year, generally still at the breast. Croup very seldom attacks adults, the cause of which lies in the greater irritability of the respiratory organs in childhood, and in the exalted vascular activity incident to all incompletely developed parts; and as the larynx attains its development sooner in boys than in girls, this will explain the greater tendency to croup in the former. I cannot say with certainty if scrofula predisposes to the disease, for although all the croup patients treated by me, with one exception, were more or less scrofulous, still I cannot look on this as a predisposing cause, seeing that in this town (Dresden) there are but few children who have not scrofulous tendencies, and yet the croup is not more frequent here than in other places. On the other hand, I am able to corroborate the observation of others, that repeated sore-throats and chronic catarrhs render children liable to croup. But when it is alleged by many medical men, that coryza is also a predisposing cause, this can only hold good in so far as after its suppression croup may occur, just as any other disease may occur from a similar cause; but that frequent attacks of coryza cause a tendency to croup, I must altogether deny; for in the first place, croup does not come on as long as coryza is present; and in the next place, I know of a case of a boy, now twelve years, who since his birth has suffered from hereditary coryza, and who has often had catarrh but never croup. Acute exanthemata,

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like rubeola, scarlatina, morbilli, variola, which are generally accompanied by inflammation of the throat, sometimes give occasion to croup; on the other hand, but few instances are known where children suffering from ring-worm were at the same time attacked by croup. Croup has been observed to be endemic in low and damp situations, in inland situations, and in towns on the coast. The greater frequency of its occurrence in the latter locality is attributed by L. A. Krauss to the moisture of the dwellings and of the whole atmosphere, and to the more copious use of strong viands that tend to increase the activity of the vessels and circulation; but it is a question whether it would not be more correct to ascribe it, according to the law similia similibus, to the presence of certain component parts in the exhalations from the sea, particularly chlorine, bromine and iodine, which may act as exciting causes. That chlorine gives rise to symptoms of suffocation is a well known fact, but what tends to corroborate this idea still more, is an observation of Leroy's, that by the accidental respiration of chlorine, symptoms of suffocation were produced, and afterwards concretions were expectorated which very much resembled the false membrane of croup.* That iodine can produce croupy symptoms we know from the provings of it. The most numerous cases occur in the spring and autumn, in cold, wet weather, and biting north-east winds; they are less frequent in warm, moist and dry, cold weather. The most immediate and frequent exciting cause is a chill, especially that occasioned by a draught of air whilst in a state of perspiration; and next to this, straining of the respiratory organs by loud speaking or singing in the open air. Cutting the hair short, which has a tendency to produce a chill, favours the occurrence of croup, and to this circumstance we must attribute the observations of some physicians, that they never have met with croup among the children of poor Jews, who always keep the head covered. My experience leads me to deny the accuracy of this assertion, for I have met with a considerable

* Interesting also is an observation of Stark's, to the effect, that three children, after drinking water in which by accident some recently founded types had been boiled, were soon afterwards attacked by croup, of which two of them died.

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number of cases of croup among such children, in spite of the head never being uncovered. Although individual, that is, sporadic cases of croup occur at all seasons of the year, yet its occurrence is generally epidemic in spring and autumn in the above-mentioned state of the weather, which is denominated by Schönlein the neurophlogistic constitution of the atmosphere, without which, it seems, the disease cannot spread. Along with these epidemics there frequently occur catarrhal and purely inflammatory affections of the respiratory organs. On account of the many simultaneous cases of disease, some have ascribed an infecting power to the croup, but the only plausible reason for this opinion is, that many children of one family often fall ill about the same time; in place, however, of attributing this to infection, it is more natural to assume that the same incidental injurious influences, apart from the genius epidemicus, may as easily affect several members of a family as one only. It is not so easy, however, to deny the influence of locality, for it but too often happens that in one family all the children are affected one after another, and only one at a time at various periods; it is in such families, according to my experience, that repeated attacks are most frequent, and this seems to depend upon some hereditary predisposition.

Now, as croup belongs to those diseases which have only become developed in recent times, the question forces itself upon us, why it could not be developed formerly from the same injurious causes? It is not improbable that there may be now-a-days some other causes, originating in altered habits of life, which are unfortunately not yet known with certainty. It is possible that the destruction of extensive forests which has been carried on to a great extent for some time back, a consequence of which is the increased violence of the winds, which now meet with less restraint, may have contributed somewhat to produce it; it is also possible that the slighter covering of the neck which has become habitual with us, or the more composite character of our food, may have had some influence. Hagen blames coffee as the chief cause, and supports this opinion only by the supposed power of coffee to increase the plasticity of the blood; but another reason, which seems to be unknown to him but

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which goes to corroborate his view, is that coffee has a tendency to cause an inveterate, dry, often rough and hollow sounding cough, conjoined with spasmodic or inflammatory irritation of the larynx or trachea, and that such a character of cough is capable of being cured by coffee. Further, the more frequent use of coal as a means of heating houses in modern times may be somewhat to blame, as the unfavourable action on the respiratory organs of the smoke from it cannot be denied.

Therapeutics.

The determining grounds for the choice of the several remedies given in the following pages, are derived more from experience than from the symptoms developed by the provings. Thereby nothing is derogated from our principle of similia similibus. But it is impossible in a disease conjoined with material changes to choose the remedy accurately, guided only by the symptoms observed in the healthy; the provings will only give hints respecting the relation of a remedy to such a disease, consequently for its general applicability, but they cannot give any certain guidance for the special indications in the different modifications and stages of the disease; it is only experience, directed by the hints above alluded to, that can determine this. Let us now proceed to an examination of the several remedies that have been successfully employed in croup.

Aconite.—The generally recognized utility of Aconite in fever of the erethic and synochal character, might alone indicate its usefulness in croup, which is accompanied by violent fever; but as Aconite is not useful in all inflammatory fevers whatsoever, but only in such cases as those in which the fever either comes on without any local affection (pure synocha), or in which the inflammatory affection of the organ giving rise to the fever has also a specific relation to Aconite; its employment must consequently be limited to such fevers, if in other respects they are adapted for it. Its employment in fevers with low pulse and predominant coldness is less frequently admissible; it is important for our subject to attend to this point. With regard to croup we may remark, that though Aconite does not occasion an actual inflammation of the larynx, yet it produces an irrita-

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tion there, indicated by tickling, hoarseness and generally dry cough, the premonitory signs of inflammation. Its action on the par vagum through the sympathetic nerve is shewn by oppression of the chest, short breath, and loud noisy respiration. From this it appears that Aconite, as a medicine corresponding to the local affection and the accompanying fever, must be a perfectly appropriate remedy, and this is corroborated by experience. But as other characteristic symptoms are peculiar to croup, such as the deposition of the exudation, it is evident that Aconite cannot suffice for all cases or stages, and hence that its applicability is limited. Experience teaches us that it is of use when inflammation is still present and accompanied by fever, with hard, full, frequent pulse, and when there is great anxiety and rough respiration. It will accordingly be chiefly suitable for the beginning of the disease, a view in which not only all practitioners are agreed, but this is often laid down as the sole indication. But as we have seen above, as in many torpid kinds of croup fever also sets in in the stage of amendment, Aconite must not be neglected in such cases.

Besides the cases alluded to, it is also indicated in cases where the temperature of the skin is not immoderately elevated, with hardish and frequent though not full pulse (torpid fever), and even in those cases where the temperature sinks beneath the normal degree even down to icy-coldness, and the pulse is at the same time small, frequent and hard; likewise in spasmodic croup where there is excessive anxiety conjoined with icy-coldness of the extremities, and in the fever following this state. The curative efficacy of Aconite consists less in a direct diminution of the croupy affection, than in bringing down the fever, in producing a general warm perspiration, which is peculiarly beneficial as the commonest exciting cause of the malady is a simple chill. If, however, no relief ensues after this perspiration, the Aconite must be discontinued, notwithstanding the persistence of the fever; in such cases the energy of the vital power suffices to subdue it.

Hepar sulphuris has a much more direct relation to the local disease than the preceding remedy, the results of its provings present no indistinctly marked picture of a croup; we even find

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that it produces a secretion of tough mucus in the larynx and trachea that obstructs respiration. Hence the indications for its employment are only dependent on modifications of the actual disease. Experience teaches us that it is of use in the cases where the voice is hoarse, the cough dry, loud, almost barking, frequently recurring but not continuous, and not conjoined with great anxiety; the breathing may at the same time be short, but it has more a rattling than a sawing tone, or when violent fits of coughing occur frequently with imminent danger of suffocation, occasioned however not so much by spasms and congestions as by a great accumulation of plastic exudation; the sound of the cough is at the same time loose it is true, but no expectoration ensues, or it only does so by means of vomiting. It is also indicated when the cough commences to be rare and weak, but sounds loose, though unaccompanied by expectoration or vomiting, and when the breath has not a whistling sound. From what I have said it is evident that Hepar is more rarely applicable to the commencement of the disease, but more frequently after the deposition of the exudation, and that when the exudation is copious and consisting rather of a tough mucus than of a firm membranous substance; or towards the end of the disease, when by means of previous remedies, especially Iodine, either the more violent fits that threaten suffocation are removed, or the absorption of the morbid product is begun—that is, when its moisture bears more resemblance to a viscid fluid. I cannot consequently agree with Tietze (*N. Arch.*, i, 1), when he says that Hepar is especially applicable when the exudation is no longer present; on the contrary, in such a case I consider it of much less value (compare Spongia). From what has been said, it will be seen that the utility of Hepar consists partly in directly diminishing the croupy inflammation, whereby it produces a metamorphosis of the croupy cough into a catarrhal one, and when employed in suitable cases, at the beginning of the disease, it prevents the formation of exudation, and it also facilitates the expectoration by rendering the cough more powerful, or by its specific influence on the lymphatic vessels it promotes the absorption of the morbid product.

Iodine.—Although the power of Iodine to cause the absorp-

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tion of morbid exudations was long known, though Jörg by his provings demonstrated its specific affinity to the larynx and trachea, and finally Hahnemann distinctly shewed its mode of action on these organs, yet no medical man thought of its possible curative power in croup until Koch, in 1841, published his experience on this subject (*Hygea* xiv, 2). The previous overlooking of this remedy surprises us the more, seeing that not only does Iodine present all the symptoms peculiar to croup, such as hoarseness, dry, rough, deep cough, painfulness of the larynx and trachea, collection of much tough mucus in those parts, rattling, whistling respiration, great oppression of the chest, sensation of obstruction in the larynx when breathing; but also all the signs that in the case of Spongia directed Hahnemann's attention to the curative power of that medicine in croup, are present in the provings of Iodine in a much greater degree; hence it is that Koch's recommendation has received such striking corroboration, that we are justified since then in considering Iodine as the most efficacious and most frequently applicable remedy, although every case may not be suitable for, or curable by it, as Koch supposes. As Koch only makes mention of the value of Iodine in true croup in a general way, without adding any special indications for its employment, I may be permitted to make an attempt, based upon numerous observations, to indicate its exact position and to enumerate the various states in which it has hitherto proved itself serviceable.

1. In cases where there are violent fits of coughing, threatening suffocation, with whistling tone and great anxiety; hissing, sawing respiratory sound; painfulness of the larynx; hoarseness and red face, synochal fever; consequently at the first appearance of the disease.

2. In cases where there are long continued fits of loose sounding coughing, without great danger of suffocation, which afford the patient no relief, with slight painfulness of the larynx; strong sawing and hissing but not whistling respiratory sound; temperature of the skin not elevated; with frequent, hard, but not full pulse.

3. In cases where there is want of cough, or rare, short, loose sounding, but still genuine croupy cough; with constant,

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but apparently not very troublesome, oppression of the chest and rough, sawing, not whistling, respiratory sound; cold, moist skin; small, hard, quick pulse.

4. In cases where the bronchial ramifications are chiefly affected, consequently where there is want of cough, or rare, short cough without the croupy tone; inaudible vesicular inspiration; short, quickened respiration; loss of voice, with weak sawing, rather rattling respiratory sound; abdominal inspiration; painlessness of the larynx and trachea; pale, fallen-in countenance; cold skin, covered with clammy sweat; with weak, small, rapid, and even thready pulse.

The symptoms detailed, taken altogether, shew, with the exception of those mentioned under No. 1, that plastic exudation has already taken place; their smaller or greater extent and their amount have no influence on the indication for Iodine, but their character has; for experience teaches us, that its action is all the more favourable the firmer the consistency of the morbid product is, hence Iodine is less indicated for mucous than for membranous formations. But if the Iodine, as happens especially in the case of bronchial croup, have changed the firmer concretion of the exudation into a more fluid state, whilst the other symptoms still indicate its use, this circumstance alone should not prevent us from continuing it. In other cases, however, it appears as if by means of the Iodine the product was directly absorbed, without first passing into a more fluid form.

But when in a given case the collective subjective and objective phenomena speak for the employment of Iodine, but the disease has a distinct intermittent character, this is a counter-indication for Iodine as well as for Hepar and Spongia.

From these indications it follows, that Iodine may be employed in all stages of croup. Given at the first onslaught of the disease, it is calculated to cut short the whole malady; and after the exudation has taken place, it diminishes this either directly by absorption, or by rendering it more fluid makes it more easy to expectorate. When the cough is nearly or quite absent, the temperature of the skin low, with weak, small pulse, states that only come on after the exudation has existed some time, it has the effect of rousing the organism to general reaction.

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It is advisable only to employ dilutions that have been recently prepared, after being kept for some months they lose their efficacy.

Spongia.—This, next to Hepar, was formerly the remedy most frequently employed. But as in more recent times the use of Hepar has been very much limited by Iodine, so Spongia has been almost entirely superseded by this remedy, for almost all the indications for it mentioned by earlier observers are found again in Iodine, and in all it acts more certainly and rapidly than Spongia; therefore the notion contended for by many, that Spongia is only efficacious in croup, from its containing Iodine, seems to have some plausibility, but is nevertheless sufficiently refuted by the circumstance that Spongia, as we shall hereafter find, may still be of use in cases where Iodine can do nothing. The indications given for Iodine exhibit to us nothing but very violent or highly dangerous pictures of disease, but true cases of croup are to be met with that come on suddenly it is true, but are not so dangerous, although apparently the most violent; these make their appearance with violent attacks of coughing, accompanied by great anxiety and synochal fever, followed by great relief to the oppression of the chest, and but little sawing respiratory sound during the remission; the cough certainly sounds hollow, barking and whistling, but loose and very painful, the larynx is very sensitive to pressure; in such cases Spongia is of excellent service, but does not excel Iodine, which is also applicable for such a state.

But it is to be preferred to every other remedy, when, after the actual croup has been removed by other remedies, even by Iodine, *i. e.*, after the removal of the exudation, there remains a rough, dry, almost continually painful cough, accompanied with scratching in the larynx and with or without shortness of breath, and sometimes attended with fever.

Tartar emetic.—This medicine, if we may judge from its symptoms, seems to have a great resemblance to our disease, and has been used for it by many; there appears, however, to be some contradiction or uncertainty respecting the indications for its use. Thus, whilst Jahr considers it to be indicated when, after the removal of the dangerous symptoms, much mucous

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secretion remains, and in the opposite circumstances of a paralyzed state of the lungs, Bosch has recourse to it when the violence of the attack is apparently broken, but the disease still goes on increasing (transition to the torpid croup?), and others give it only when Hepar and Spongia have been ineffectually employed, without being able to assign a distinct ground for its selection. In all the cases cited by me I have not hitherto had occasion to employ it, because the remedies employed by me in conformity with the indications present have always sufficed; but from the character of its mode of action, it appears to be most suited for the state for which Bosch says it is adapted, as we may also gather from the cases he adduces. From his description these were cases of inflammatory croup, with a tendency to become torpid, where, however, a sufficient amount of cough was still present, but where the dyspnœa combined with rattling or whistling respiration did not become relieved.

The only cases in which I have employed Tartar emetic, and that with astonishing effects, were those where the disease had a purely intermittent type, *i. e.*, where the paroxysms recurred at regular periods, and little or no cough was present in the intervals, where the breathing was not much accelerated, but slightly sawing, and fever only occurred during the fits.

Phosphorus has also been recommended by some when signs of paralysis occur; it is most likely to do good when congestion of the lungs or heart with blood is to be regarded as the cause of the paralysis. I have only employed it with success for the incessant, short, dry, not rough sounding cough, produced by tickling or scratching in the larynx or trachea, whereby the respiration may be short but has no strange sound.

Bryonia.—The indications for this medicine are completely identical with those of Phosphorus for the remaining cough, only it is to be preferred in those cases where the cough is less deeply seated in the trachea or fever is still present. Besides this, it may be advantageously employed in bronchial croup, when, after the removal of the more dangerous symptoms, the general reaction of the organism is too weak, and the solution of the exudation is so far advanced that it has become quite fluid and is only present in small quantity, that is, consequently,

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when the disease is about to lose its croupy character and to become analogous to a bronchitis in the stage of exudation.

Other remedies, only employed in desperate cases, such as Sambucus, &c., I need not dwell upon, as it is not my intention to adduce the observations of others and subject them to criticism, but only to give the results of my own experience.

To lay down positive maxims respecting the size of the dose would be impossible for this as for other diseases; we must pay attention to the height of the disease, the age, state of the vital powers and the peculiar susceptibility of the patient. I have generally employed Aconite in the 1st dilution, Iodine, Hepar, Spongia, from the 2nd to the 6th, Tart. em., Phosphorus, Bryonia, in the 2nd or 3rd dilution, in drops or globules. I have not ventured to give higher dilutions in such a dangerous disease, although I am far from denying their power of action; but neither have I found it necessary to give, according to Koch's advice, Iodine in the 1st dilution, and thus, as I believe, I have happily avoided producing those congestions of the head frequently observed after its use.

It remains for me to say something concerning the mode of using the above remedies in the several forms of the disease.

In treating the catarrhal croup, which is unattended by danger, all we have to do is to bring about the recovery somewhat more rapidly than the healing power of nature can do it. Aconite perfectly corresponds to the two most prominent symptoms, the fever and the dry, rough cough; according to the intensity of the symptoms it should be given every one or two hours. In most cases we shall thereby succeed in removing the disease in a few hours; still there sometimes remains after the removal of the fever some croupy cough. This requires the administration of a few doses of Merc. sol.,* 2nd or 3rd trituration, when it is quite dry and loud barking, and Hepar when it sounds somewhat loose.

It would carry me beyond my subject were I to dwell upon the therapeutics of the tracheitis and bronchitis that sometimes ally themselves with this form; I may only remark, that these

* As this is the only case in which it is of use in croup, I have not enumerated it in my list of the remedies useful in croup.

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are to be regarded as the most dangerous diseases in our treatment, and it is not necessary to pay particular attention to the complication with this kind of croup.

The treatment of the other forms is somewhat less simple. Agreeably to the view formerly expressed, that croup only arises from a combination of two different morbific causes, the treatment must be directed accordingly. Among all the remedies cited above as having a specific affinity to our disease, we shall find none which contains in itself *all* the essential symptoms present in croup; among particular ones we find either the spasmodic or the inflammatory, the local or the general symptoms, more distinctly marked. Consequently we shall find ourselves necessitated in most cases to administer two medicines in alternation, in order to give equal effect to *all* the morbid symptoms present. This administration of two medicines in alternation has been found fault with by some practitioners, who maintain that the action of the one is suspended by the other, that the result of such a treatment is in fact equal to nothing, and that the cause of its adoption lies in an insufficient knowledge of the medicines. The objection about disturbing the action seems only to proceed from theoretical views, every practitioner must have witnessed the contrary in acute as well as chronic diseases. Indeed, I go so far as to say that two different remedies given *simultaneously*, the one externally the other internally, do not disturb one another's action, but they both act, when properly chosen, equally effectually upon the organism. Nor is it insufficient knowledge of the medicines that is to blame in this treatment, but rather the peculiarity of many morbid states whose totality of symptoms is not perfectly reproduced in the pathogenesy of one medicine; if the symptoms awanting in one remedy are of a subordinate character this is no matter, but if they are of the same importance as those present in it, they must be taken into account by the selection of another suitable remed[illegible] to act otherwise, we should be following a mere r[illegible]od of treatment; only some of the sy[illegible]ed, in the place of which others [illegible]e the case when the rem[illegible] Hahnemann himself

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was aware of this, and endeavoured to remedy it by means of his so-called intermediate medicines. Gross truly remarks upon this subject, that the organism's reactive power is much sooner blunted when it is frequently repeated alone than when it is given in alternation with another allied medicine. But it is advisable that the medicine to be alternated be given in as nearly as possible the same doses; for if the difference of the dose is very great the weaker one will be almost inert, as for instance, in Dr. Tietze's cases of croup, the slowness of the amelioration is probably to be ascribed to the alternate administration of Iodine 1, and Aconite 15.

But on the other hand the practice of alternating in a certain order three or even four medicines, does not seem to be advisable, as we may observe to have been done in the histories of certain cases; this practice seems to depend on some degree of uncertainty.

After this digression, which I have made in order to anticipate the objections that might be made to the treatment pursued by me, I shall now return to the subject.

The inflammatory form demands on its first appearance the alternate administration of Aconite and Iodine, as stated by Koch in his essay already alluded to; but my treatment differs from his in this, that in place of beginning with Aconite I commence with Iodine, as soon as I have satisfied myself of the existence of croup. Like the sudden subsidence of a storm, so wonderfully quick is the action of this first dose, if the dose was not too strong; the anxiety and imminent suffocation and whistling cough cease, as if by magic, and the dyspnœa becomes so much diminished that we may safely wait an hour before giving a dose of Aconite; this speedily procures a remission of the fever, with the breaking out of a beneficial perspiration, the danger is generally past in a few hours; notwithstanding which pause it is not advisable to leave off the medicines too soon, seeing that the disease can only be suppressed and kept down by these means; for which reason I continue the use of Iodine and Aconite alternately every hour, even during sleep,* until the breathing

* In all forms of croup it is of importance not to intermit the medicines during sleep, for only by their constant employment is it possible, especially in the bad cases, to stop the progress of the disease.

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is no longer sawing, and the cough has become looser, after that only every two or three hours; in this way the transition to an ordinary catarrh is effected, and recovery takes place. In similar but less serious cases Spongia may be given in place of Iodine, especially when the painfulness of the larynx is considerable; only its action is less rapid and intense. The more frequent repetitions recommended by others I have found injudicious; not only is it impossible thereby to effect a more speedy amelioration, on the contrary I have observed disagreeable aggravations to arise from them, that could only be removed by leaving off giving the medicine for some time. I consider it more appropriate to begin with Iodine, for this reason, that the danger is less from the fever than from the original affection, the local disease. Since I have adopted this method, I have observed in comparison with my former practice this amendment ensue much more rapidly and completely, nor has any case presented itself to me where after the first dose of Iodine a second paroxysm has returned, except in those cases where the disease was intermittent, which indeed we can only ascertain after several repetitions of the fits. Still we do not always succeed in removing the whole disease by means of these two remedies; amendment ensues in so far as the suffocative symptoms cease and the sawing respiratory noise is diminished, but in place of these, there remains a very rough, dry, loud barking cough, which frequently recurs though not in fits, with continued though diminished force; in such I give Aconite and Hepar alternately. Also in those cases where, by means of Iodine and Aconite, the character of the fits is only altered so as that the danger of suffocation and anxiety during that depend more upon the quantity of tough mucus than upon spasms or hyperæmia of the lungs, consequently during respiration and coughing much rattling is heard, and the latter has seldom the whistling sound, if the fever continues I give Hepar and Aconite alternately.

Or the case may happen where, by means of Iodine and Aconite, or Hepar and Aconite, all the symptoms may have been removed with the exception of a rough, hollow, dry, scratching cough, with painfulness of the larynx; in this case Spongia is

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of use, and if fever is still present likewise in alternation with Aconite.

In other cases the influence of the remedies administered is limited to the removal of the suffocative symptoms, the whistling sound of the respiration, the pain in the larynx, the fits of coughing and the fever, but the cough that remains has not the catarrhal character, it is short, less hard, hoarse, but dry and rough; the anxiety is not great, but the breathing has a loud sawing sound; the voice is hoarse and there is absence of fever (transition to the torpid character). In such cases it is requisite to give Iodine and Hepar alternately every hour, either until on account of the recurrence of the fever we must go back to Aconite alternately with Hepar or Iodine, according to the kind of the cough and respiratory sound, or along with the persistence of the non-febrile state the cough becomes loose, the respiration more rattling, the voice clearer; in which case we must go on with Hepar alone until the recovery is complete.

The intermediate form of croup, that forms the connecting link betwixt the inflammatory and torpid form, presents, as we have seen, no variation in its course, it always presents the same aspect, and in consequence of this uniformity its treatment can shew no variations. Aconite corresponds to the whole morbid picture, but on account of the very rapid increase of the disease it is requisite to give it every quarter of an hour, or even every ten minutes, and that in strong doses, until the cough becomes loose, the sawing tone of the respiration diminished, and the fever lessened by the occurrence of general warm perspiration; this amendment takes place in a few hours. By continuing the same remedy in less frequent doses health is rapidly restored, no other remedy being requisite.

Much as the torpid form differs from the inflammatory, yet its treatment is not very dissimilar, Iodine and Aconite must be also given in hourly alternations, but we are not to look for any rapid amelioration in this case. For the instruction of those who have not had frequent opportunities of observing and treating such cases, I may add that, even should no amelioration follow the first dose, this must not deter us from going on with the treatment; enough will have been effected in the first instance

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if the disease is only rendered stationary. Real amendment is shewn by increased, stronger and looser cough, *i. e.*, by the production of real croup-fits, with diminution of the constant hissing, sawing respiratory noise, which either commences to approximate to the normal sound or becomes rattling; and also by short yet alleviating remissions. In this stage also of violent paroxysms, Iodine and Aconite are to be continued in the same manner until the cough has become catarrhal. As the more dangerous symptoms diminish, rarer repetitions suffice. If, however, in certain cases we do not succeed by means of these remedies in exciting the organism to the due degree of reaction, if in spite of Iodine and Aconite the cough becomes neither stronger nor more frequent, if the respiratory symptoms and the sawing sound accompanying the breathing do not diminish, this state must be regarded as an increase of the disease, and the treatment must be altered in this way, that in place of Aconite we give Hepar in alternation with Iodine. If, after this, real paroxysms do not yet appear, then it must be that the system is too weak for them, but still the cough becomes more frequent and looser, the dyspnœa diminishes, and the hissing, sawing noise changes into a rattling, so that in this way the disease is transformed into health, but the recovery takes place but slowly. The alternate employment of Hepar and Aconite is rendered necessary when the paroxysms before or after the employment of Iodine consist of long continued, weak, loose fits of coughing, with much mucous secretion, the remissions at least exhibit some alleviation and the fever still continues; but if there is no longer any fever in this stage, if the remissions produce little or no relief, if the respiratory sound in spite of the loose cough is still strongly sawing, then Hepar and Iodine must be given in alternation.

If the treatment is only commenced at the height of the disease, when the cough is already rare or absent, the dyspnœa and anxiety great, breathing very sawing, pale face, cold skin, partial diaphoresis, and small quick pulse are present, Iodine must be given alone every hour until signs of general reaction occur, and then only is Aconite to be added.

The same maxims are applicable to the treatment of both

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forms of bronchial croup, which as a rule only come under treatment when they have attained such a height; if, however, we have to treat a primary bronchial croup in the first stage, then, on account of the accompanying fever, Aconite is to be given along with the Iodine from the beginning. If the solid cylinder-like exudation be in both cases so far dissolved as that we hear a rattling noise in the finer bronchial tubes, it will promote the recovery to pass on to Hepar, either, if fever is present, alternately with Aconite, or if the cough is weak, with Iodine. With respect to the employment of Bryonia that is sometimes requisite in this case, I must refer to what I have said when speaking of its indications.

The spasmodic croup demands from the commencement, on account of the serious hyperæmia of the lungs threatening paralysis, and the prevailing icy-coldness of the skin, the employment of Aconite alone, and that in strong and frequent doses every quarter of an hour, until the attack is over, *i. e.*, until the oppression of the chest has subsided and the icy-coldness of the skin lessened; after this, more rarely, according to the intensity of the pain and the occurrence or not of perspiration. On the first appearance of an attack of croup, Aconite is to be given alternately with Hepar, which in this case is always more serviceable than Iodine, as these attacks are neither very violent nor are they accompanied with great anxiety or painfulness of the larynx, but always with much rattling respiratory sound.

Besides the medicines cited, I have in some cases, where there were great complaints of tenderness of the larynx, applied with advantage hot cataplasms as a palliative, but, on the other hand, I have never employed blood-letting, derivatives or baths of any kind.

In all cases of croup it is absolutely necessary for the success of the treatment to keep the patient quietly in bed; if this is not done the recovery will be but slow in the most favourable cases, but we may more frequently expect an unfavourable issue. The diet must be a strictly non-stimulating one, cold water for drink does no harm, at least in the torpid form.

In order to give a better idea of the forms more rarely met with, I may be allowed to add a few histories of cases.

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Torpid Croup.

Mr. P.'s child, a strong but very pale and scrofulous child of 1¼ years old, about cutting his double teeth, has for three days had intermittently slight fever, which was attributed by his mother to teething, and hence not attended to. On the 13th Nov., 1847, the child would neither eat nor drink, and could not cry as usual, in consequence of which I was summoned at 4 P.M. The child had much febrile heat, which, however, as the mother stated, often intermitted; very rapid pulse; the tonsils were very much swollen and, together with the palate, of a deep red colour; the respiration was short and rapid; the swallowing much impeded. I ordered Bellad. 6, gtt. j, every hour. As such a violent cynanche tonsillaris in such a little child struck me as suspicious, and as I judged it to be but the precursor of some other disease, I gave orders that I should be immediately informed of any aggravation or new symptoms. About 10 P.M. I was summoned in consequence of the child having, as it was said, altered much; however, I only found a febrile exacerbation, with shorter breathing and some mucous rattling in the bronchial tubes; there was no cough present; I consequently ordered the Belladonna to be continued, but bade the attendants be careful to watch for any change. In spite of this, it was not till 5 o'clock on the morning of the 14th Nov. that I was informed that the child had, betwixt 1 and 2 A.M., coughed severely but not long, with a very rough, hollow, sometimes whistling sound; before each cough the child had been very restless, whilst the cough lasted it could not get its breath; the respiration was very rattling, and the febrile heat had been on and off all the night. About 6 o'clock, when I saw the child, it was, it is true, asleep, but the respiration was very short and sawing; on awaking it could cry but little and that hoarsely; since 3 o'clock there had been no more cough; the temperature of the skin, in comparison with the previous day, was very low; the face no longer red; the head drawn back; the pulse frequent, small and hardish; the swallowing, in comparison with yesterday, much easier, but the tonsils were swollen and together with the palate reddened. I could now no longer doubt that in the night a croup had become developed, and that of the torpid cha-

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racter. The absence of oppression, threatening suffocation, and the exceedingly mild attack of the disease might have led me to give Hepar sulphuris in this case, were it not that the very rarity and short duration of the cough, together with the strongly sawing respiratory sound, indicated the danger; consequently I prescribed Iod. 4, and Acon. 3, one drop alternately every hour. Soon after the first two doses the breathing was so far ameliorated that the sawing noise diminished, the temperature of the skin increased, perspiration came on, the child coughed frequently with a very rough sound, it got much more lively and played. About 9 o'clock an attack came on consisting of short breath, greater oppression and increased sawing sound of the respiration; no cough at all was present during its continuance, but after it there came on spasmodic twitching of the facial muscles and convulsions;* the respiratory act was performed with difficulty, on account of the obstacle presented by the cynanche tonsillaris; the nose was much stopped up; the tonsils, since leaving off the Belladonna, again considerably more swollen; the cough that now came on was not so hollow, more hoarse, sometimes whistling. Besides continuing the same remedies I prescribed if the convulsions should return, Cham. 3 gtt j, and for the relief of the cynanchial sufferings an ointment made of Tinct. Bell. gtt. xv, and Axung. porcin. ℥ j, to be applied to the tonsils. In the course of the day there only remained some slight fits of oppression without cough, the cough came on only in the remissions; the convulsions appeared a few times but now much slighter, so that Cham. was not necessary; the temperature of the skin became normal; the breathing was still short even in the remissions, and constantly though not so strongly sawing; while coughing the child had once expectorated a piece of membranous substance. In the evening no febrile exacerbation.

15th Nov.—The child slept almost the whole night through, and had to be awakened every time to take the medicine; it had no actual fits, and only coughed three times from 8 P.M. to 9 A.M.,

* Convulsions coming on during a paroxysm, lengthen and aggravate the fit so much, that death appears every moment imminent; Chamomilla, however, removes them easily.

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each time however with the croupy sound; some of the inspirations were whistling, and the breathing was still sawing during the night. In the morning I found the child lively; no attack of oppression; the cough though short was frequent and had the croupy sound, but was occasionally loose. In the evening, no fever; slight perspiration.

16th Nov.—The patient slept well during the night and had to be awakened to take the medicine. No increase of the oppression; three fits of coughing with croupy sound; breathing in the evening more rattling than sawing; the tongue, which was first furred white, has to-day only a whitish coating at the root; the child can drink to-day a cup of milk without difficulty and eat a roll; the swelling of the tonsils is diminished. Hepar 3, gtt j, and Iod. 2, were prescribed in alternation every two hours. All day long the child coughed much, the sound of the cough was still very rough but not whistling, on the contrary, loose. In the evening a miliary rash appeared on the back and chest, unattended with fever.

17th Nov.—Quiet sleep during the night, with occasional cough of short duration; the breathing was very rattling during the night, I heard but little rattling in the morning, no sawing during respiration. The same prescription. The cough was pretty frequent during the day, but the croupy sound was seldom heard.

18th Nov.—Night good, sleep little disturbed by the cough; the breathing during sleep was also stated to be gentler and deeper, more natural. Towards noon I heard only one loose, very slightly rough cough. From this time forward the remedies were only continued every three hours, and by the 21st Nov. the child was quite well.

This case, independently of the complication, presents some rare features; as for instance, no cough being present during the paroxysm on the first day, but only coming on afterwards. The attacks of oppression could not be attributed to the miliary eruption that occurred subsequently, as they had already ceased for 24 hours before the appearance of the latter. That it was a case of true croup is evident from the expectoration of a membranous substance, and that it was of the torpid character is

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shewn by amendment only coming on after an increase of the cough, and by the low temperature of the skin on the first day.

Secondary Bronchial Croup.

On the evening of the 29th January, 1844, I was called to see a child which was said to have much phlegm on the chest; it was a stout boy of ten months. I was told that it had had for several days some cough and heat, had been very restless, but was to-day much quieter. I found the face pale; the lips blue; the eyes anxiously looking about, only half opened; no cough was present; the child could no longer cry, but only uttered a low whining noise occasionally; the breathing was very short and hurried, loud rattling, occasionally sawing; pressure on the larynx caused it to distort the features; the skin was cool, covered with clammy sweat; pulse small and uncountable; the thoracic parietes were scarcely raised during inspiration, but were only moved a little sideways; vesicular breathing was nowhere audible; there was bronchial respiration, with rattling in the larger branches of the air tubes; in the lower part of both lungs there was no respiratory murmur, Without doubt I had before me a neglected croup, in which, in place of the larynx, the bronchi and their ramifications were rather the parts affected, and in which plastic exudation was already present. The prospects of a cure under these circumstances were very unfavorable, death was to be expected in the course of 24 hours; however, not to omit doing everything, I prescribed Tinct. Iod. 2, gtt ij, every two hours. The following morning I found nothing altered in the symptoms, I was only informed that the child had grown more restless and hot in the night, which I looked upon as a favorable sign indicative of a return of reaction; I therefore prescribed Iod. 2, and Acon. 2, gtt ij, every two hours alternately. In the course of the day, some slight fits of coughing ensued for the first time, with a croupy sound; the thorax rose somewhat more; I heard in the lower part of the lungs bronchial respiration, with rattling, a sign that the exudation was becoming dissolved. Under the use of these two remedies the child improved so far that, by the 4th Feb., in place of the previous attacks of croup, there remained nothing but an almost

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incessant, short, dry cough, the sawing sound accompanying respiration was quite gone; the rattling was inconsiderable; the breathing deeper, and rough vesicular murmur was audible; wherefore I discontinued the remedies and prescribed instead Bry. 2, gtt j, every two hours, and in a few days the cough was quite gone. The dyspnœa alone persisted for a short time, but went off gradually without any more medicine.

Primary Bronchial Croup.

Laura H., five months old, a plump, stout infant, born of scrofulous parents, and still at the breast, was stated to have been quite well yesterday, but in the evening, after having been exposed to a somewhat raw air, when brought home it became affected with short breathing, suffocation and fever. On the 7th Dec., 1847, at 10 A.M., I found the child in the following state: It looks anxiously about, as if seeking for help; face not red, in spite of the violent fever which reveals itself by the burning hot dry skin and the full, quick and hard pulse; the breathing was very short, combined with some rattling; at every third or fourth inspiration a whistling noise was heard; no cough was noticed either yesterday or to-day as yet, or if there was any it has been overlooked; the infant can scarcely cry, but it takes the breast tolerably well. On inspecting the thorax I noticed that its parietes did not move during the respiratory act, which was performed by the abdominal muscles alone; auscultation revealed extended and increased impulse of the heart, vesicular breathing was nowhere audible, only weak bronchial respiration. Iod. 6, and Acon. 6, gtt j, alternately every hour. In the evening I was told that after the first dose (Iodine) the shortness of breath and suffocation became ameliorated; three attacks of coughing occurred during the day, with a somewhat rough and whistling sound; I found the child asleep, the breathing was not so short as in the morning, the long drawn whistling was not audible during sleep, but in place of it there was a distinct strong sawing noise; the thorax was again somewhat elevated; the face was pale and puffy; skin not very hot; general slight sweat; pulse less frequent and hard.

8th Dec.—The child had slept much during the night; had

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no strong fever, but on the other hand, slight perspiration and three severe attacks of croup. To-day it was lively, but very pale; fever very moderate; breathing not so short as yesterday, the sawing sound no longer persistent. The ingress of the air into the air-cells was distinctly audible; respiration puerile, with some rattling. Medicine only every two hours. The cough had still the croupy sound during the day, but was looser; the fever very moderate; during respiration more rattling was audible; the voice louder but still hoarse.

9th Dec.—After copious perspiration throughout the whole night I found the child this morning free from fever, the thorax rose properly, vesicular murmur still somewhat rough, the cough strong and loose without any suspicious sound.

On the 10th Dec.—After a quiet night there only remained a little loose catarrhal cough. Medicine only every three hours.

On the 11th.—Nothing abnormal was to be observed about the little patient.

Spasmodic Croup.

On the 9th January, 1846, I was summoned to attend Mr. E.'s daughter, who was labouring under a simple catarrhal cough which was short and dry, and caused by a scraping feeling in the throat, in other respects she was lively, without fever and with a good appetite. She is ten years of age, flabby, puffy, scrofulous, is too well fed, but is very sensitive. I prescribed Bryonia 3 gtt j, every three hours. At midnight I was again summoned in a great hurry, as the patient was stated to be nearly suffocated. I found her standing clinging to her mother, she had leapt out of bed with anxiety; the countenance expressed the greatest anxiety; the breathing was short and hurried, and especially when she breathed deeply, loudly whistling, sometimes sawing, she tried to cry out but could not; suffocation seemed imminent. At first she was able to speak and to swallow. Shortly before my arrival a colleague, who had diagnosed croup on account of the hollow whistling cough, gave her Aconite and Iodine at short intervals; this not only did no good, but it did not even prevent the increase of the disease to such a height, that on my arrival the child was unable either to

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speak or swallow, she only pointed to the chest and throat as if she had pain there; the skin was very cool; pulse small, compressed, quick; there was no cough properly speaking, but she endeavoured to obtain air by forcing herself to cough. I made her lie down in a warmed bed, but she could not remain lying on account of anxiety, she always raised herself up and bent forwards. Under such circumstances, as she was unable to swallow a drop of water—she only made a chewing movement when a spoonful of water was put in her mouth and soon spat it out again—the administration of medicine was out of the question, the much vaunted olfaction even of tinctures had no effect, nor were sinapisms on the neck and chest, and hot sponges to the throat of any avail; but after some linseed-meal poultices were applied to the neck she was enabled to swallow a few drops of warm water with much difficulty, but nothing more; I therefore left them off, but as I was now able to give a medicine, and as this was the first case of the kind I had witnessed, thinking that spasm was the main malady and that it was a case of Millar's asthma, I gave Bellad., Stramon., Veratrum, Guaco, without the slightest benefit. Perceiving my error, at two o'clock I gave Acon. 1, gtt j, in half a teaspoonful of tepid water, and repeated this every quarter of an hour. After the third dose the skin began to grow warmer, the pulse became somewhat fuller and soft, the oppression of breathing less; wherefore I did not think it necessary to repeat the medicine so frequently, but resolved to give it only every hour. About half-past three o'clock the oppression and whistling inspiration were gone, the child could swallow and speak with ease; she stated that during the attack she had felt violent pressure over the whole chest and a constrictive sensation in the larynx, and she felt as if she could get no air. Copious perspiration now ensued, and cough with the croupy sound occasionally took place. Aconite was continued every hour.

10th Jan.—I found my patient at 9 A.M. in a strong fever; rough cough with scraping in the larynx occasionally set in, the respiration was pretty free. At noon she got a true attack of croup, but the oppression did not again get so bad as it had been during the night. As the croupy attack was not of the

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most violent character, I gave immediately Hepar 2 gtt j, whereby the attack was speedily relieved, and thereafter I ordered Acon. and Hepar to be given alternately every hour. In the evening, febrile exacerbation, the cough came on not frequently, but it had still the croupy sound.

11th.—Much fever at night, little sleep, occasional rough dry cough. In the morning general slight perspiration, fever proportionately less than yesterday. In the forenoon and evening another true attack of croup, with much rattling of mucus, but no expectoration. In the evening increase of fever.

12th—Much perspiration at night, with great restlessness, but towards morning sleep for several hours. In the morning again a remission of the fever, but in place of the croupy cough there was incessant, short, dry cough, with scraping in the throat, for which I prescribed Acon. 2, and Bryon. 2, in alternation every hour; by the evening the frequency of the cough was much lessened and the febrile exacerbation did not again occur.

13th.—The night was quiet; much sleep; copious perspiration; no fever; the cough towards morning became quite loose, like simple catarrh; Bryonia 2 gtt j, every three hours was prescribed.

14th.—The loose cough comes on but seldom, there is no more cough present; Bryonia was continued; the patient got up.

By the 16th of January, that is, the 8th day of the disease, all traces of indisposition had disappeared.

Since then this girl has had two such attacks, which on both occasions attained the same height, and were removed by Aconite alone; they differed from the first, however, in this, that they were not followed by a regular attack of croup, but only violent fever and at first hollow and dry, and subsequently loose cough. I must not omit to mention, that since the first attack, a peculiar hollow, dry cough, sounding more like bronchitis than croup, occurred in damp windy weather, and such a cough preceded the last two attacks. After giving Spongia for this cough, for which Acon. Hepar and Merc. were useless, the disease has never recurred, and the recurrence of the cough has become seldomer.

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ANTICIPATIONS OF HOMŒOPATHY,

By WILLIAM SHARP, F.R.S.

Of Rugby.

"I have the happiness of curing my patients, at least of having it said concerning me that few miscarry under me; but cannot brag of my correspondency with some others of my faculty . . . . who impeach me of great insufficiency, as I shall likewise do my taylor, when he makes my doublet like a hop-sack, and not before, let him adhere to what hypothesis he will."—THOMAS SYDENHAM *to* ROBERT BOYLE.

WILLIAM HARVEY in the dedication of his work "On the Motion of the Heart and Blood in Animals," says: "I do not think it right or proper to strive to take from the ancients any honour that is their due." In this sentiment he is seconded by Sir HUMPHREY DAVY, who observes that "justice is the first principle of philosophical history."

The fundamental axiom in medical science having been now fully developed and exhibited to us by SAMUEL HAHNEMANN, we may take pleasure in looking back, through the vista of past time, and with intelligent interest seek for and bring more conspicuously before the notice of our own and of the next generation, the names of those who have in any degree approached the great maxim which we believe to be true, "*similia similibus curantur.*" HAHNEMANN himself has mentioned several physicians from HIPPOCRATES downwards, who have done this more or less.

But more especially ought this to be done gladly when the individuals who were thus pioneering in the right direction, were, for that very reason, exposed to suffering and disgrace, through the envy and abused authority of their contemporaries.

Perhaps no one is more worthy to be recalled to notice, and to have a claim made on his behalf for our grateful respect on this account, than Dr. GREENFIELD, a physician practising in London in the time of William the Third and Queen Anne; a time so often called the Augustan Æra of England; a time when there was a more numerous assemblage of men of genius, learning and distinction than have been crowded together into so short a period of our history either before or since.

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I propose therefore with this view to give a translation of a considerable portion of a scarce book having the following title; "*Tutus cantharidum in Medicinâ usus Internus, per Joannem Groenevelt, M.D., e Colleg. Med. Lond. Londini, Ed. Secunda,* 1703," The safe internal use in medicine of Cantharides, by John Greenfield, M.D. of the Royal College of Physicians of London. I offer this not only for the reason already assigned, but also because I think the very interesting cases he details may be studied advantageously for instruction and encouragement in our present practice.

I will only premise further the following notice of our author from the "Dispensatory" of Dr. QUINCY, 10th edition, 1736, p. 168.

"Dr. GROENEVELT, who published in vindication of his own practice, a small treatise '*De tuto Cantharidum,*' &c. suffered much by a prosecution for giving them inwardly, being charged with and sued for *Male-practice.* The issue ruined the unhappy Doctor, and taught his envious prosecutors the safety and value of his practice. They are now frequently given."—This is sufficient to excite our sympathy on his behalf, which will be increased by the following extracts from our author's Address to the "candid reader."

"This little Tract does not see the light that I may increase the number of superfluous books by a vain display of learning or experience, but that whilst justly vindicating my grossly wounded reputation I may exhibit before the observation of all, the pride and ignorance of certain calumniators.

"I have been a physician and a practitioner of medicine for seven-and-twenty years, and have diligently cured many kinds of diseases, and many afflicted in various ways have, by God's help, been restored to health. Especially, while I practise lithotomy, do diseases of the kidneys and bladder come daily before my notice. Wherefore, my attention being anxiously bent in this direction, I have learnt by multiplied experience, that in suppression and retention of urine, strangury and ulceration of the bladder, Cantharides, corrected by Camphor, is a most noble and safe remedy.

"By the aid of these remedies, others having been tried in

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vain, I have safely removed discharges, both of viscid, and purulent, and putrid matter, and also eroded membranes from ulcerated surfaces, and that not rarely nor by accident, but so thoroughly, and so frequently with success that more than a hundred females have been thus cured.

"I shall speak chiefly of females, because Cantharides in substance are not so suitable to males.

"But the following story will prove very plainly that nothing can be done by a physician so honest and useful that it cannot be censured by envy.

"It happened that in the year 1692 I was called to see a person called Susan Whitall, in the parish of St. Saviour's, Southwark. She was suffering from an ulcer in the bladder, and I prescribed Cantharides, and Camphor to prevent the too violent action of the Cantharides.

"In the following year I was cited by the bedell of the President and Censors of the College of Physicians, viz :—

Thomas Burwell, *President,*
Humphrey Brook,
Josias Clerk,
William Briggs,
Fredk. Slare, } *Censors,*

to render an account of this prescription, and to answer certain criminal charges falsely and rashly brought against me. I defended myself before them, showing that the woman had not kept my prescription, (though given in writing,) but, in my absence, and contrary to my injunctions, had taken the pills of Cantharides, but had entirely omitted those of Camphor, which should have been taken after them.

"I proved besides that she had been confined to her bed for a long time before she sought my aid, having been weakened by a difficult labour.

"And lastly, that although she had taken my medicines foolishly, she had nevertheless been benefitted by them.

"It now turned out to my advantage that one of the Censors, Josias Clerk, *Elect,* had not only heard of, but had witnessed the efficacy of Cantharides. All these things being considered, they dismissed me without censure.

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" But the present year,

'Stabant irati scabra rubigine dentes,'

on account of some angry words having passed between me and one of the censors of this year, which, had not my memory been refreshed, I should have forgotten, I was called upon again to refute the same accusations. I presented myself again and advanced the same arguments as before. I demonstrated before the President and Censors,

Sir Thos. Millington, *President*,
Thomas Burwell,
Richard Torlesse,
Wilm. Dawes,
Thos. Gill,
} *Censors.*

the effect upon two dogs; to one of which I gave the Cantharides alone, and to the other with Camphor.

" In addition, I took with me women who had been cured by the use of the same remedies, of whom I had many, and Physicians, members of our College, who had been eye witnesses of their wonderful efficacy. But the story is told to the deaf! They set all these things down as of no value, reject and cast them away, and when

'Vincere apertè
Non datur, insidias armaque tecta parant.'

For they gave a ready and favourable ear to the calumnies and tales of three girls, sworn privately and in my absence. And when I had heard of this, they would not concede to me, although I requested it, leave to answer, but drove me away unheard.

" Fourteen days after this they delivered me, by a writ signed and sealed, to the prison of felons (Newgate), charging me with *mal-practice*.

" This is my case! I thought it necessary to premise this statement, lest, from the high character of my adversaries, the public might think unjustly of me, being misled and judging me simply from this mark of ignominy, and because I had been thus publicly branded. For what are the circumstances? The censors of this illustrious College shut up in prison not a stranger, but a Doctor of Medicine, and a member with them

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of the same College; a thing that from the building either of the prison or of the college had not been seen or heard of! which I confess was a sufficient evidence of guilt to those who look only at the outside of things. For what otherwise could the unlearned gather from these proceedings than that there must be the most just cause for such great disgrace; for that surely such learned and renowned members of the medical profession would be unwilling to expose a member, and with him the whole College, to such public contempt, unless he had been guilty of some great and horrid crime.

"The whole crime I have committed is the prescription of Cantharides; and I will prove in this tract that they are not only legitimately used, but have been esteemed as a most useful remedy from a considerable period before Christ down to the present time, by the testimony of the most experienced and enlightened men. Further, I will shew that the virtues of Cantharides can be separated from their offending acrimony by Camphor; and to all this I will add a number of cases in which I have exhibited Cantharides united with Camphor not only safely, but often with unlooked-for success.

* * * * * *

"Is it then to be allowed to none but three or four to be judges in the art of medicine? Certainly, unless such persons are willing to be accounted omniscient, there must be many remedies in nature of which they are ignorant, and which may be found to be useful to mankind even though antiquity may have pronounced them to be hurtful.

* * * * * *

"Some physicians, the most eminent for learning and experience, appeared in the most friendly manner, induced by Christian piety, to vindicate their unjustly oppressed brother, and in open court before the judge established my innocence by their own experience. * * * No 'mala praxis' without 'malus animus.'

* * * * * *

"What a wide field is here opened, ingenuous reader, either to inveigh against envy with just reproaches, or to expose ignorance as it deserves! But it is not lawful to indulge in

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anger; dismissing, therefore, these things, I earnestly beg thee attentively to read and candidly to judge what I shall now relate."

Then follow sixty pages of historical recollections, relative first to the use of Cantharides, and secondly to that of Camphor. With these I need not trouble your readers, but I have great pleasure in translating the remaining portion of my author, which consists of a "proving" of the drug, and of several cases; both because they are very interesting historically, and, as I have already remarked, I think they may be also instructive to modern homœopathists in the treatment of these formidable diseases.

The following is what I have called a proving of Cantharides, and an illustration of the efficacy of Camphor as its antidote.

"OBSERVATION.

"In the year 1691, on the 25th of October, five young men go into a wine-shop, where, being exhilarated by wine, they desire to try the effect of Cantharides, which they had in their possession in a bruised state. Later on, after having drank more, they mix a large dose of Cantharides in the wine and give it to one of their companions who was ignorant of the trick. After a few hours he feels itchings and prickings, and at length he suffers the most extreme burning, and an intolerable strangury. In the evening a surgeon is called, Mr. Forscher, but his companions conceal from him the cause of the malady; he, looking at the symptoms, bleeds him immediately, and prescribes emulsions; but the patient obtaining no relief from this treatment, continually accuses his companions with loud clamour, until they confess what they had given him to drink; the surgeon then prepares emollient and anodyne injections, and gives opiates, but all in vain.

"Five days having elapsed, the surgeon accidentally visiting me, mentioned the case, and asked my advice. I willingly gave it, and prescribed two scruples of Camphor, to be made into two boluses, of which one was to be taken immediately, and one in six hours. The first very greatly relieved the pains, the second entirely removed them. This patient was Mr. Bennet, a respec-

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table and well-known person, living in Wapping; who enquired of his surgeon how he had found the remedy which had given him such relief; the surgeon explained the whole, and Mr. Bennet sent me his hearty thanks and an ample fee."

* * * * * *

We now proceed to the cases, the first of which gives the morbid appearances of the diseases for which the remedy is given, with the addition of circumstances which show that Cantharides, as well as every other remedial means, must sometimes fail.

Case I.—"In the year 1676, Mrs. A. R. consulted me. She was above 40 years of age, addicted to gross feeding, and had for some years suffered severe pain and afterwards a pricking in the region of the loins, extending towards the pubes and the groin, followed soon afterwards by the discharge of bloody and purulent urine. For some weeks there had been added to these sufferings a scalding and strangury, and between the times of making water a stinging pain about the pubes so dreadful that it could neither be borne nor described. The urine deposited a purulent and fœtid sediment; the contents of the bowels passed involuntarily; the pulse was jerky and more frequent than natural; the respiration quickened; there was great thirst but no appetite. Night and day she was restless and watchful; answered interrogations irregularly; her countenance was ferocious and stern; her eyes fixed. Her sad condition excited the compassion of those around her.

"The disease increased, several remedies were tried in vain, and the patient died in three days.

"Post mortem appearances: the bladder was filled with the most fœtid pus, and its coats softened and eroded with ulcers; the ureters contained pus and calculi—on the right side four whitish calculi surrounded with fœtid matter, on the left some darker coloured and harder ones. The kidneys were flaccid, swelled, and containing pus; in the pelvis of the right kidney was a hard, angular calculus, in part imbedded in the parenchyma; in the left were several small calculi with bloody pus.

"This woman was [illegible] dropsy, and when food is taken

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more abundantly than nature calls for, it produces disease. Neither gorging, nor fasting, nor any thing which departs from the requirements of nature, is good. Intemperance produces vertigo, stupidity, torpor, inertia, cachexy, dropsy, and a thousand maladies."

* * * * * *

CASE II.—"In 1679 I saw M. A. near the Globe Stairs, Rotherhithe, aged 30, who had a complete suppression of urine, with extreme pain, tension, and swelling over the pubes,—she had previously suffered from pain in the kidneys and loins,—the urine being loaded with a heavy fœtid mucus. She had been frequently troubled with strangury before the suppression occurred. There were frequent attempts to evacuate the bowels.

"This patient was evidently suffering from ulceration of the bladder.

* * * * * *

"How dangerous this disease is and how difficult of cure, has been shown in the preceding case, and all experienced physicians acknowledge. The acrid urine constantly flowing into the bladder prevents the healing of the ulcer. However the cure was accomplished in the following manner: I first introduced the catheter, by which means the urine was freely discharged, the meatus having been previously entirely obstructed by pus and eroded portions of membrane. To relieve the tension, or rather the inflammation, and to allay the pain, I ordered venesection, which was done by a surgeon, to the extent of fifteen ounces. I advised the following enema to be given after six hours,

℞ Decoct. commun. pro Clystere ʒ viij,
Elect. e bacc. lauri ʒ j,
Cass. rec. extract. ʒ ss,
Vitell. ovor. No. ij cum
Elect. lenitiv. ʒ iij M.

From this, and similar enemata, I find some relief is afforded in these cases. I ordered cooling but not very liquid food, as panada, or thick gruel, rice milk, asparagus, or chicken broth. For drink I prescribed almond emulsion and decoction of barley with liquorice and mallows. To lie in a bed tolerably soft, but

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not on a feather bed. To soothe the mind and procure sleep I ordered an emulsion of poppies with liquid laudanum to be taken. By the use of these things the pain and ardor urinæ were a little ameliorated. I always try these milder measures first, and when they have failed, and the case becomes urgent, I proceed with the following.

℞ Cantharid. penes ignem exsiccatar. et pulv. gr. xij,
Camphor. cum Ol. amygd. dulc. solut. gr. xv,
M. ft. Boli No. ij,

to be taken in three hours; I then examined the urine, and ordered the repetition of the boluses, and on the same day, about five in the afternoon, the urine was very copiously passed, and during the same evening, pus, sanies, and mortified and eroded membranes were expelled in abundance.

"Every three hours, between the doses of medicine, she drank three pints of liquid—emulsion, or broth, or milk sweetened with sugar. At bedtime I prescribed as follows:

℞ Pil. pacificar. Matth. ℈ ss,
Camphor. solut. gr. viij, M. f. Pil. No. iij,

to be taken for a dose. She slept better. The same paregoric was taken on three successive nights; in the mean time drinking barley gruel with syrup of violets and honey of roses.

"I sometimes substituted for the above paregoric, Philonium persicum (which contains Camphor and Opium), and in three weeks the patient was convalescent; she is now living, happy and quite well.

"I seldom prescribe injections for females, for men often.

"Equisetum (Horse-tail), Symphytum (Knit-bone), Gum arabic, and Armenian bole are also remedies very proper to be occasionally used in these cases."

Case III.—"D. W., the wife of a citizen near Guildhall, London, aged 24, was suffering pain, (in the year 1692,) at the bottom of the abdomen, around the pubes; she passed branny, purulent, strong smelling water with very great difficulty, and with acute pain; after taking Mercurial medicines, or rather after having been salivated by a learned and clever physician without ben[illegible] requested me to be sent for.

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"After the usual preliminaries, I gave Cantharides with Camphor, but in carefully regulated doses, as she was a very delicate and slender person. However, she took gr. xxi of each in the space of eight hours, I sitting by my patient to watch that the stimulation did not continue too long, and letting her drink freely of emulsions, barley water, Lac amygdalæ, &c. I gave an anodyne at night. After some days this female became convalescent, through God's help, after having been in such a miserable condition; she appeared before my enemies in my vindication."

Case IV.—"In 1684, a lady distinguished for virtue and excellence, (in Collom Street,) was suffering in a similar manner from an ulcer in the bladder. I adopted the same method, prescribing Cantharides, as I have already detailed. Samuel Harmitage, a London apothecary, 'vir probus et industrius,' did not refuse his testimony to this, although a fierce controversy arose between us on the subject, which however disappeared on the recovery of the patient.

"Camphor is the curb of Cantharides.

'Fitque dolorifugum quod fuit ante dolor.'

"I always mix Camphor with the Cantharides, or at least make it the attendant upon them."

Case V.—"In 1688 N. N., an old lady of 63 or 64, a French refugee, was afflicted with symptoms similar to those described in the former cases. Mr. George Sutor, a lithotomist, had sounded her for a calculus, but finding not a stone but an ulcerated bladder, sent for me. After various remedies I at length prescribed sixteen pills, each containing two grains of Cantharides and the same of Camphor, which being taken in the time appointed, this old lady was cured, now twelve years ago, the first aphorism of Hippocrates being well observed."

Case VI.—"Mr. Jeffery Sall, an apothecary in Red Lion Street, Holborn, had lithotomy performed upon him Oct. 1, 1688. Two large calculi were extracted, and the wound healed well. After some weeks he came to me, believing that another stone had been left in the bladder. I explored that organ with

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a catheter, and found no calculus, but the inner membrane of the bladder excoriated, and a large quantity of mucus. I concluded that the pain and difficulty in making water arose from this state of things. This patient had heard that the wife of another apothecary had been happily cured by me with Cantharides, and relying upon this, he tried the Cantharides without my advice. He took them in substance an entire month, beginning with two grains, then three, and thus daily ascending and descending he kept the bladder constantly stimulated by their use, until a tenacious mucus was expelled in such quantity that it filled the vessel; from that time to the present the urine has been passed without any difficulty, and he is now healthy and strong.

"During the whole time he took, as he told me himself, about forty grains of Cantharides; he drank emulsions, &c. at the same time, and balsams afterwards. His testimony is worthy of being received; he is living, and is an honest and candid man."

Case VII.—"A young gentleman, aged 14, the son of Sir John Cheeck, in 1687 laboured under a total suppression of urine for thirteen days. (I have never known any one, suffering from this complaint, survive the seventeenth day.) He began to be lethargic; when I was called in, in consultation with two eminent physicians, Dr. D— S—, now royal physician, and Dr. D— C—, I declared the young man's life to be in the greatest danger, but if they were willing that I should procure a medicine from a London apothecary, some hope might arise as to the restoration of the patient. They wished to have the prescription, which however I respectfully declined. The elder physician assented, and the other at length by the persuasion of the mother of the sick young gentleman yielded to me; the medicine was as follo



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℞ Décoct. pro Syrup. Dialth. O. ij,
Syrup. de Limon. ʒ iv,
Infusion. præced. ʒ iss, M. ft. Apozema.

Our patient took ʒ iv of this apozem for the first dose, which he drank about 11 A. M. and which he repeated every three hours; taking in the intervals barley and oatmeal gruel. About 6 P. M. he passed by stool a serous liquid, having the colour and odour of urine, in large quantity (above O. iss), without being mixed with any fœculent matter, when the brain and the whole nervous system became greatly relieved; he had not a quiet night, but the next morning he made water by the natural passage; the brain became free, and he quickly recovered. He continues in good health."

CASE VIII.—"A— R—, June 29, 1697, aged 28, of a very bilious temperament; the menses have been suppressed for a long time; she became melancholic and hypochondriacal, and in process of time there followed a strangury, then an inflammation of the bladder, and then an ulcer. She consulted the leading physicians for nine years; diuretics, emollients, antimonials, opiates, she had taken in large quantities, but all in vain. She led a miserable life; the urine was most fœtid, and the passages were so much excoriated by the acrimony of the discharge, that, for many years, she had been compelled always to wash with cold water immediately after emptying the bladder.

"This female at length implored my assistance; I examined her carefully, and introduced a silver catheter into the bladder which was stained black.

"Having guessed what the disease was, I first communicated with some of the more celebrated physicians before I prescribed for her. Having premised venesection and enemata I ordered as follows:

℞ Cantharid. integr. tost. non cremat. gr. xxi.
Camphor. ol. amygd. dulc. solut. ℈ j cum
Conserv. n. q. s. f. Boli No. iij,

a bolus to be taken every four hours. Before, with, and after the Cantharides, milk sweetened with sugar to be drank to the extent of six pints in twelve hours. After sufficient discharges

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of urine had taken place, I gave her laxatives of manna and syrup of roses twice or three times, and thus, after having suffered for many years in the most miserable manner from these symptoms, and after having tried without benefit the prescriptions of the most noted persons amongst us, she was happily restored to health by me in this simple manner.

"The witnesses of this case were Dr. Francis Bernard, Dr. William Gibbons, Dr. Praise Watson, Dr. Christopher Crell, Dr. Thomas Botterell, Dr. George Fleming, '*Viri doctrinâ et omnium virtutem genere eminentes.*'"

Case IX.—"A— P—, the wife of a London merchant, aged 32, sent for me on the 17th September 1697. She made water with great difficulty, only by drops, and with extreme pain. On introducing the sound (for her relatives thought she was suffering from calculus,) I found the neck of the bladder swollen and inflamed, and on pressing the tumour with the finger pus appeared and escaped. I enquired the cause of the complaint, and was told by the attendants that they referred it to a very difficult labour which she had had about nine weeks previously; the child having been a large one, with a still larger head. This happened, not in the hands of a common accoucheur, but in those of Dr. Chamberlain, who had been obliged to have recourse to instruments.

"After premising as I am accustomed to do, I ordered the following:

℞ Cantharid. integr. prope ignem sicc. gr. xxxvj.
Camphor. ol. amygd. dulc. solut. ℈ ij cum
Conserv. q. s. M. f. Bol. No. vj;

the first to be taken at seven in the morning, the second at eleven, the third at five in the afternoon, and at bed-time my usual dose of camphor and opium. The day following to take the three remaining boluses.

"She took three boluses without any pain, drinking freely both before and after them of an emulsion and also of milk sweetened with sugar. By the aid of these she passed fœtid urine copiously. About seven in the evening she had still more frequent and copious discharges.

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"On the second night I repeated the anodyne, with plentiful potions of barley water, honey water, &c. She took on that day the fourth and fifth boluses,—the sixth was omitted, my intention having been entirely accomplished.

"I requested Sir Richard Blackmore, physician to the King, to visit this lady, which he did, and examined the case and my prescriptions with great care."

CASE X.—"On the 14th November, 1697, I extracted four calculi from the bladder of Mrs. Browne, (then living in Hat and Tun Yard, in Hatton Garden, but now in King Street, Westminster;) she was suffering at the same time from a most fœtid ulceration of the bladder. She was cured by Cantharides and Camphor, after my usual method, and is now living as mentioned, and in the enjoyment of good health and spirits."

Various minor cases are added, from which I select the following, because they are cures of *dropsy*, (probably arising from renal disease,) by the same method.

"Maria Calloway in Warwickshire, niece to Mr. Wilcox in Tower Hill, was cured of a dropsy by Cantharides; now more than twelve years ago, and she has had no relapse, and is still living and well.

"Mrs. Wilcox had been cured by me in the same manner eighteen years ago. The swelling of the abdomen had become so great that she could not see her own feet. I not only succeeded in expelling the water, but in restoring the natural tone of the viscera. She is still living and in the enjoyment of health."

If practitioners are afraid of giving Cantharides in substance, Dr. Greenfield recommends the following tincture:

"℞ Cantharid. ʒ j, his superfunde,
Spir. Nitr. fortiss. ʒ ij digerantur simul per horas xxiv,
Huic Tincturæ superfunde,
Spir. Vin. ʒ vj digerantur simul quo diutius eo melius. Postea filtretur. The dose is from xii to xl drops twice a day."

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I may observe here that the reason why Dr. G. was able to give Cantharides in such enormous doses was, that they were greatly injured by his mode of preparation. It is well known that even moderate heat impairs very much the activity of the fly, and when it is observed that he orders them

"Tost. non cremat."—

"roasted, but not burnt,"—we may well imagine how much their power has been destroyed before being administered.

Such is the outline of this interesting little volume. I had intended to have added some cases and observations from other sources, as well as two or three from my own practice, but a fear lest my communication should become tedious suggests the prudence of postponing these to a future opportunity.

THE SKIN AND ITS DISEASES.

By Dr. Rutherfurd Russell.

(Continued from p. 243.)

Although we propose to adhere to the pathological order adopted in the former part of this paper in speaking of the treatment proper for the individual maladies there detailed, yet before doing so it may be well to direct our attention to the different points of view from which this important class of diseases may be regarded, in order to arrive at the principles applicable to their successful management. They present four aspects. First, the purely local lesions of the integument; as, for example, those which arise from the chafing of the surface, or the action of some chemical irritant on a particular part, or from the bites or stings of insects, or from the presence of insects keeping up a continual irritation. In all these cases the removal of the cause of offence may be sufficient to restore the injured part to its natural healthfulness.

The second class consists of those diseases which affect the skin secondarily, their primary effect being upon the system at large; as, for example, small-pox. The amount and degree of

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cutaneous affection in this disease is a most important element, both as regards its prognosis and treatment. In fact, we may look upon the extensive pustular eruption as in some respects, independent of the original constitutional cause, depending on the special state of the skin for the conditions of its development, and itself causing a new disturbance of the system. One of the best illustrations which could be given of the power topical influences exert, in modifying the development of the eruption of a constitutional disease, is afforded by the following case related by Dr. W. Budd, in an interesting paper on the Symetry of Disease, published in the 25th volume of the London Medico-Chirurgical transactions.—"A sailor was admitted into the Dreadnought on account of a bruise inflicted on one side of his breech by a fall into the hold of a ship. In the course of some days he left the hospital, having recovered from the injury, but still shewing a bruise-mark on the breech. A short time afterwards he was again admitted with severe febrile symptoms, which terminated in the eruption of small-pox. The pustules were discrete and very few in number all over the body, *except in the exact seat of the former bruise, and there they were extremely numerous, and for the most part confluent.*" We have quoted the case at length because we look upon it as full of instruction. It puts beyond a doubt the importance of studying the progress of the pustules *per se;* shewing that their number and size are not always at least an index of the general severity of the disease, but depend upon some peculiarity of the skin; and it may be of great importance in mitigating the affection of the system to adopt local measures for moderating the cutaneous eruption. What the special means are which best subserve this purpose we shall discuss in full when speaking of small-pox; at present we adduce it as an example of the importance of paying the strictest attention to the state of the skin in all diseases, which although involving the whole constitution tend to excite a specific morbid alteration in that organ.

The third class of these diseases are those in which the skin assumes a sympathetic or vicarious action, holding direct relation with some morbid condition of an internal organ. In some

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cases the external affection is vicarious, that is, on its appearance the other malady suddenly subsides, to reappear as suddenly on the disappearance of this. Speaking of the trifling complaint *strophulus intertinctus*, Willan says "the papular eruption is in many cases connected with a weak, irritable state of the alimentary canal and consequent indigestion; for if it be by any means suddenly repelled from the surface, diarrhœa, vomiting, spasmodic affection of the bowels, and of the general disturbance of the constitution succeed." * Willan supports this statement made on his own observation by the authority of other accurate observers. In this instance the cutaneous affection is not merely sympathetic but vicarious, or in other words, there has been a transference of the morbid action from the bowels to the skin. The subject of vicarious diseases is one of immense importance in a therapeutic point of view, as well as extremely interesting in itself, but it would be out of place to do more here than direct attention to it as one of the sources of erroneous treatment; for as in small-pox there may be danger of our using too few local measures, there is as much danger of our using too many in this and similar eruptions. At the same time we must draw a distinction between vicarious and sympathetic affections, for while the former ought not to be hastily attacked, it may be proper to direct vigorous treatment against the latter. The distinction between the two classes is this: in the one—the vicarious—the morbid action leaves a dangerous seat of operation, such as the intestines, and takes up its abode on a part it cannot materially injure: in the other—the merely sympathetic—the disease does not quit its original place of settlement, but establishes besides a dependency in some other part, and the two may act not alternately to the relief, but simultaneously to the distress of the system. In such cases, of which *prurigo* may be taken as an example, curing the secondary disease is like crushing the colony of a hostile power. One source of mischief is quelled, and the other is abated.

The remaining class consists of those diseases which depend upon the presence of some constant constitutional taint, and as

* Willan, *On Diseases of the Skin*, p. 22.

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they are the most numerous so they are also the most difficult to cure. As an illustration of this division we may take *lepra*, by much the most common chronic affection of the skin, and generally looked upon as quite incurable by the old therapeutic methods. The most important fact connected with this complaint for us at present is, that however inveterate or extensive the eruption may be it is easily removed for a time by medicine which has a specific action on the skin, whether this be administered in palpable or infinitesimal doses, and thus a delusive cure effected, for after the abandonment of the specific the disease soon returns. We have long had an opportunity of watching a patient who has been subject to this disorder for about thirty years, and in him it is always cured by Arsenic, whether he take the 15th dilution or five drops of Fowler's solution three times a day; and it is remarkable that after continuing this medicine in any quantity, let it be ever so minute for a couple of weeks, it is apt to produce unpleasant constitutional effects. This is a good example of a homœopathic palliative; and it was the occurrence of cases of this kind that suggested to Hahnemann the important practical division of medicines into those which were antipsoric, and those which were not. It may be that this distinction is rather confined to individual cases than fitted to express the universal relations of a drug, that is, that in one kind of disease and constitution a medicine may act deeply and so permanently as to destroy the tendency to the disease as well as its manifestation, while in other constitutions or in other conditions of the system it merely removes the phenomenal expression without eradicating the culpable element from the body. For example, we look upon Mercurius as sometimes radically curative and sometimes palliative. The palliation of an inveterate disease by its specific antidote administered in minute doses, and therefore acting through the system without permanently altering the constitution, is one of many arguments which might be adduced to justify the administration of medicines in alternation or succession, with the view of effecting different spheres of morbid action; for it is obvious, that if a particular substance has the power of arresting one without exerting any influence upon

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the other, some other medicine may have an affinity towards that which its predecessor did not reach, and an indifference towards that which it cured. Hence we consider ourselves fully warranted both theoretically and practically to advise the use of two distinct series of homœopathic remedies in the treatment of diseases which arise from a constitutional taint, the one to be selected for its specific power in curing the symptoms of the disorder, and the other for gradually emancipating the system from the influence of its predisposing cause.

There is another point of view in which this power of palliation in what we may call local cures, ought to be regarded, and it is this: There are some cutaneous eruptions which are neither vicarious nor sympathetic, nor are they merely a part of the general disturbance of some peculiar taint, but they seem to hold the same relation to scrofulous constitutions which measles and some other eruptions may be supposed to hold good. They are what we might call the critical processes through which the system is passed, and the future health of the individual depends upon their proper management. It must have been often observed by all practitioners, that every member of certain families at some particular age, often about six or seven years old, begins quite unexpectedly, often during the fullest health and apparently without any exciting cause, to display symptoms of general delicacy; in one it may be swelling of the cervical glands, in another thickening of the upper lip or redness and swelling of the eyelids; now, if at this critical period an eruption of an innocuous kind, *eczema* let us suppose, appears, the chances are that it is the most favourable manifestation of the working out of the poison hidden in the frame, and the injudicious cure of this by employing the recognized antidotes to this peculiar morbid affection of the skin, may be followed by baneful consequences to the future development of the individual. We cannot but fear that this warning is not altogether unnecessary, for certainly those who prescribe according to the manuals most in repute will be almost certain to fall into the error, and it is one which may not disclose its full fruits for long afterwards, and then in some deadly and unmanageable attack of an acute disease, the cure of which is rendered imperfect from the disturbing force of this unmodified morbific cause.

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After these preliminary observations on the general principles applicable to the management of affections of the skin, we shall proceed to speak of the special treatment of the individual diseases in the order previously adopted.

Cloasma or *Pityriasis versicolor* is easily recognized by consisting as it does of brown irregular patches, distributed in a sort of geographical fashion over the body, especially the chest and abdomen, so as to present the appearance of continents and islands, with promontories and peninsulas. The only disease with which there is the smallest danger of confounding it, are the copper-coloured syphilitic or mercurial spots, but slight attention to the colour and the constitutional symptoms which distinguish the latter will prevent the practitioner committing the awkward mistake that such a confusion would be. In itself, it is a perfectly harmless blemish of the surface, the causes of which are unknown, and the only general indications for its treatment are that it is certainly aggravated and perhaps sometimes induced by the use of flannel next the skin, especially in persons who perspire copiously.

Of the long list of medicines given by Jahr as available in this affection, the only ones which bear any resemblance to it in their symptoms, or are accredited as having been useful in curing similar states of the skin, are the following: *Antimonium.*—"Brown spots or dots, like small hepatic spots here and there." *Cocculus.*—"Red irregularly-shaped spots on the skin, on the whole chest, and on the sides of the neck behind the ears, as if coloured with red wine, without heat or sensation." *Conium.*—"Chronic brown or frequently recurring red itching spots on the body." *Lachesis.*—"Small reddish spots on the face, neck and arms, increase in number, become scurfy and then disappear." *Ledum.*—"Bluish spots on the body, like petechiæ." *Phosphorus.*—"*Blotches* and *blotch-like spots*, brownish and bluish red, as in leprous patients." Phosphorus is recommended by Noack and Trinks for the cure of brown spots on the body and yellow spots on the abdomen and chest. *Sepia.*—"Claret-coloured spots on the neck and under the chin, without sensation." "Brown-red hepatic spots on the skin."

Erythema is diffused redness of the skin, and is sometimes a

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symptom of some general disorder, especially dyspepsia, hysteria and gravel; at other times it is a purely local affection depending upon irritation either of friction or of an acrid discharge. It is stated by Hippocrates to be frequently the precursor of death when it occurs in the hands and feet in any acute disease, and also in pneumonia when it appears on the chest.* It is, however, only the second form of the complaint, known as *intertrigo*, that falls to be treated of at present.

The parts most subject to this troublesome affection, are the axillæ, the mammæ on their lower surface, and the parts in contact with them, and especially the inside of the thighs, from which it extends to the scrotum and by impeding walking is extremely annoying. It is often attended with a glairy secretion with a faint sickening smell. In infants at the breast, when not well cleansed, it is frequently met with about the nates and scrotum.

The first indication for treatment is obviously the removal of the exciting cause. This may be wholly effected when the mammæ are the seat of the complaint by the employment of suspensory bandages, while at the same time the abraded or irritated surfaces may be dusted with starch powder or coated with arnicated Collodion. In other places, where it is impossible to avoid friction, Calendula cerate will be found a useful application. Of course, the greatest attention to the thorough washing and drying of the affected parts should be enjoined. In chapping of the hands it is recommended to rub them with honey after washing and then to wipe them with a towel; this is found to be the best outward application. Warm baths, with a few Chamomile flowers in them, has an excellent effect upon that form of the disease which is met with in infants and young children. In addition to these general measures for alleviation, from among the following medicines the specific antidote for the cure may be selected.

Belladonna produces "redness, inflammation, and swelling of the whole skin."

Chamomilla.—"*Redness of one cheek, recurring by starts without shuddering* or internal heat." This is very like one of the varieties of erethyma. Besides Chamomilla has been found

* Epidem. lib. 1st, 89, 14.

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especially useful in the "rash of infants and nursing females," it has also been known to cure "sore places on the skin, especially in children."

Graphites has been recommended by Dr. Gross to be given to the nurse while Chamomilla was administered either as an external application or internally to the infant.

Hepar sulphuris is very effectual in curing "chapped skin and rhagades on the hands and feet," which often arise from erythema, and also in causing a beneficial change in that unhealthy state of the skin which inclines it to ulcerate on slight injuries.

Oleander.—"The skin of the body very sensitive all over; it becomes sore, red and painful merely by the friction of the clothes; for example, the skin of the neck becomes so from the rubbing of the cravat, that of the thighs from the rubbing of loose trousers when walking."

Roseola.—This name has been somewhat vaguely used by writers on cutaneous affections. Rayer considers its proper place to lie between erythema and urticaria, while Willan ranks it with the exanthemata, and expresses a doubt whether it can be properly called an idiopathic disease of the skin. However this may be, all authorities agree as to the fact of the occasional appearance of an eruption, at first red, then of a rose colour, and finally becoming purple, attended with slight fever lasting about five days from its first appearance, and generally accompanied with faint redness of the fauces. It generally affects children with delicate skins, especially in summer or autumn, and in some it reappears annually, which is much against Willan's opinion of its relation to the true exanthemata. Its chief interest consists in its resemblance to scarlet fever and measles; from the former it may be distinguished by its colour approaching nearly to purple, and by the mildness of the constitutional symptoms, for it is only in the worse forms of scarlet fever that this hue appears; and from measles by the evenness of the surface, which does not rise into papular elevations. Although a week or two would remove the trifling malady without any aid of art, yet the administration of some of the following medicines will probably assist, and certainly not impede this consummation.

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Aconite has been found useful in "measles and *purple rash*." Roseola is the only purple rash, properly speaking.

Belladonna, besides its proved utility "in measles and purple rash," has also a specific action on the fauces, which are generally affected in this disorder.

Sulphuric acid, although not among the list of homœopathic medicines, being highly spoken of by Willan, may be included in this brief catalogue, along with Pulsatilla and Nux vom., which seem to be recommended by homœopathic writers entirely on empirical grounds.

Urticaria, or nettle-rash, may be ranked among the sympathetic or vicarious diseases, as it is generally produced by some derangement of the system, generally of the digestive apparatus, and not unfrequently relief is experienced on the appearance of the eruption. The affection of the skin, generally preceded by moderate fever, manifests itself in the form of an elevation of portions of the skin, irregular in size and shape, and varying in colour, being either bright red or pale, and attended with intolerable itching or tingling. The symptoms are much worse at night. The more common form of the complaint lasts for about eight days, but it sometimes becomes chronic, and continues for years. It is most frequently met with in the young, and during autumn.

The predisposing cause of this disease is evidently a peculiarly sensitive condition of the skin, for those who are liable to it can induce it at any time by pinching or irritating the surface. The exciting cause may be either of a general or specific character. Of the general causes the most frequent one is, some affection of the stomach or intestines; but instances are on record where this eruption appeared in connexion with pneumonia and pleurisy,* and Clarke met with some cases where it was associated with cancer of the uterus. Besides these very serious causes it may be excited by others of a purely nervous kind, such as mental agitation; and Dr. E. Wilson had a patient in whom he could evoke it at pleasure, by engaging her in conversation. "I have watched the red wheals," he says, "appear and creep along the skin, and disappear, while I pur-

* Rayer, op. cit. p. 198.

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posely engaged her in conversation on indifferent subjects. A word, a look, the slightest excitement, would immediately bring out a copious eruption."* This case affords conclusive evidence that the notion which seems now gaining ground among the young school of pathology, of this and most similar diseases being the result of chemical change in the constituents of the blood, is erroneous. At all events, that precisely the same affections may be produced without the possibility of this presumed cause coming into operation.

The specific causes are certain vegetable and animal substances which always excite the eruption; the former in a few individuals alone, the latter very generally. Among the former are sweet almonds. After eating of this fruit both Dr. Winterbottom and Dr. Gregory were attacked with urticaria.† But the most remarkable source of this disorder, is certain shell-fish, particularly mussels. It was a prevalent opinion that these animals became poisonous from the kind of food they lived on at certain seasons, but this is now denied by the best authorities, and the symptoms they produce are ascribed to the peculiar susceptibility of individuals. So great is this sensibility in some persons that one instance is recorded of a man who was always affected by nettle-rash if he were exposed even to the vapour of soup in which crabs had been boiled.‡ However, that mussels are sometimes poisonous, from some cause or other, seems to be established by the narrative of Burrows and others, who describe cases in which death took place apparently from no other cause than eating mussels, and with all the symptoms of some violent poison.

In the treatment of this complaint, of course if there is any suspicion of its being of poisonous origin, the first indication is to remove the cause, either by an emetic or by tickling the fauces with a feather, and giving a copious draught of warm water. However, this is very rarely necessary, for the cases of this kind are very uncommon. By much the more common varieties of urticaria depend upon a general disorder, manifest-

* Op. cit. p. 157. † Willan, op. cit. p. 404.
‡ Med. Facts and Observations, vol. v, p. 59.

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ing its presence on the skin, on account of some peculiar liability of that organ to be thus impressed.

The application of cold water to the affected parts, either by sponging or by the shower bath, by which means the intolerable itching is greatly relieved, is strongly recommended; at the same time we should be cautious not to induce a sudden retrocession of the affection from the skin, when its appearance has been followed by the subsidence of any internal disorder.

In the febrile stage of urticaria *aconite* is recommended; besides its suitability to the general symptoms it produces "stinging, with feeling of soreness in various parts of the body;" also "spots like flea-bites, especially on the hands and face."

Bryonia produces a train of symptoms which are the accurate counterpart of the disease: "Prickings over the whole body; a slight emotion (laughter) excites a sudden stinging itching over the whole body, as if he had been whipped with nettles, or as if he had nettle-rash, although nothing could be seen on the skin, afterwards he felt this burning when merely thinking of it, or when becoming heated; burning itching and stinging in different parts of the body, in the evening after lying down in bed." "Eruption on the whole body, especially on the back, extending to the upper side of the neck, itching so violently that he would like to scratch the parts to pieces."

Cocculus.—"A sort of hard blotches, containing no fluid, surrounded with a red border, burning and itching the whole day, on the limbs, the wrist, and the back of the fingers."

Dulcamara is strongly recommended and has been proved useful in acute urticaria. It produces "burning itching, resembling the rapid crawling of insects in different parts of the body; he is obliged to scratch violently; in the beginning the symptom increases after scratching, afterwards it is diminished; there is little of it in the day, generally only at night, and mostly from twelve to three o'clock, after a short sleep the itching wakes him; *also red elevated spots as if caused by nettles;* and "red spots on the body; large and red blotches itching violently over the whole body, and on the neck: nettle-rash after violent exercise, itching for an hour."

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Rhus toxicodendron produces "red spots the size of lentils, with small vesicles in the middle," and "nettle-rash."

Datura strammonium, although not generally recommended, may be useful, as in a case of poisoning by this substance, recorded by Dr. Meigs of Philadelphia, the face of the patient became of a deeper scarlet colour than he had ever seen it in scarlet-fever, and the neck and breast as well as the face were covered with a multitude of small spots of a brilliant red colour, many of which were star-shaped.*

Urtica urens and *Cancer fluviatilis* are said to be useful, but as yet there seems no very decisive evidence in their favour, and our own experience of their value from the occasional trials we have made of them, although the number of our experiments was not sufficient to test the point, gives a purely negative result.

When the complaint assumes a chronic form, the remedies most relied on are:—

Arsenicum, which produces "white blotches of the size of lentils and having the colour of the skin, with a biting sensation particularly at night."

Calcarea carbonica, among the symptoms of which we find "nettle-rash, which goes off in the cool air."

Carbo vegetabilis, recommended in alternation with *arsenicum*, and which produces "burning in the skin, as of sinapisms in different places, the back, the sides, the side of the abdomen, &c.," as well as distinct "nettle-rash for some weeks." And

Hepar sulphuris and *Sulphur*, which although they do not present the symptoms of the precise eruption are useful in curing the general morbid condition of the system which engenders the complaint.

The next disease on our list is *Erysipelas*, which is easily recognized by presenting all the usual characters of inflammation of the skin, attended with the constitutional symptoms of inflammatory fever, such as rigors, pains in the back and limbs, headache, lassitude, loss of appetite, nausea, sometimes vomiting, pain at the epigastrium and constipation of the bowels. When the attack is severe, especially when it affects the head and face, it is usually attended with considerable delirium. The

* North American Medical and Surgical Journal, January 1827.

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duration of simple erysipelas, as contradistinguished from phlegmenous, has hitherto been from twelve to sixteen days, of which three or four days were occupied in the gradual rise of the symptoms, in an equal number they remained stationary and took the same time to decline. Even in the slighter cases, blisters of greater or smaller size appear upon the affected parts. An attack terminates in more or less complete desquamation of the cuticle. In a patient of Mr. Wilson's who was subject to an annual attack of erysipelas, the cuticle of the hands used to come off entire like a glove, and that of the feet like a bag or loose stocking.*

Erysipelas prevails periodically in most large hospitals and lunatic asylums, so that all operations even of the most trifling kind was followed by a severe and often fatal attack of the disease. In the opinion of some it becomes contagious in these circumstances, but it seems very doubtful if it be so in a strict sense of the term. It has been observed to occur periodically as a vicarious affection in some cases of amenorrhœa.†

There are few diseases in which the enormous superiority of the homœopathic over the common empirical method of treatment is more marked than in this, so much so indeed, that our best surgeons have adopted the specific treatment recommended by Hahnemann, in addition to innocuous measures of palliation, which perhaps it might not be amiss in the present ascendancy of free trade principles that we in our turn should borrow from them. Of these, the most in vogue are the dusting of the surface with flour or rubbing it over with lard, or lastly, painting it with Collodium, to which $^1/_{15}$th part of Castor oil has been added. This last is strongly recommended by Dr. E. Wilson, who bears testimony to its practical efficacy, ascribing this to the perfect exclusion of the air, by which the generation of heat at the surface is checked and at the same time a gentle uniform pressure exerted upon the enlarged and weakened cutaneous vessels. It has also been the practice of the most celebrated surgeons to puncture the affected parts with the point of a lancet, and there is no doubt that this affords great relief, nor do we see any serious objection to the practice if it is found necessary.

* Chevalier's lectures on the general structure of the human body. p. 122.

† Rayer, Op. cit.

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In the treatment of simple erysipelas it is usual to give Aconite and Belladonna in alternation, and nothing can be more satisfactory than the result of this practice. We are in the habit of employing the first, second or third dilution of both, and of repeating the dose every two or three hours.

Although the symptoms produced on the skin by Aconite do not present a striking similarity to erysipelas, yet the general febrile state is certainly mitigated by its administration, and so far from the action of the Belladonna being hindered it seems positively increased by that of Aconite. Among the symptoms of Belladonna we find "Erysipelatous inflammation, with swelling or even mortification of the parts, inflammation and swelling of the whole skin, red hot swelling of the affected parts." Rhus toxicodendron is recommended in what is called vesicular erysipelas, but as the presence or absence of vesicles does not indicate any specific change in the morbid action, and as the eruptions produced by Rhus seem essentially different in respect of the accompanying constitutional symptoms, we do not see any ground for seconding this recommendation. In fact, we believe Aconite and Belladonna sufficient for the cure of all cases of *simple* erysipelas. When it tends to become gangrenous other remedies are required.

Phlegmenous erysipelas is recognized by the hot pulsating pain, the thickening and great redness of the skin, and the severity of the general symptoms. In severe cases there is gangrenous ulceration of the subcutaneous and inter-muscular cellular tissues, and the sphacelated portions escape by sinuses formed by the pus to the surface. It is generally found beneficial to enlarge these openings or to make fresh incisions, so as to allow of the removal of the dead and destructive accumulation beneath the surface. The medicines on which we place most reliance in this dangerous disease are *arsenicum* and *lachesis*. *Carbo vegetabilis* is also recommended, but rather upon general than special grounds, and we must confess to have been disappointed with the action of this remedy in almost all the *acute* diseases for the treatment of which some writers prize it so highly. Besides the medicines mentioned, we should add *mercurius* and *hepar sulphuris* to the list, and with the aid of these remedies

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we have seen apparently hopeless cases of this disease ultimately rescued.

The scaly diseases pityriasis, psoriasis and lepra, are so closely allied in their pathological characters, and the lines of demarcation between the two latter at least, are so fine that it would involve much repetition if we were to give a separate enumeration of the medicines suitable for each group; so that after noting the diagnostic peculiarities of the principal diseases which are ranged under these heads and the general treatment recommended for them, we shall include the specific medicines useful for them all in one list.

One of the most common forms of the first of the group is pityriasis capitis, or dandrif. It is easily recognized by the increased scurf on the scalp, which is also slightly painful and red. We have frequently found this disappear if the head is well washed with cold water every morning and thoroughly dried with a coarse towel.

The other local varieties are those which affect the lips, the palms of the hands and the soles of the feet, also a very troublesome form of the disease, attended with considerable itching, is met with in the prepuce and vulva.

Lepra is distinguished from psoriasis by the more circular form of its large patches, by its preference for particular localities, especially the bend of the elbow and wrist and of the knee and ankle joints, also by the greater thickening of the skin and lighter colour of the central part of the patch.

There can be no doubt that the occurrence of either of these cutaneous affections indicates a peculiar diathesis, probably closely allied if not identical with gout and some forms of rheumatism. They are frequently hereditary, and when of long standing are found so intractable as to be considered quite incurable by the old school of physic. The directly exciting causes are often simple irritation of the skin from any continued cause, such as working with flour which induces psoriasis of the hands in bakers, and a similar affection is apt to occur in shoemakers from the continual handling of waxed thread. It has been observed by Willan and subsequent writers, that when psoriasis appears

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on one side of the body, for example, on one leg, it is very apt to appear also on the corresponding part of the opposite side, and to present here the exact counterpart of the shape and size of the original eruption, however irregular that may be. This curious fact is much dwelt on in the essay of Dr. Budd to which we previously referred. It seems to belong to the general law of the system, according to which the corresponding parts on the opposite sides of the body are endowed with vital properties so accurately analogous that all general influences traversing the system produce identical impressions on them, and thus maintain that symmetry which is essential to co-operative voluntary movement, and therefore pervades the spino-cerebral system of nerves and distinguishes it from the ganglionic which presides over the organic life, within whose sphere such combinations are not required. Besides this similarity of endowment and structure of corresponding parts, which induces the one to assume the morbid action of the other, there is probably an active reciprocal influence continually interchanging between them, so that each may be said to be in some degree responsible for the liabilities of its correspondent. We should hardly have dwelt so long upon this had it not been for the whimsical explanation given of it by one of so high and deserved a reputation as Dr. Budd.

The extremely obstinate and troublesome character of psoriasis and lepra has naturally evoked an endless variety of expedients and experiments for their cure, and there is one which although not homœopathic so far as we yet know, yet may be borne in mind, from the positive assurance we have had of its efficacy in a very inveterate case of the former complaint. We allude to a soap composed of common juniper-spirit, dissolved in fixed oil and mixed with soda ley. It is now in high repute at Aix la Chapelle, and on it the virtue of another fashionable remedy of this disease, "*Huile de Cade,*" is said to depend, or at least if it is not the common juniper which is used in the preparation of this oil, it is the allied species "*Juniperus oxicidrus.*"

Dr. Gully recommends the wet sheet packing as generally applicable to these as well as to most other diseases of the skin, assisted in this instance with an occasional sweating, and he

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mentions that he has thus cured some cases of inveterate psoriasis.*

Arsenic, according to the experience both of the old and new school of physic, is the most efficacious remedy in the scaly diseases. "The effect of Arsenic," says Dr. Wilson,† "on the leprous patches is, in the first instance, to increase their redness, activity and heat, and subsequently to diminish those symptoms and render them brownish and dull." Among the primitive effects of Arsenic we find that "the skin of the body peels off in large scales, painfulness of the skin all over the body, prickings in the skin, itching particularly of the thighs and arms, &c." Our own experience confirms the power of this medicine as a certain specific in modifying the morbid condidion of the skin when affected with lepra, so as to give at least temporary relief, and of permanently curing milder cases which do not depend upon a psoric taint in the constitution. The immense advantage of the minute doses is well seen in the treatment of such complaints, for there are many patients who are so susceptible to the poisonous action of Arsenic that they cannot take the quantity usually prescribed by allopathic physicians without the most disagreeable and even dangerous consequences, so that having only the alternative of being poisoned or suffering from a leprous skin they naturally prefer the latter as the lesser evil.

Dulcamara was at one time much in vogue for the treatment of lepra. It was introduced to the notice of the medical world by Professors Althoff and Göttengen last century, and Dr. Chrichton, of the Westminster Hospital, writing to Willan, says "he has found it very effectual in lepra, psoriasis and pityriasis."‡ Rayer also speaks favorably of it. None of the symptoms produced by this substance correspond with those of developed lepra, but it produces very marked "dryness, heat and burning of the skin," which resembles the incipient stage of the diseases under consideration, and although we cannot expect a cure from Dulcamara, it may be well to administer it as an intercurrent or palliative remedy in a complaint which exhausts all the means in our arsenal to effect its expulsion, and often exhausts them in vain.

* The Water Cure in Chronic Diseases, by Dr. Gully. p. 402, et sig.
† Op. cit., p. 280. ‡ Willan, op. cit., p. 147.

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Cantharides is also recommended by Rayer, who says he has found it more powerful than any other remedy, although in the doses usually prescribed its administration is attended with serious danger.

Hepar sulphuris, we have been in the habit of prescribing in lepra and have frequently seen unequivocal benefit derived from it, although in this as in most of the other medicines generally employed, there is no decided correspondence between its primitive symptoms and those of the disease.

Phosphorus produces symptoms more like some forms of lepra than any of the former medicines, and has been found an efficacious remedy in the disease. Among its symptoms are "*round herpetic spots over the whole body*, furfuraceous dry herpes (curative) scaling off of the epidermis." We must acknowledge that there remains yet much to be done before we can undertake the cure of this common and troublesome class of diseases, with that confident anticipation of success which we are enabled to entertain in reference to the treatment of complaints, which, from their nature and duration, ought to be as unmanageable as this one; and we must hope that if we vigorously prosecute the proving of medicines, we shall find some of more avail in the eradication of the scaly diseases than those we have now to rely on.

The first of the papular eruptions is *strophulus*, or red gown or gum,* hardly deserves the name of a disease in its ordinary and simple form, occurring within the first two months of infant life. There is no other papular eruption unattended with fever with which this can be confounded, and its chief importance is derived from its frequent alliance with gastric or intestinal disorder. It is dangerous to employ the cold bath when there is much of this eruption over the body, as there is a risk of the transference of the irritation from the external cutaneous tissue to the internal mucous membrane. Rayer recommends a decoction of Althœa-root to be added to the warm water in which the infant is bathed. This addition is

* Gum seems a corruption of gown. It was called redgown from its resemblance to a printed cotton, and the name is still retained in certain counties of England.

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said to have a powerful effect in allaying the uneasy irritation and to be unattended by any bad consequences.

Chamomilla is almost the only homœopathic medicine which it is necessary to administer. Besides being well adapted to cure the slight disturbances of infant life generally, some of the symptoms it produces present a marked resemblance to those of strophulus, viz: "Red rash on cheeks and forehead, without heat; small red spots on the skin, the spots being covered with rash pimples; thick clusters of red pimples on a red spot on the skin, itching, especially at night, and somewhat smarting, in the region of the lumbar vertebræ and the side of the abdomen. Rash of infants and nursing females." It is usual and probably advisable to give also a few doses of Sulphur either after the Chamomilla or in alternation with it.

Lichen is the *strophulus* of adult life. Consisting of a red papular eruption, attended with more or less itching, terminating in a scurfy exfoliation of the cuticle, sometimes becoming pustular, and not unfrequently passing into a chronic form of scaly disease of the skin. It is always connected with some general disorder of the system, which generally shews itself by feverish symptoms, headache and nausea, a day or two before the outbreak of the cutaneous affection. Summer and autumn are the periods of the year it prefers, and how much is due to season is shewn by the occurrence of the "prickly heat"—a form of *lichen*—in almost all Europeans on their first sojourn in a hot climate. While an unusually hot temperature is undoubtedly one of the predisposing causes of this troublesome malady, some internal irritation is as certainly one of the most frequent of the exciting causes. And it often appears as a vicarious morbid action relieving the internal organs, and therefore it is not safe to use measures for its repulsion. "This accident," says Willan,* "is constantly succeeded by a violent disorder of the constitution. I have observed in one or two cases where it was produced from imprudent exposure to cold, that an acute disease ensued, with great quickness of the pulse, heat, thirst, pains of the bowels, frequent vomiting, headache, and delirium." Another exciting cause of this com-

* Op. cit. p. 47.

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plaint is some mental emotion. A case is related by the same author * of a little girl who had been for some time subject to an attack of lichen, which would appear if she were scolded: and it is more frequently met with in persons of a nervous than in those of lymphatic temperament. It seems also in some way connected with the gouty diathesis. The two indications for treatment are to subdue the irritation of the surface and to eradicate the internal cause. To fulfil the former cold applications, either of pure water or vinegar and water, are recommended; and in chronic cases the vapour bath is said to be very useful, although it is not free of danger in the acute form of the complaint. There is no doubt that all affections of the skin attended with itching are relieved by inunction, and the best unctuous substance for the various forms of *lichen* is Glycerine. It keeps the surface moist, and is not so disagreeable as greasy applications.

Of the specific remedies, those which present most correspondence in their symptoms to lichen are the following:

Aconite—besides the feverish symptoms which often accompany *lichen*—produces "stinging, and feeling of soreness in various parts of the body; spots like flea-bites, especially on the hands and face; large red and itching pimples; reddish pimples filled with an acrid fluid."

Ammonium muriaticum.—"Erratic itching and biting over the whole skin, in the evening mostly, before lying down; after lying down, the symptom passes off sometimes; violent itching over the whole body, in the evening before lying down, especially on the chest and forearms, with little pimples after scratching; violent itching around the hips, at night and early in the morning, also of the thighs, legs, and round the bend of the knee, with rash pimples, fine rash over the whole body for two weeks.

Bryonia.—"Eruption of rash on the arms, on the forepart of chest, and above the knee, becoming red in the evening, and burning previous to his going to bed, but when in getting warm, rash and itching disappear. Pimples appearance on abdomen and hips with a burning

* Op. cit. p. 258.

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itching, when scratching the parts they feel sore; eruption on the whole body, especially on the back, extending to the upper side of the neck, itching so violently that he would like to scratch the parts to pieces.

Chamomilla produces this characteristic symptom—"thick clusters of red pimples on a red spot on the skin, itching, especially at night, and somewhat smarting in the region of the lumbar vertebræ and the side of the abdomen, occasionally a shuddering is felt all around, especially in the evening."

Cocculus.—"Red miliary pimples on the face, back and chest, itching in warmth."

Conium.—"Fine, scarcely visible, eruption on the face, back, and remainder of the body, itching like a tingling creeping under the skin."

Graphites.—"At night the whole body becomes covered with small pimples without sensation, they go off again in the morning; small red itching pimples, and with their tips full of pus, appear frequently on the skin, they burn when scratched, and disappear on the following day; spots like flea-bites on different parts of the body; a number of red itching spots on the whole body, especially the calves, for seven days."

Mercurius produces—"Intolerable stinging itching as from flea-bites, in the evening; round *stigmata* (on the thighs and legs), gradually changing to round ulcerated spots, and becoming finally covered with a scurf; small itching pimples, afterwards changing to ulcers, during the healing of which the surrounding skin peels off."

Natrum muriaticum presents some striking resemblances to lichen in the symptoms ascribed to it, viz: "Red spots, the size of a pin's head, over the whole body, preceded by a feeling of heat in the face, on the abdomen, arms and lower limbs, the spots itch, and when rubbing them the whole body becomes red for half an hour; small pimples on the abdomen and lower limbs; rash over the whole body, with stinging sensation in the skin; *miliary eruption* over the whole body, in the neck and throat, on the abdomen, nates and thighs, the eruption was at first felt only, afterwards it became visible in the shape of

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small millet seed, scratching made it redder and harder, the itching prevented sleep."

Phosphoric acid produces red, smooth pimples on the forearm and neck, with red areolæ, feeling sore when touched; rash over the whole body, more burning than itching.

To the homœopathic action of Sulphur in the cure of lichen Rayer bears the following important testimony: "*Sulphureous* baths so generally and indiscriminately recommended in the treatment of cutaneous affections are constantly hurtful in acute *lichen*, and very seldom serviceable in the chronic form of the disease. These baths may even cause a lichenous eruption; it is by no means an unfrequent circumstance to see *lichen agrius* appearing among individuals under treatment for scabies by means of sulphureous water bathing. *Nevertheless I have obtained the cure of several cases of obstinate hereditary lichen*, apt to return at frequent intervals, by effecting a material modification of the constitution by the use of artificial *sulphureous* water baths prolonged during several hours every day. Results of a similar description have been observed from the natural baths of Louesche and Sninznach." *

Prurigo, resembling *lichen* in its general character, is distinguished from it by the papular eruption of which it consists being of the same colour as the surrounding skin, by the little brown spots of effused blood that besprinkle the affected parts, leaving evidence of the violent scratching with which the sufferer has attempted to relieve the intolerable itching from which the disease receives its name. The severity of the symptoms differ according to the period of life at which they appear, being milder in infancy, so that the term *mitis* is applied to this variety; more severe in adult life, when the sensation is compared to the biting or crawling of countless ants below the surface of the skin, and hence called *formicans;* and most severe when it affects the aged, so that in the melancholy words of Willan "those who are affected with it in a high degree have little more comfort to expect during life, being incessantly tormented with a violent and inveterate itching." Besides being in its own nature a most intolerable irritation, it is sometimes accom-

* Op. cit. p. 585.

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panied by the production of numerous parasitic insects, which naturally increase the annoyance. The number of these is often incredible. In one case quoted by Willan, without any expression of distrust, two servants were employed in removing them in pailfuls from their master and throwing them into the sea. Distressing as the irritation is when it merely affects the external skin, still more dreadful are the consequences of the disease when it attacks the genital organs, especially the vulva and orifice of the vagina of the female. The following description of it, given by Professor Lorry, is so striking that we shall quote it entire: "Morbus ille adultos ut plurimum et primum pubertatis florem agressos adoritur, eosque qui, castè viventos, urgenti tamen impetu ad venerem ferrentur; mulieres etiam sed maturius adoritur. Ejus ortus primò metior est et pruritui totus continetur. At pruritui illi tum in maribus tum in fœminis jungitur ardor in venerem inexplibilis. Mores et precepta repugnant, coercet virtus vivax, at manus indocilis ad has partes fertur, scalpendoque malum irritatur, et animus ipse in partem operis venit cum artuum tremore et palpitatione. Sedatur vulgo per plurimas horas malum, tumque omnia tremquilla apparent, at recrudescit per paroxysmos noctu potissimum afficiens. Sœvit autem eo vehementius quo aut familiariter magis aut proximus cum fœminis mares aut cum maribus fœminæ vixerint. Nec minores accepit vires a vino, piperatis, spirituosis, acribus alimentis potu coffeæ, oleosorum spirituorum ita ut noverim viros qui nunquam similibus pruritibus nisi una ex hisce causis accesserit quas edocti experientia vetabunt sedulius. Progrediente malo partes ad aspectum maculosæ maculis flavis vix supra cutem extantibus distinctæ sunt, scrotum omnino rugosum est ut et labia pudendorum in fœminis et tempore paroxismi prorsus retractum. Erectio penis et libidinis ardens cupido mentem incendunt. Partes illæ non eruptione lichenibus simili afficiuntur sed epidermis rugosa olit et alluitur liquore unctuoso non lentea maculente non digitis adherente sed ad sensum lubrico. Increscente malo pruritus enormes fiunt per paroxysmos et summe violentos, et frequenter redevivos, eta ut nec pudor nec reverentia regum a scalpendo divertant et sœpe per intervalla etiam paroxysmorum

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punctura acerrimæ acubus inflammatis per cutem transactis morsu similes in clamorum adigunt: hinc partes illæ rhagadibus atque fissuris manu factis undeque hiant. Ardor semper inest et ad quemvis levissimun incessum exhalet humor olentissimus fervente interea œstro vineareo."*

Although in general this disease cannot be traced to derangement of any internal organs, yet it seems sometimes to be of a vicarious nature, for there is an instance of sudden death from the repulsion of this eruption. Dr. Lettsom, who reports the case, says "another patient was relieved in the same manner (by the occurrence of prurigo) after having been much debilitated by frequent fits of the gout; he imprudently, however, endeavoured to allay the troublesome sensation of itching by a strong saturnine solution, and after using this application for a few days he suddenly expired in his chair."†

For mitigating the irritation of prurigo, cold baths are generally employed, and the douche bath of cold water is said to be useful in prurigo pudendi. Instead of the plain water douche the gelatino-sulphureous douche is strongly recommended by Rayer,‡ and he relates a case which affords striking evidence of its efficacy. "A lady, aged 26 years, was attacked with the disease in February 1823, on the upper and inner parts of the thighs near the greater labia, and upon these parts themselves were detected a number of distinct papulæ nearly of the same colour as the skin. During the day the parts affected were the seat of an incessant pruritus, which grew more severe in the course of the evening, completely interrupted sleep and lasted through most of the night. A variety of severe measures were had recourse to but without any permanent benefit, and at the end of two months and a half, after consulting with Dupuytren, it was resolved to try the gelatino-sulphureous douche bath; after the first few days the application had a wonderful effect in allaying the irritation. The patient at once recovered her tranquillity and her sleep, and after using the remedy twenty-five times at the temperature of 25° R., for ten or fifteen minutes each time, she obtained a complete cure."

* Lorry de morbis cutan., 4to, p. 449.

† Memoirs of the Medical Society, vol. iii, p. 348. ‡ Op. cit., p. 611.

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We are fortunate in having a large collection of homœopathic medicines, whose symptoms resemble prurigo, from which to select the appropriate remedy for each individual case.

Alumina.—Violent stinging and corrosive itching of the whole body; of single parts; of the face, back, side of the abdomen; particularly in the evening after getting warm in bed; sometimes obliging one to scratch until the parts bleed, occasioning pain.

Ambra grisea.—Itching and burning of many places of the skin, as if from itch.

Ammonium carbonicum.—A good deal of itching of the skin of the whole body; itching over the whole body early in the morning for three hours; itching of many places of the body, erratic, passing off after scratching or painfully burning; erratic itching over the whole body; the scratching is followed by burning vesicles and pimples or hard blotches.

Baryta carbonica.—Tingling and burning prickings here and there, not relieved by scratching or rubbing, which become necessary; intolerable tingling over the whole body, especially in the back, hips, legs, (*malleoli*) the soles of the feet and fingers, waking him at night and forcing him to scratch continually; burning itching here and there; itching on the hands when in bed, sometimes in the face, sometimes on the back of the hand; itching here and there, the parts becoming very painful when scratched.

Calcarea carbonica.—"Itching of the whole body; violent itching of those parts which sweat, especially between the scapulæ; in the evening when in bed violent itching of the back, of the pit of the stomach, neck, chin, left eye, the hairy scalp, the mons veneris, and the scrotum; itching of the mouth, nose and nates; itching of a dry, hot skin, as if it was covered with salt and ashes; burning in the skin, with itching of the nates and the posterior surface of the thighs."

Carbo vegetabilis.—"Itching of the whole body, day and night; violent itching of the arms, hands, and between the fingers, so that he was unable to fall asleep at night, but without eruption; itching stitches on the side on which he is lying in the evening when in bed; itching of several parts of the

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body like flea-bites; fine slight stinging over the whole body when getting warm in bed; burning in different places in the skin, at night in bed."

Causticum.—"Itching of the whole body at night, with dry heat, especially of the head and face, back and calves; stinging itching of the skin, particularly the back, shoulders, arms, thighs, and the backs of the fingers; formication of the skin; pimples in many places of the skin, with corrosive itching, and a burning sensation after scratching."

Cocculus.—"Burning itching, stitches like flea-bites in various parts of the skin; itching of the skin of the body, especially in the evening when taking off the clothes; violent smarting itching of the skin of the whole body, as after copious sweat, when undressing; itching and burning of the skin, especially the inner side of the thighs, as of nettles, that part is also covered with pimples, with a stinging pain when touched; itching of various parts in the night, painful after scratching; itching during the night, partly of the chest, from the precordial region to the throat, partly of the integuments of the tibia and in the axilla, after scratching bloody lymph oozes from the pores."

Conium maculatum—"Itching of the limbs, thighs and arms; erratic and evanescent itching of all parts of the body; corrosive itching, commencing with a stitch, in the evening when in bed, only on the right half of the body, especially when lying on it, with uneasiness in all the limbs, easily relieved by scratching, but constantly re-appearing in some other place; stinging sensation, as of flea-bites, closely succeeding each other in different places of the whole body, but single bites, never two at the same time; slow itching, smarting, burning stitches in different parts of the body."

Graphites.—"Itching of the back and arms by day; the itching becomes general and violent also in the face and about the genital organs; momentary corrosive itching in various places, obliging one to scratch."

Natrum muriaticum.—"Itching over the whole body; fine itching pricking of the skin in the evening when in bed; itching stinging of various parts of the skin, with flashes

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of internal heat without redness of the face; small pimples on the abdomen and lower limbs."

Nux vomica.—"Burning itching over the whole body, also in the evening when in bed; burning itching of the upper arms, thighs, abdomen and back, early in the morning when dressing, in the evening when undressing, even at night; burning stinging in various parts of the body; burning pricking in various parts of the skin, resembling flea-bites, in the evening after lying down; burning itching pricking in various parts of the body; itching or itching burning eruptions."

Opium.—"Burning pain and sometimes itching of the skin; stinging itching of the skin here and there; itching, especially of the upper parts of the body, commencing at the chest and extending over the face, especially the nose; troublesome itching; itching of the whole body, after scratching red blotches make their appearance, itching a good deal, but soon disappearing again. Violent itching of the skin is said to be a constant symptom in poisoning with Morphia, attended with small round colourless elevations of the skin." This particular effect of Morphia is now known to be due to the admixture of Codeine, which produces the most intolerable itching, and may be found a very serviceable remedy in this complaint."

Pulsatilla.—"Biting itching here and there, also like formication; itching of the sole of the foot and between the breasts, early in the morning in bed; itching stinging sensation in the skin, resembling flea-bites; burning itching over the whole body, before midnight when getting warm in bed, becoming more violent by scratching, this prevents his night sleep,—not much in the day time, but only after having become heated by a walk, or when rubbing the skin,—no eruption is visible."

Rhus toxicodendron.—Itching of the whole body, particularly of the hairy parts, hairy scalp, and genital organs; burning itching here and there.

Sulphur.—"Formication of the skin of the whole body; pricking in the skin of the whole body, in the evening after getting warm in bed; stinging itching, especially when walking in the open air; the itching place is painful after scratching; biting as from fleas, in the evening after lying down, when

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removed by scratching in one place it immediately reappears in another; disagreeable creeping itching, with pain when scratching the part, the itching place bleeds and smarts after scratching it; itching, worse at night, and in the morning after waking."

The vesicular diseases *pemphigus* and *pempholyx* are so nearly allied that no practical end is served by their separation. They are easily recognized by presenting the appearance of large blisters, which look exactly like the effects of a burn or scald. Pemphigus may be either acute or chronic, the former variety is much rarer than the latter. The affection seems to depend generally upon imperfect nutrition, giving rise to an enfeebled condition of the nervous system. Dr. Duchene Duparc relates a case which occurred in the hospital of St. Louis, of a girl of 18 years of age, who had never menstruated, and who had been affected with chronic pemphigus since she was 5 years old. It is said also sometimes to depend upon the presence of a specific poison. Mr. E. Wilson describes how a surgeon punctured himself when opening a thecal abscess, upon which accident the arm swelled as high as the arm-pit, and was three weeks in this condition: some three or four weeks after it got well a crop of pemphigus appeared on the leg, and had lasted with occasional intermissions for eighteen months.

There are two important general directions given in regard to the treatment of this disease; the first is, that the patient should be allowed full diet, to impart vigour to the system, as deficiency of vital force seems to be one of the chief predisposing causes of the complaint; the other is that it is of great consequence to support the blisters, and thus to prevent the premature discharge of their contents, for they possess irritating properties, and tend to aggravate and extend the disease if allowed to flow over the skin, besides too early rupture of the cuticle exposes the raw skin beneath to the injurious effects of friction. Indeed it is better when the blisters do not burst at all, but dry up. Rayer strongly recommends the use of a perforated patch of rag, spread with simple ointment, to afford support to the margin of the vesicle where it is most likely to give way, and to diminish its elevation above the surrounding skin, so as to lessen the risk of the upper part being rubbed off by the unavoidable friction to which it must be exposed.

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The specific medicines suitable for the treatment of pemphigus are the following:

Belladonna.—"Watery vesicles (on the palm of the hand and tibia), so painful that he would like to scream."

Causticum.—"Large vesicles on the chest and back, with anguish in the chest (orthopnœa), and fever, consisting of chilliness, heat and sweat; large painful blisters on the left side of the chest and back, which burst, these symptoms are accompanied by great feverish heat, sweat and anxiety."

Phosphorus.—"Painful hard blisters in various parts, not itching; blisters, bursting with moisture."

Rhus toxicodendron.—"Confluent vesicles, most of them containing a milky or watery fluid, with peeling off of the skin, in three days." This is the medicine most relied on in the cure of pemphigus, whether acute or chronic, and the result of our experience in the disease fully warrants the utmost confidence in the efficacy of the remedy. We suspect that it was from its observed power over pemphigoid eruptions that it was supposed useful in vesicular (so called) erysipelas. The two affections, however, are essentially unlike, and the action of Rhus corresponds much more with the general symptoms which attend pemphygus than with those which attend erysipelas.

Rupia differs from the vesicular diseases just described, in its contents becoming very rapidly of a sero-purulent character, and thus forming crusts thicker in the centre than at the circumference, so as to resemble an oyster-shell; which, when removed, leave behind a small ill-conditioned ulcer. It always occurs in persons of a weakened or depraved constitution of body.

In the treatment of this eruption, it is of importance to puncture the bullæ of which it is composed, at an early period of their development, before the serum has been transformed into pus; this prevents the formation of the thick scab, and the confinement of the injurious matter upon the surface of the denuded skin. Besides allowing the escape of the contents of the vesicle, it is well to apply a light bandage or water dressing to the sores; and the diet should be generous, or at least nourishing and abundant, as the disease is often the consequence of insufficient or pernicious food. Warm baths are also recommended.

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The medicines best suited to the treatment are the following:

Arsenicum.—"Black blisters, burning and very painful." Although there is nothing in this description very distinctive of *rupia*, yet there is enough, taken in connection with the general action of the medicine, to induce us to recommend it; particularly as in the few cases of the disease we have seen, it appeared to act beneficially.

Kali Bichromicum.—"In seven days vesicular eruption on a red and elevated base (itching and burning much, especially when exposed to steam), in a few days becoming pustular, and presenting a dark point in the centre; invading hands, arms, face, back and belly. On the belly near the umbilicus, some spots, evidently of abraded vesicles, presenting a deep hollow appearance, which remains after they are healed." In a few days, an eruption of red round spots broke out on the back, arms and belly; the spots then formed pustules the size of a pea, covered with a scab, which came off in a few days, and left a small dry ulcer, which partly healed up in about a fortnight, leaving a colourless depressed cicatrix." These symptoms were produced by the local action of the salt; but taken in connection with the other symptoms of this medicine, we believe it may be useful in some forms of *Rupia*.

Mercurius.—"Herpetic spots and suppurating pustules, which either run into one another, forming at times dry and scaly spots, at times discharging an acrid humour, or which remain sore, become hollow, and afterwards raised and cicatrised; new pustules springing up in the neighbourhood." This is marked as a curative effect of mercury, not a pathogenetic. Plumbe in his treatise on skin diseases, however, describes a case of rupia in which the administration of Mercury was at first attended with manifest aggravation of the disease.

Rhus toxicodendron.—"Black pustules with inflammation and itching, rapidly spreading over the body." These so-called "black pustules" are probably vesicles filled with serum, deeply tinged with the colouring matter of the blood, and therefore resembling *rupia*, which may be called an *intense* vesicle.

Secale cornutum.—"Bloody blisters on the extremities, becoming gangrenous." This medicine presents considerable re-

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semblance in its action with the symptoms of rupia escharotica, described by Dr. Whitby Stokes (see the former part of this paper, page 229). This author mentions that the popular remedy for the disease was *scrophularia nodosa*, and from personal experience recommends its administration in the form of a decoction.

Herpes admits of a good practical division into herpes phlyctenoides, and herpes circinatus; the former is distinguished by the irregular distribution of the vesicles of which it consists; the latter by the regularity of the form the eruption assumes. The phlyctenoid variety affects various parts of the body, especially the lips, where it gets the name of labialis, and the prepuce (preputialis). The little blisters run their course in about eight days, and then dry up and form scabs. The disease is of a purely local origin for the most part, and attended with little or no general constitutional disturbance.

Of the circinate herpes, the most important, both in point of frequency and severity, is *zona*. This remarkable affection of the skin is recognised by its forming a red semicircular belt of variable breadth round the body, on which pearly white vesicular elevations are disseminated. This disease, unlike the phlyctenoid, is essentially connected with some derangement expressing itself generally through the nervous system. When treating of its pathology we mentioned Simon's opinion, that it depended upon an affection of the nerves; and this is corroborated by the following case, which occurred to Recamier: "Two females were attacked with sciatic neuralgia; groups of vesicles, resembling those of herpes zoster appeared here and there upon the thighs and legs of the affected sides; but instead of increasing in size, attaining maturity, in a word, of running the usual course of zona, they became flaccid almost immediately after being thrown out, and soon dried up; so that after the fourth or fifth day, no further traces of the eruption were visible."* In fact, zona is sometimes little more than a symptom of neuralgia; as the neuralgic affection precedes the eruption by some days, and frequently remains long after this has disappeared. Besides its connection with neuralgia, it is said to be indicative of predisposition to disease of the part over which it is situated; and

* Revue Medic. t. xxv, p. 435. quoted by Rayer, p. 258.

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Mr. E. Wilson has recorded the following interesting case: "As an illustration of the occurrence of this affection in a symptomatic form, I have preserved the notes of a case of partial herpes zoster, in which the eruption appeared upon the left shoulder, over the infra-spinata fossa, in a young lady sixteen years of age, in the spring of 1840. Upon examining her chest I found it to be small and contracted, and her respiration weakly, but she had no cough; I explained to her mother that the eruption was of little consequence, otherwise than an indication of susceptible lungs; that she must use the greatest precaution in protecting her from the influence of cold; and I gave her such hygienic instructions as I deemed best for the purpose of carrying out that object, ordering the frequent application of a counter-irritant to the chest and trunk, and the use of flannels next the skin. I heard no more of this young lady till the January following, when I visited her on her death bed, at her particular request. She had fallen a victim to phthisis, and died a few days after my visit."* Of course the connexion between the fatal disease and the previous eruption, may have been entirely accidental, but whether it is so or not, can only be proved by the careful collection of similar cases.

Herpes zoster and herpes circinatus, in which the group of vesicles assume a circular form, are seldom or never chronic, and generally terminate favourably within three weeks. In old people, however, there is considerable danger of gangrene of the subjacent integument, which has sometimes proved fatal.

In the treatment of herpes labialis it is advisable to prevent the formation of the disfiguring scabs which form the natural reliquies of the vesicles by puncturing them with a needle.

The following medicines are the most suitable for the cure of this complaint:

Arsenicum.—"Red herpetic skin round the mouth; eruption along the margin of the vermillion border."

Belladonna.—"Small pimples on the lips, covered with a scurf, and smarting as if they had been touched by saltish water; pimple on the upper lip, tingling when not touched, contact excites a stinging itching in it."

Calcarea carbonica.—"Eruption of pimples around the

* Op. cit. p. 208.

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mouth, and in the corners of the mouth; scurfy pimple on the margin of the vermillion border of the lower lip."

Cicuta virosa.—"Burning itching vesicles on the upper lip, near the vermillion border."

Dulcamara.—"Pimples and little ulcers round the mouth, with tearing pains when moving the parts."

Graphites.—"Eruption near the corner of the mouth; eruptions on the lip; small white blotches on the upper lip; thick-set, whitish pimples on a red base, and somewhat itching, near both corners of the mouth under the lips; a vesicle on the upper lip, with cutting pain."

Hepar sulphuris.—"Eruption in the corner of the mouth, with a sensation of heat in that part; red itching spot below the lower lip, which was soon covered with a number of yellowish vesicles, forming a scurf."

Mercurius.—"Yellow crusts on the upper lip near the margin, with smarting and burning pain."

"*Silicea.*—Eruption on the lips, vesicles on the margin of the upper lip, stinging, when touched causing a smarting pain; pimple on the margin of the vermillion border of the upper lip, first itching, afterwards, when converted into a scab, merely smarting."

In *herpes preputialis* the following medicines may be administered:

Aurum.—"Itching of the scrotum."

Dulcamara.—"Heat aud itching of the genital organs; herpetic eruption on the labia majora."

Hepar sulphuris.—"Itching of the penis, and the *frænulum preputiale;* itching of the glans; humid soreness in the fold between the thigh and the scrotum, with smarting pain, as if the parts were excoriated; itching of the scrotum."

Mercurius.—"Voluptuous itching in the surface and the interior of the prepuce; swelling of the prepuce, with burning smarting and redness, with cracks and rhagades on the internal surface, and a red fine eruption on the surface; vesicles on the forepart and sides of the glans, penetrating into the part and spreading,—they discharge a fluid, and soon disappear; burning round the glans, in the evening, afterwards vesicles on the

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inner surface of the foreskin, which soon form little ulcers, healing rapidly; a number of small red vesicles at the termination of the glans behind the prepuce, changing to ulcers, which burn and discharge a yellowish-white staining, strong smelling matter."

Phosphoric acid.—"Itching creeping in the frænulum; vesicle near the *frænulum*, itching when pressing on it; humid itching vesicles on the *frænulum*, preceded by creeping."

Sepia.—"The glans is hot and itching, with soreness of the prepuce; hot glans, with a pale red sometimes itching eruption; red tips on the glans."

Silicea.—"Itching under the prepuce; redness of the prepuce near the corona, as if excoriated, with frequent itching; swelling of the prepuce, with itching humid pimples on the outside; itching and humid spot on the scrotum."

Sulphur.—"Troublesome itching of the pudendum, with pimples all round; painless vesicles on the outer parts of the pudendum."

To *herpes phlyctenoides*, not confined to any special locality, such as the lips or genital organs, but spread indiscriminately over various parts of the surface, the following medicines are the most suitable:

Aconitum.—"Large red and itching pimples; reddish pimples filled with an acrid fluid; isolated pimples of the size of a pin's head, and filled with a serous fluid, make their appearance on various parts of the skin, especially on the forehead, nape of the neck, and on the face, after a while the pimples dry up and peel off; vesicular eruption on both temples."

Arsenicum.—"Herpes, having a red unwholesome appearance, with vesicles and violent burning, particularly at night (in the pit of the stomach and back)."

Bovista.—"Goose flesh, with violent itching; herpes after an itching over the whole body, in the evening; moist scurfy herpes-like red pimples."

Calcarea carbonica.—"Itching vesicular eruption over the whole body, especially the hips."

Cantharis.—"Small itching vesicles between the chin and the lips, on the forehead and cheek, on the palm of the hand."

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Clematis erecta.—"Vesicular eruptions on the body; herpetic eruptions; scaly herpes, with yellowish corrosive ichor; chronic red humid herpes, with intolerable itching in the warmth of the bed, and after washing; itching humid eruption, with corrosive ichor, heat, redness and swelling of the skin."

Mercurius. — "Herpetic spots and suppurating pustules, which either run into one another, forming at times dry and scaly spots, at times discharging an acrid humour, or which remain sore, become hollow, afterwards raised and cicatrized,—new pustules springing up in the neighbourhood; herpes, with burning when touched; dry, raised, burning, itching herpes on the lower and upper limbs, wrist joints, hands, and between the fingers; herpes, surrounded by a border of large scabs, on the forearm and knee, discharging a good deal of moisture; impetiginous herpes on the abdomen, thighs and knees."

Phosphorus.—"Itching, large vesicles over the whole body, also on the face; round herpetic spots over the whole body."

Ranunculus sceleratus.—"Vesicles upon the skin, emitting a thin acrid, yellowish ichor."

Rhus toxicodendron.—"Small burning vesicles, with redness of the skin, on the whole body except on the hairy scalp, the palms of the hands, and soles of the feet; burning itching eruptions, particularly on the scrotum, prepuce, eyelids and eyes, (arms and loins,) with swelling of the parts and small yellowish vesicles which run into each other and become moist, the larger ones terminating in suppuration with red areolæ, the smaller ones drying up more rapidly, and scaling off in a few days; confluent vesicles, most of them containing a milky or watery fluid, with peeling off of the skin in three days; pustules on the hands and forearms, which burst and emit a clear moisture; herpetic eruptions, alternating with pains in the chest and dysenteric stools."

Silicea.—"Eruption over the whole body, resembling varicella, accompanied, preceded and followed by violent itching."

Sulphur.—"A scaly herpetic eruption, which had been repelled by external means, appears again, itching violently and burning after scratching."

The medicines most useful in zona are:—*Rhus toxicoden-*

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dron, graphites, mercurius, and *pulsatilla.* Rhus is generally sufficient in itself to effect the cure, and even we believe to prevent the appearance of the eruption by curing the state of the nerves, which we may look upon as the incipient stage of the disease. Nor do we believe that the severe neuralgic pain, which so frequently follows this affection when treated according to the old system, which is in fact negative treatment, will often occur in cases treated by *rhus* from the beginning of the attack. We lately had a patient under our charge who exhibited all the premonitory symptoms of zona, which were entirely relieved in about a week by the use of this medicine. When Rhus is not sufficient to accomplish the cure, and when there is much burning, insupportable pain, *graphites* is recommended to be given, *mercurius* if there is much itching and a great tendency to suppuration, and *pulsatilla* after or alternately with *mercurius* when there is severe lancinating pain.*

If there remains neuralgic pains after the disappearance of the eruption *zincum metallicum* may be administered, but if the cure is not speedily effected it will be found a most troublesome affection, requiring much patience both on the part of the sufferer and the physician, and requiring the latter to put forth all his skill often without ultimate success.

Eczema in its simplest form consists of an eruption of small vesicles, generally flat and not so globular as those of *herpes,* spread over a greater or less extent of the surface; they are filled with limpid serum which exudes when they are mature, and after exfoliation of the cuticle the whole affection terminates. When the inflammatory action on which this vesication of the skin depends is more severe the surrounding parts are red, and this variety is called *eczema rubrum.* When the serum of the vesicles becomes converted into a bloody and semi-purulent fluid, and the vesicles themselves break down and unite, then it it is called *eczema impetigenodes.* Besides these varieties depending on the nature of the eruption, the disease has received different names from the seat of its occupation; of these the most practically important are *capitis, faciei, auriculare* and *perineale.* Instead of being acute in its course it may be chronic, and so called *chronicum.*

* Jahr, du Traitement Homœopathique des Maladies de la peau.

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That it is frequently caused by some purely local irritation is shewn by the fact of its so frequently appearing on the hands of grocers, from handling sugar and other dry and hard powders, as to have got the name of grocer's-itch; it is also very common among bricklayers, and Bateman met with a very bad case in a file maker, occasioned by the particles of metal producing a constant irritation of the skin on the hands. Besides these local causes, it sometimes originates in constitutional disturbance, and when this is the case its effects are salutary. It was observed by M. Billard, at the Foundling Hospital at Paris, that infants who were affected with eczema capitis generally thrive remarkably well, and Rayer speaks of their exemption from convulsions and diarrhœas of dentition. This form of the disease is most frequent among fair-haired and scrofulous children, while on the other hand, according to Rayer, consumptive persons are rarely affected by eczema in any of its forms. From the vicarious relation it holds with various internal morbid actions, its sudden disappearance, either by natural effort of the constitution or by the use of local remedies, is considered highly dangerous. Alibert mentions a case of insanity produced by its retrocession, and Rayer had a patient who had long suffered from eczema of the fundament, and was attacked with a violent and long continued inflammation of the mucous membrane of the intestines and pulmonary organs, which occurred with the disappearance of his chronic eruption, lasted all the time of its absence, and went off as soon as it was re-established in its old position. Rayer makes the general observation, that in childhood eczema is more prone to affect the head and face and upper part of the body, in middle age the trunk, and in old age the lower extremities and fundament. The milder forms of this disease are not dangerous, and are speedily cured; but when chronic it is an obstinate and difficult complaint to manage, and in the aged, unless very troublesome, it is better to let it alone, as its cure is attended with danger to their life. Its worst form is that which affects the perineum and scrotum in the male, and the vulva of the female, from the excessive itching and irritation it produces, which, bad as they are in any part of the body become worse from the difficulty of obtaining relief, and from the erotic excitement produced by

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the endeavour, a source of dreadful present suffering, and not unfrequently inducing practices destructive both of the physical and moral well-being of the sufferer.

For the treatment of *eczema simplex* and *rubrum*, the following medicines are suitable:

Aconitum.—"Vesicular eruption on both temples."

Conium.—"White transparent pimples, filled with an acrid humour, which form scabs resembling those of the itch, accompanied by local fetid, smarting sweat."

Dulcamara.—"Violent itching eruption of red spots, with vesicles; eruption of white blotches, with red areolæ, stinging, itching and burning when rubbed, on arms and thighs."

Mercurius produces an affection of the skin so like natural eczema as to have got the name of eczema mercuriale. It is thus described by Mr. E. Wilson:—"Eczema mercuriale is characterized by a red efflorescence, occurring in patches of variable size, and surmounted by transparent vesicles of extreme minuteness. In the mild form of the eruption the vesicles are not perceived until the surface is examined with care, but in the more severe degrees the vesicles increase in size, and their transparent contents become opaque and purulent. In some instances, particularly when febrile symptoms are present, the efflorescence occupies a large extent of surface, sometimes the entire body, and assumes the appearance of rubeola; at a later period the small semilunar spots coalesce, and form patches of larger size. The more usual seat of the eruption is the trunk of the body, or the thin skin of the pudendal region; sometimes it appears first on the backs of the hands, and more rarely on the face. The eruption is preceded by heat and smarting of the skin, and its progress is remarkable for excessive heat, with smarting and pruritus. When the vesicles are very minute they dry up without giving rise to secondary inconvenience; but when they occur in folds of the skin, or are larger in size, they are usually broken, and the abraded derma pours out an acrid and offensive ichor in considerable quantity."

Among the symptoms in the proving the following correspond to those of eczema:

"Eruption on both thighs in the evening (preceded by heat

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in the head and dorsum of the foot), itching; a burning water oozing out after scratching, as when one pours brandy into a wound. Itch-like eruption on abdomen and thighs, with itching; eruption resembling greasy itch, on the lower limbs, sexual organs, bends of the knees, neck and abdomen considerably raised, red as if sore, humid and itching."

Phosphorus.—"Painful hard blisters in various parts, not itching; blisters bursting with moisture; itching vesicles between the fingers and in the bend of the knee."

Rhus toxicodendron.—"Small burning vesicles, with redness of the skin of the whole body, except on the hairy scalp, the palms of the hands, and the soles of the feet; burning itching eruptions, particularly on the scrotum, prepuce, eyelids and eyes, (arms and loins,) with swelling of the parts, and small yellowish vesicles which run into each other and become moist, the larger ones terminating in suppuration with red areolæ, the smaller ones drying up more rapidly, and scaling off in a few days; confluent vesicles, most of them containing a milky or watery fluid, with peeling off of the skin in three days."

In *eczema impetigenodes*, besides some of the medicines whose symptoms we have quoted, especially *mercurius* and *rhus*, *kali bichrom.* may be found useful from its having produced a "vesicular eruption on a red and elevated base, itching and burning much (especially when exposed to steam), in a few days becoming pustular, and in some presenting a dark point in the centre,—invading hands, arms, face, back, and belly."

Sulphur is often useful: the symptoms indicating it have already been quoted.

The medicines adapted for *eczema capitis* are these:

Arsenicum.—"Corrosive burning itching of the scalp, as if ulcerated; pimples covered with scurf and painful, as if ecchymosed, when touched; pimples filled with a bloody water, on the forehead and temples, with painful soreness after friction."

Mercurius.—"Humid eruption on the hairy scalp, eating away the hair, with painful pressure, especially at the sore places."

Rhus toxicodendron.—"Corrosive itching of the hairy scalp, of the forehead, face, and round the mouth."

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Staphisagria.—"A number of itching scabs on the hairy scalp; scabs on the hairy scalp, violently itching; humid scabs, also with bad smell."

Sulphur.—"Itching pimples on the hairy scalp (the first fourteen days); itching pimples on the forehead, with pricking in the pimples when rubbed. *Tinea capitis*, dry or fetid and humid, with thick pus, yellow crust, and itching."

In eczema of the ears the following medicines are useful:

Graphites.—"Itching behind the ears; itching of the lobule and cheek; after scratching the part lymph oozes out, and soon hardens. The herpetic formations behind the ears scale off and improve."

Hepar sulphuris.—"Heat, redness and itching of the external ears; scurfs on and behind the ears."

Oleander.—"Humid fetid spots behind the ears, with rough herpetic spots in front."

In *eczema perineale* and *preputiale* the following medicines are recommended."

Arsenicum.—"Itching of the anus, with a feeling of roughness and of soreness, as if the parts were excoriated."

Aurum.—"Itching of the scrotum."

Dulcamara.—"Herpetic eruption on the labia majora."

Mercurius.—"Swelling of the prepuce, with burning, smarting and redness, with cracks and rhagades on the internal surface, and a red fine eruption on the surface; vesicles on the forepart and sides of the glans, penetrating into the part and spreading:—they discharge a fluid and soon disappear; itching of the labia."

Petroleum.—"Itching and moisture of the scrotum; redness and humid soreness of one side of the scrotum; herpes between the scrotum and thigh."

Sulphur.—"Prickings in the scrotum; burning in the scrotum; soreness and dampness of the scrotum."

Miliaria is an eruption of minute pearly vesicles, just discernible, owing to their diminutive size, over the surface of the body. As it is always caused by excessive sweating, for therapeutic purposes it is most convenient to consider *idrosis* along with it *Idrososis*, or sweating disease, may affect the body

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either partially or entirely, and may be sporadic or epidemic. When confined to one part of the body it most commonly affects the feet, and may continue for years; in these instances the perspiration, besides being excessive in quantity, is usually of a fœtid smell, and attended with sharp stings of pain in the heel. Its sudden cessation is often followed by dangerous internal disease of the bowels or respiratory organs. General idrosis, whether contagious or epidemic, or sporadic, seems to depend upon the temperature and electric condition of the atmosphere, as it generally occurs when there is an unusual amount of heat and moisture in the air, and the localities in France, where it has been most frequent, present these conditions in a high degree. The most celebrated epidemics of this disease have occurred in this country, and hence it has acquired the name of sudor Anglicus. It seems to have been more rapidly fatal than even cholera, and it naturally produces the utmost terror during its devastation. The following extract from the account given by Dr. John Kaye or Caius, presents so striking a picture of the disease, that although somewhat out of place we venture to insert it here:—"Quosdam enim in viâ cum iter facerent sistulit; quosdam domi ostia et fenestras reserando interemit; quosdam per lusum atque jocus parum joculariter jugulavit; per jejunia quosdam; quosdam per saturitatem abripuit; in somno aliquos, nonnullos vigiles interfecit, usque adeò ut ex multis ejusdem familiæ paucæ a febre incolumes perstiterint; ex pausis nulli plerumque intacti evaserint. Ex his alios brevi momento, alios unius, duarum aut trium, alios quatuor aut eo amplius horarum spatio post quam sudare cœperant de vita sustulet. Sæpissime qui in prandio hilares erant sub cœnam mortui fuerunt. * * * Itaque ex talibus initiis in dies ingravescentibus ubi acerbiora incrementa longius latiusque se fundente malo subsecuta sunt, vix credas quis pavor quantus metus omnes Britannos invasit; presertim cum ejus conditionis miserandæ quæ tum urgebat, contemplatio funestaque mortis imago nullis spem vitæ (cujus usura omnibus solet esse carissima) non ademeret. Neque enim morbo ullâ clementia fuit nec ullum miseris mortalibus securum refugium. Etenim nusquam non populabatur nusquam non sæviebat

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malum."* We cannot help suspecting that the statement continually repeated in treatises upon homœopathy about this disease having been cured by sudorifics, rests upon insufficient evidence, or at least is of more limited application than the way in which it is generally made conveys to the reader's mind. It is of great consequence in the treatment or prevention of idrosis to maintain a cool temperature by proper ventilation of the apartment and light clothing, and the neglect of these obvious measures was the cause of the great frequency of the complaint in former times. The following medicines are those best indicated and most frequently successful:

Aconitum.—"Peculiar sensation over the whole body, as when the vapour is suddenly descending upon the skin in a vapour bath, and drops are felt upon the skin; constant sweat, especially in the covered parts." In a case of idiopathic general idrosis which had affected a woman for six years the complaint was cured by Dupont with extract of Aconite, after it had resisted all former medication.†

Agaricus.—"Sweat after very little bodily exertion when walking; at night when sleeping." The white Agaric is recommended in the profuse sweat of phthisis.‡

Antimonium crudum.—"General sweat, without smell, which made the tips of the fingers soft and wrinkled; sweat during sleep; early in the morning when waking a gentle sweat covers the whole body; general warm sweat in bed every morning; sweat returning at the same hour for three days in succession."

Arsenicum.—"The sweat sets in at the close of the fever, generally at night; in the evening when in bed at the commencement of sleep, sometimes the sweat is seen only on the hands and thighs; debilitating sweats, sometimes the debility increases to syncope; cold, clammy sweats; sour fœtid sweats; sweats tinging the skin and eyes yellow, nightly, particularly about the thighs and knees, or in the back, with

* Joannis Caii Britanni de Ephemera Brit. 1721.

† Dupont, Hist. d'une sueur chronique, &c. Journal Gen. de Med. 1807, t. xxx, p. 33.

‡ Bisson, de l'emploi de l'agaric blanc contre les sueurs dans la phthisie pulmonaire, Paris, 1832, quoted by Rayer, p. 920.

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itching early in the morning when waking, sometimes only in the face and legs."

Belladonna.—"Sweat during or after the heat, from the least movement, over the whole body, especially on the face and on the nose; cold sweat on the forehead; sudden evanescent sweat; sweat having an empyreumatic smell, imparting a dark tinge to the linen; sweat every night, during the sleep, or only in the day time; morning sweats; sweats with enuresis."

Bryonia.—"Sweat breaking out readily after making the least exertion, even during a walk in the cold air; sweat during a meal; profuse sweat, particularly in the morning or at night; oily sweat day and night; warm sweat in the palms of the hands, or also over the whole body, even about the head; cold sweat on the forehead and head; sour sweat at night, also preceded by thirst, oppressive drawing in the head, when the sweat is about to terminate, and succeeded by a muddled condition of the head. *Vaporous exhalation from the skin from evening until morning*, or from 3 o'clock in the morning, with lying on the back, slight slumber, and dryness of the mouth."

Rayer, describing the epidemic miliaria which raged in the department of Oise in 1821, says: "Many individuals who had gone to bed well, awoke labouring under the disease, their bodies bathed in sweat, which never disappeared till their death or convalescence. Occasionally an almost imperceptible degree of fever, a burning heat, or a feeling as if a vapour were passing over the limbs, and still more frequently a sense of constriction about the epigastric region precedes by some hours, or by some minutes or seconds only, the appearance of the sweat, *or rather the hot vapour*, which, steaming from a few places at first, is soon exhaled from the entire surface."*

Carbo vegetabilis.—Great disposition to sweat; copious and frequent sweat on the face (of a child); sweat, with a sour smell; morning sweats; warm, night sweats, with putrid smell; profuse sweats before midnight, even about the head."

Chamomilla.—"General morning sweat, with smarting sensation of the skin during or after the heat, with sour sweat; general night sweat, without sleep; sweat in the face, on the

* Op. cit. p. 350.

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neck and hands; sweat during sleep, especially about the head; frequent transitory sweats on the face and palms of the hands." Chamomilla is very useful in checking the excessive sweat of women after confinement.

China.—"Copious sweat; sweat when walking in the open air; also profuse sweat; general profuse sweat; readily excited sweat during sleep and motion; sweat early in the morning, also during sleep; greasy sweat; cold sweat all over the body, or only on the face, with thirst; sweat after the febrile heat, particularly at night, only on the back and forehead, with thirst or general and exhausting sweat; sweat at night on waking or when covering oneself ever so little; exhausting night sweats."

Coffea.—"Vapourous exhalation from the skin in the morning."

Dulcamara.—"Sweat five days and more; general sweat, especially on the back; sweat at night over the whole body, in the daytime the sweat appears in the axillæ and on the palms of the hands; profuse morning sweat all over, most however about the head; badly smelling sweat, accompanied with profuse discharge of transparent urine."

Ipecacuanha.—"Night sweat; sweat for some hours; sour smelling sweat, with turbid urine." Rayer mentions that this medicine was much given in Paris during the last miliary epidemic, but he speaks slightingly of its utility.

Lachesis.—"Profuse sweat accompanying other complaints. Profuse sweat, with increased, full, hard pulse in the evening after moderate exercise, with bodily languor in the morning preceding and following. Night sweats; cold sweats accompanying the most violent symptoms occasioned by a bite; sweat, tinging the parts yellow; sweats which afford relief; profuse sweats without relief in rheumatism."

Ledum palustre.—"Sudden sweat when walking in the open air, mixed with chilliness; fetid sweat over the whole body, even the hair of the head sweats; he sweats and cannot bear being covered; sweat during the whole night, from evening till morning; slight sweat all over on waking, with itching of the whole body, obliging one to scratch."

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Mercurius.—"Sweat occasioning a burning sensation in the skin; great disposition to sweat, especially at night; profuse sweat when walking or moving; sweat in the day-time, with nausea and languor; fetid sweat for many nights; profuse night sweat, also of an oily and greasy nature, tinging the linen yellowish and imparting to it a feeling of stiffness; profuse fetid sweats, as if the mattress and cover of the bed had been soaked in water; profuse sweat on various parts of the body during the night; excessive sweat having a sour and offensive smell, and making the fingers feel soaked, spongy and shrivelled, like the fingers of a washerwoman; sour smelling sweat; sweat every evening an hour and a half after lying down; profuse morning sweat."

Pulsatilla.—"Disposition to sweat in the day-time; disposition to sweat early in the morning; sweat the whole night, accompanied by stupifying slumber full of talk, &c.; sweat during the morning sleep, going off after waking; slight general sweat; copious morning sweat; sweat on the right side of the face; sweat only on the right side of the body; sweat only on the left side of the body."

Sulphur.—"In the morning when sleeping, sweat going off on waking; profuse sweat during slight exercise; sweat of the hands and feet in the morning; copious morning sweat, setting in after waking; sweat at night only on the nape of the neck; night sweat when waking; night sweat having a sour, pungent smell; sweat before bed-time, especially about the hands."

The next vesicular eruption we come to is *scabies*, or itch. It is of great consequence to be quite sure of the diagnosis of this disagreeable disease. The only unequivocal symptom is the detection of the *acarus*, which if present is always to be found at the extremity of the hole it has burrowed under the skin, or if absent, the furrows it has left may be easily recognized by a magnifying glass. Besides, the vesicles of itch are sharply pointed cones, while those of eczema are round at their summits and there is a peculiar scaliness of the surrounding skin. The itching sensation is of rather a pleasant kind, not sharp and burning like that of prurigo and eczema, and the gratification of scratching is so great that James the 6th is re-

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ported to have said, it was a pleasure fit only for kings. This, however, may have been a witty libel upon his native land. As there is no sort of doubt that the insect propagates the disease, however else it may arise, it is manifest that the primary indication of cure is to kill this parasite, and any unctuous substance applied abundantly to its habitation in the skin is sufficient to effect this object. The plan we generally adopt, is to order the patient to rub the affected part with simple lard, and at the same time we give two drops of the mother tincture of Sulphur three times a day. Jahr recommends washing the surface with diluted Sulphuric Acid, and administering the 300th or 400th dilution of Sulphur internally. Whether these very high dilutions are *ever* superior to lower ones may be a question, but we can hardly imagine that any one who has had much experience in the treatment of itch, unless misled and blinded by a theory, could seriously advise their use in that disease in preference to the lowest.

Besides Sulphur various other remedies have been employed apparently with success. M. Bazin, who has had large opportunities of observation at the Hospital of St. Louis at Paris, recommends an ointment of lard and Chamomile flowers, prepared by heating equal parts of those two with one of olive oil in a sand-bath and using it by inunction. The advantages he ascribes to it, are the instant relief it affords to the itching and the absence of all secondary eruptions which frequently follow the use of Sulphur ointment. We should think the plan well worth a trial. In the *Allgem. Hom. Zeitung*, for May 1849, Dr. Bosch recommends, from personal experience, the use of Peruvian balsam for this disease. He says he has found it effectual in cases which had baffled the ordinary curative processes. He gives night and morning two drops of the first dilution of the Balsamum Peruvianum nigrum, and rubs the balsam into all parts affected with the disease night and morning.

Varicella or chicken-pox consists of an eruption of small red slightly raised spots, on which vesicles appear on the second day; these increase till the fourth day, when they begin to shrivel, and on the two succeeding days dry up into brownish scaly scabs, which fall off on the eighth or ninth day and end the

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whole affair. Except being attended with considerable itching and sometimes smart feverish symptoms, there is little in this mild and transient affection to call for the physician's aid. However, the following medicines are recommended.

Aconite.—"Isolated pimples of the size of a pin's head, filled with serous liquid, make their appearance on various parts of the skin, especially on the forehead, nape of the neck and in the face: after a while the pimples dry up and peel off." It also corresponds with the feverish symptoms, and in general, according to our experience, no other remedy is required to effect a cure, or (to speak more accurately) to be attended with recovery.

Antimonium crudum.—"Pimples at night; itching when getting warm in bed and preventing sleep; red vesicular pimples like varicella, with stinging pain when pressed upon."

Pulsatilla.—"Eruption resembling varicella after eating pork or fat things."

Tart. emet.—"Single vesicles or blotches, not very much inflamed and resembling chicken-pox, gradually increasing in size and number, filling with pus and then surrounded with red inflamed areolæ."

Variola or small-pox is divided into five stages: incubation, invasion, eruption, suppuration, and desiccation. The period of incubation includes the time between exposure to infection and the manifestation of disorder in the system, and ranges from five to twenty days. The invasion, occupying three or four days, is characterized by the ordinary symptoms of fever, attended with pain in the loins, the origin of which Chomel refers to the kidneys and believes to be pathognomonic; and Heberden remarks, that its intensity corresponds to the severity of the subsequent course of the disease. The eruption consists of small red elevated conical points disseminated more or less thickly over the surface, especially on the face and lips, and these papular elevations are gradually transformed into umbilicated vesicles surrounded by a red areola. This transformation is completed by the fourth or fifth day. On the sixth day the lymph of the vesicles is converted into pus, giving a yellow colour to the eruption, which now loses its central depression and assumes a flattened spheroidal shape. The process requires two days for its

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completion, and terminates in the bursting of the pustule, the discharge of its contents, and the establisment of the secondary fever. After this the desiccation begins, all the parts where the eruption existed are covered with a thick scab, consisting of indurated pus and epidermis, which comes off about the fourteenth day and leaves the skin red and frequently marked with fissures and pits.

When small-pox prevails, we are frequently asked by our patients whether it is advisable to be re-vaccinated, and it is well to have some positive data to rest our opinion upon. Some years ago this operation was performed upon the Prussian army: 42,000 of them had been previously vaccinated; of these 33,000 had distinct marks, in 5645 it was indistinct, and 2577 had none at all; when all were re-vaccinated, in 19,117 it ran its ordinary course, in 14,000 it produced no effect, and in 8672 it was irregular.* When small-pox raged in this army, the only fatal cases, seven in number, which occurred, were among those who had not been re-vaccinated, in all of whom it was very mild. These facts are enough to make us concur with the managers of the vaccine establishment at Vienna, who recommend that when "small-pox rages, it is well to re-vaccinate all who are exposed to the infection." †

In the treatment of small-pox, it is most important to prevent the pustule from bursting, if that be possible, for there is more danger in this disease from the result of the local mischief, than the constitutional derangement. Of the plans most in vogue, perhaps the best is the old Arabian one, of puncturing the matured pustule with the point of a lancet, and gently pressing out its contents, which may be removed by a wet sponge. It is maintained that the exclusion of light prevents the mischievous suppuration; and Dr. Picton of New Orleans, states that no instance of pitting after small-pox occurred in his practice, to patients who had been kept in the dark.‡

The subject was investigated experimentally by M. Serres, who had found unusual success attend the treatment of patients kept in a dark ill-ventilated cellar, at the time La Pitié Hos-

* Kleinert's Repertorium, 1840.
† Die Anomalien der Schutzpocken, von M. Viszanik und A. F. Zöhner.
‡ American Journal of Medical Science, quoted by Wilson.

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pital was too full to hold them; he covered some pustules with capsules of glass, so as to exclude both light and air, and the result was, that they shrivelled and dried up. It seems advisable then, that the apartment should be kept as dark as possible: this cannot be attended with any serious evil, and may be productive of important benefit.*

The following medicines are suitable for the treatment of small-pox:

Aconitum.—"In the eruptive stage of small-pox."

Arsenicum—"Should be exhibited in small-pox, when hoarseness, angina faucium, and diarrhœa supervene."

Mercurius.—"A few days after rubbing himself with mercurial ointment, the patient experiences a troublesome itching at the place where the ointment had been applied; gradually the skin becomes rose coloured; this redness is traversed by a few red streaks, which on inspection, prove to be the sound skin; the redness arises from an assemblage of larger or smaller spots; the reddened cutaneous surface imparts a sensation of burning heat to the finger; the redness disappears when pressing on it, but returns immediately after the pressure ceases; the patient's general health remains perfect, the secretions are uninterrupted, and the pulse is not affected. Ten or twelve hours after, slight elevations are discovered by the finger on the reddened cutaneous surface, and on looking at it through the microscope, these elevations prove to be vesicles crowded together. On the second day the vesicles become more elevated, and are perceptible to the naked eye on looking at them obliquely; they are filled with a yellowish lymph; the itching abates somewhat immediately after the appearance of the vesicles. On the third day the vesicles become depressed, on the fourth day they desiccate, on the fifth the skin scales off. If the mercurial friction be continued, or if some other dyscrasia be lurking in the system, the above mentioned phenomena become more violent; the skin assumes a dark red tinge, the vesicles increase to the size of pustules, and the patient is attacked with feverish chills which he experiences even before the vesicles make their appear-

* We observe that Dr. Curie adopted this plan in the treatment of a case of small-pox, reported last year in the Homœopathic Times.

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ance; the eyes are slightly reddened, watery, the nose is stopped, mouth and pharynx are dry, the stool is retained, the urine scanty, red, the pulse rather hard, quick, and almost small." So much for the effects of mercury in producing an affection similar to small-pox. Mr. E. Wilson makes the following statements:* "Mercury administered internally, has long been known to possess remarkable powers in modifying the influence of variola upon the system, but it was left to modern times to prove that this agent has also the property of neutralizing the variolous virus when applied externally." After mentioning that M. Serres and M. Briquet made use of a plaster consisting of 95 parts of Mercury, 312 of common plaster, and 16 of wax of resin and of turpentine, besides a slight addition of balsamus, he goes on to say, "in the first experiment, a strip of this plaster was placed on the arm of a patient attacked with variola, while a similar strip of diachylon plaster was applied to the opposite arm; under the mercurial plaster, the development of the eruption was arrested; under the other plaster, no modification took place." In the second case the face of the patient was "covered with the plaster, a part of which he tore off during the night which followed its application; the denuded surface was the seat of suppurating pustules, whilst on that portion which continued subjacent to the plaster, their abortion was effected." In a third case—a man affected with "violent confluent variola, the pimples were small, scarcely raised above the level of the epiderma, and surrounded with a brilliant red areola; the vigo plaster was applied, and allowed to remain seven days; on its removal, it was found that no suppuration had been established, with the exception of four pustules, and these were situated near the mouth, and had not been in contact with the plaster; this patient was radically and rapidly cured, and no scars were manifested." Dr. Oliffe recommends that the whole face should be covered with a mask of the vigo plaster, merely leaving a space for the mouth, nostrils and eyes, and a little mercurial ointment should be applied to the eyelids. The plaster is allowed to remain for three days in simple small pox, and four in confluent." Instead of this plaster, mercurial ointment consisting of an ounce of

* Op. cit. p. 97.

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ungt. hydr. fort. mixed with a drachm of starch powder, has been successfully employed by Dr. H. Bennet of Edinburgh. Of course the use either of the ointment or the plaster, should not supersede the internal administration of Mercurius. It seems that unless the Mercury be applied before the pustular stage of the eruption, it does no good; it should be used upon the second or third day of the eruption. "It exercises," according to M. Briquet, "a specific action on the cause, whatever that may be, which produces the variolous pustule, or acts as an antiphlogistic &c."

The immense importance of the subject seemed to require the production of the evidence in favour of the utility of Mercury in the treatment of small-pox, instead of giving merely the reported result of the plan; and we shall follow the same course in respect to the only other remedy which seems to us to have established its claims to confidence, we mean Varioline.

In a paper which first appeared in the Hom. Vierteljahrschrift, and was translated into vol. ix of this journal, Surgeon Schnappauf of Dresden relates his experience with small-pox matter. In a case of natural small-pox, he says: "opening a group of pustules, on one of the extremities, I succeeded in obtaining a clear watery lymph, which I drew off and mixed in a glass of *aqua distil.* pretty nearly in the proportion of the first dilution; after it was well shaken together, I added some drops of alcohol to prevent it becoming putrid; of this preparation I administered two drops every two hours on sugar of milk—the effects were quite wonderful, in so much that after the third dose, the greatest part of the painful and unendurable symptoms were abated, and the patient fell into a tranquil sleep, which lasted several hours. The most surprising effect however, was the appearance of the pocks themselves, on the parts which were least exposed to the air, and where, as is always the case, the pocks had come out later than on the trunk and lower extremities; the pocks instead of having increased in size, were fallen in and shrunken like witherêd fruit; those that were still in the stage of lymph, did not go on to suppuration at all, but dried up very soon. The remaining symptoms such as the stretching and burning pain of the skin, the swelling and fever, abated so

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rapidly, that the patient was relieved of most of her distressing symptoms in about sixteen hours." "I have treated," he says, a little further on, "upwards of twenty cases, of every age, both of natural small-pox and varioloid, with Varioline, and in no one instance have I found it to fail in producing its quick and remarkable effects." Dr. Trinks of Dresden says: "I can confirm the facts related in these observations of Surgeon Schnappauf. In the winter of 1848-49, there raged here the most wide spread epidemic of small-pox which ever I remember; people of all ages and both sexes died of it; it seized vaccinated and unvaccinated alike with the same intensity; the eruption was preceded by violent affections of the brain and spinal marrow, which disappeared when it came out. Belladonna and Bryonia were of great service in that stage; in the septic state which frequently followed on that, Arsenic was, as usual, of much benefit; against the salivation, Opium was administered with great success; Magn. had no effect whatever; nor Tart., Stib., nor indeed any homœopathic remedy. On the other hand, the varioline exercised an alterative, shortening and curative power on the exanthema itself—a fact which must forcibly urge us to further trials of it." The difficulty of procuring this remedy fresh, unless small-pox be epidemic, may be a hindrance to its practical usefulness; for there is good reason to believe from the experiments of Von Wenzel and others, that the virus on which its power depends, is easily destroyed by many chemical agents, as well as by spontaneous decomposition.

Impetigo is recognized by its consisting of a number of small elevations of the skin, which terminate in a pustular apex. On the rupture of the pustule the contents are effused and concrete into a honeycomb mass; sometimes conical and depending like stalactitic formations. The eruption may be either disseminated irregularly over the surface (*sparsa*)—most frequently upon the trunk, legs, and feet, or it may assume a circular or other regular form (figurata), when it usually affects the face, particularly the cheek and upper lip. One of the most common seats of the disease is the scalp (*impetigo capitis*); here it is known as *crusta lactea*, as it usually affects infants at the breast. In the acute form the crusts produced by the

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indurated muco-purulent secretion dry up and drop off, and so the disease terminates. In the chronic form, however, no sooner is one crop of pustules thus converted into exfoliating scabs than another crop springs up to take the place of those which preceded them, and discharges its contents among the spongy scales. When this happens on the scalp the mass gets matted together with the hairs, the secretion corrupting from its confinement becomes more and more offensive, and the loathsomeness of the disease is aggravated by the swarms of lice which breed and lodge in this congenial filth. The want of cleanliness being one of the most common causes of this affection, simple and abundant ablution is sometimes a sufficient remedy. After the crusts are formed, the vapour douche is strongly recommended as the most effectual appliance for their removal, and it affords a wholesome stimulation to the skin. Of course at an earlier period the use of hot baths or vapour is not desirable. The hair should be cut out with a pair of curved blunt-pointed scissors, rather than shaved, this is equally effectual and less annoying, and if ample washing be not sufficient to remove the crusts, a poultice may be applied. If after thoroughly cleansing the head the crusts still continue to be reproduced, and the health of the child is either unimpaired or even improved, it is better to avoid all medication directed to the local grievance, for the chances are that the eruption is a salutary effort of the constitution, which if checked would take some dangerous form.

Among the following medicines the appropriate one for the cure of any special case will probably be found.

Arsenicum.—"Pustular eruption on the head, the temples, and between the eyebrows, causing painful itching, as if from a sore; eruptions principally about the lips and nose; pustules on various parts of the body, which cause burning pain and great anxiety."

Calcarea carbonica.—"Eruption on the hairy scalp, with glandular swellings at the neck." Such swellings frequently attend *impetigo capitis*. "Thin moist porrigo on the hairy scalp." We have great confidence in Calcarea in the treatment of this disease when it affects the heads of scrofulous children.

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Cicuta virosa.—"Extensive (suppurating) eruptions on the hairy scalp; suppurating eruptions (in the face), with yellow scurfs and burning pain."

Clematis erecta.—"Scaly herpes, with yellowish corrosive ichor."

Graphites.—"Humid eruption at the top of the head; it is painful to the touch; small pustules on the chin and chest."

Hepar sulphuris.—"Humid scald head."

Kali bichromicum.—"During the first week a profuse yellow scabby eruption formed over the upper lip."

Mercurius.—"Humid eruption on the hairy scalp, eating away the hair, with painful pressure, especially at the sore places; pustules on the upper and lower limbs, the tips of which are filled with pus, and itching; impetiginous herpes on the abdomen, thighs and knees."

Nitric acid.—"Scurfy, humid, itchy eruption on the hairy scalp." Rayer says: "I have treated very obstinate impetigos succesfully by the Nitric acid, in doses of half a drachm daily in a pint of barley-water sweetened to the taste. It very seldom happens that this medicine is continued for a month or six weeks without accomplishing a cure."

Rhus toxicodendron.—"Burning itching eruptions, particularly on the scrotum, prepuce, eyelids and eyes, (arms and loins,) with swelling of the parts, and small *yellowish vesicles* which run into each other and become moist, the larger ones terminating in suppuration, with red areolæ, the smaller ones drying up more rapidly and scaling off in a few days." This is another medicine in which we have great confidence in the treatment of *impetigo capitis*, especially when the discharge is copious.

Sepia.—"Small itching pustules on the occiput, towards the nape of the neck, forming into ulcers the size of an inch, with rough crusts, under which the secretion continued for a long time."

Silicea.—"Itching, humid porrigo."

Staphisagria.—"A number of itchy scabs on the hairy scalp; humid scabs, also with bad smell."

Sulphur.—"*Tinea capitis*, dry or fetid and humid, with thick pus, yellow crust and itching; *crusta lactea.*"

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Viola tricolor is usually recommended in this complaint, but there is nothing in the proving to warrant its administration, and we do not know on what authority its reputation rests, beyond Jahr's italics, which are certainly somewhat capriciously employed.

Ecthyma is easily recognized from *impetigo* and other pustular eruptions by the large size of the pustules of which it consists; they are frequently as big as a split pea; sometimes there is so much induration of the surrounding skin that they resemble small boils, and leave an ulcer behind them, after they disappear with the rupture of the pustule and escape of its contents. It is rarely an acute, generally a chronic disease, and its favorite situation is the upper part of the trunk of the body, which it sometimes encircles. It almost never affects the scalp.

The following medicines seem to correspond best to the symptoms it presents:

Arsenicum.—"Pulse 110; white pustules, some isolated, the greater part confluent, appear on the forehead, round the eyes, the cheeks, the arms, and shoulders, and upper part of the chest; they terminate in thick crusts, and leave well-marked cicatrices."

Kali bichromicum.—"In a few days an eruption of red, round spots broke out on the back, arms and belly; the spots then formed pustules the size of a pea, covered with a scab, which came off in a few days, and left a small dry ulcer, which mostly healed up in about a fortnight, leaving a colourless depressed cicatrix."

Mercurius.—"Visibly spreading herpes, afterwards several ulcers discharging a corrosive ichor; herpetic spots and suppurating pustules, which either run into one another, forming at times dry and scaly spots, at times discharging an acrid humour, or which remain sore, become hollow, and afterwards raised and cicatrized; new pustules springing up in the neighbourhood."

Rhus.—"Black pustules, with inflammation and itching, rapidly spreading over the whole body."

Tartarus stibiatus.—"Large, round, full, burning pustules, with red areolæ, forming in two days and leaving deep cicatrices; furunculous, pustulous eruption, occasioning a violent,

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painful itching, generally suppurating from the size of a pin's head to that of a pea; pustulous eruption, the pustules filling with pus, drying up in a few days, and sometimes leaving deeply penetrating malignant ulcers."

Furunculus—boils—is so familiar a complaint, and so perfectly recognized even by popular observation, that there is no need of saying anything about its diagnosis, and we may pass at once to the enumeration of the specific medicines likely to be useful in its treatment.

Arnica.—"Itching pimple between the thumb and the index finger, as if a splinter were lodged in it." This medicine is generally recommended to be given for boils, and certainly seems useful, although there is no very well marked indication in the proving by which its suitability can be shewn.

Belladonna.—"Boils."

Kali bichromicum.—"Without being aware of any scratch the arm swelled as high as the axilla, then a boil-like elevation formed, which turned into a large ulcer, with dark centre and over-hanging edges."

Hepar sulphuris.—"Pimples, the size of a pea." This medicine is recommended in indolent boils, and may be used externally in the form of ointment with advantage.

Lycopodium.—"Large boil on the left lower arm, making the whole arm stiff, and another boil on the left shoulder (in a few days); boils returning periodically."

Phosphorus.—"Small boils on the nape of the neck, chest and thighs; large boils on the thighs, chest and forehead."

Pulsatilla.—"Boils here and there." It is particularly suited to cure *styes*, which are one of the symptoms it produces.

Staphisagria.—"Frequent boils."

Sulphur.—"Boils."

Anthrax—consisting of fibrinous deposits, surrounded by suppuration, which require to be expelled before a cure is possible—is generally treated by a crucial incision; this allows the pus to escape, and permits the evacuation of the firm central masses, and seems the most rational and least painful plan of treatment of a purely mechanical kind, and therefore by no means opposed to the administration of specific medicines

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at the same time, in fact tending rather to favour than prevent their salutary operation. Cold dressings may also be employed, which should press firmly upon the part, and the pressure should be gradually increased from day to day till the cure is effected.

The medicines recommended to be given in this painful and tedious complaint are *arsenicum*, *belladonna*, and *silicea*; the recommendation seems to rest upon clinical experience chiefly, for there is no very striking similarity between the symptoms which they produce and Anthrax.

Molluscum is a rare and curious disease, consisting of pouches formed by the enlarged and distended ducts of the sebiparous gland; they look like red currants or small gooseberries, studded all over the surface of the body, and are so peculiar that after having once seen a case of the disease, it is impossible not to recognize it afterwards. The only example of its successful treatment by homœopathic medicine is recorded by Dr. Dudgeon in the article "Kal. bich." (*Hahn. Mat. Med.*) It was cured by Lycopodium and Silicea. The individual tumours or tubercles, which varied in size from a large pin's head to a pea, inflamed, suppurated and dropped off as a scab, leaving bluish red cicatrices, which gradually died away.

Acne is known by the conical form of the elevations of which it consists, the suppuration of these at the apex, and the firm tubercle which they leave behind after the discharge of their contents. In its treatment the following medicines may be used:

Calcarea carbonica.—"Steatoma, reappearing and suppurating every four weeks."

Kali bichromicum.—"The face is covered with a profuse eruption like acne."

Kreosotum.—"Eruption: pimples on the forehead, also as on the forehead of drunkards, or miliary pimples, sometimes stinging, and always remaining dry; greasy sort of pimples on the right cheek and on the chin, covered with yellow, honey-like crusts."

Ledum palustre.—"Red tubercles, also on the forehead (as in drunkards), with stinging when touched."

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Nux juglans.—"Little pimples (acne pustulosa) on the face, chiefly about the mouth; small red pimples on the neck, in the face, on the shoulders and the back, some of which grow larger and contain a thick fluid."

Sulphur.—"Red (itching) pimples on the nose, upper lip, around the chin, and on the forearms; they sometimes burn after scratching."

Out of the long catalogue of medicines useful in acne these are the only ones whose symptoms at all correspond with those of the disease, and the following are recommended upon empirical grounds alone: *belladonna, carbo veg., nux vomica, pulsatilla* and *natrum muriaticum:* for the acne of drunkards; *carbo veg., ledum, arsen., nux vom., pulsatilla, sulphur* and *belladonna*, are the favourite remedies.

In the closely allied affection *montagra* or *sycosis menti*, the following medicines may be administered:

Antimonium crudum.—"Red burning suppurating eruptions on the face; eruption on the left cheek towards the chin, with a yellow crust, painful to the touch, and which may be easily knocked off."

Cicuta virosa.—"Thick, honey-coloured scurf on the chin, upper lip, and the lower portion of the cheek, with burning soreness and oozing of the skin, accompanied with swelling of the sub-maxillary glands, and scurfs in the nose, and insatiable appetite."

Graphites.—"The chin is covered with eruptions, also scurfy round the mouth and the cheek."

Hepar sulphuris.—"On the chin, above and below the lips, and on the neck, pimples resembling blotches, sore when touched, but not otherwise."

Oleander.—"Suppurating pimple on the left and right sides of the chin."

Sepia.—"Pimples on the chin, with ulcerative pain when touched; itching pimples on the chin; long lasting scabs upon the chin."

Tinea capitis, or common ringworm, is easily recognized by spots of nearly perfect baldness on the head; upon minute inspection the hairs are seen to be there, but stunted and

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and shrivelled so as to resemble tow. The affected parts are at first quite dry and covered with small shining scales like mica; if the head be not kept clean an exudation generally takes place from the surface, and produces a matting of the hairs in which the scabs are embedded. The general indications for treatment are to cut off the hair, but not to shave the head, and to wash it every morning with common brown soap and water. Change of air, especially to the sea-side, and a generous animal diet, are also advantageous.

The following are the specific medicines best suited for its treatment:

Alumina.—"Falling off and excessive dryness of the hair; soreness to the touch."

Arsenicum.—"Bruised pain of the scalp, increased by touch; the hairs are painful when touched; creeping of the skin of the occiput as if the hairs moved." These symptoms of Arsenic, although they present no proper resemblance to tinea, yet perhaps indicate an action of some kind upon the seat of the disease, which is the hair bulb.

Calcarea carbonica.—"Scaling off of the scalp in the region of the vertex."

Graphites.—"Scurfy spot on the top of the head, with violent sore pain when touching it." This is the most favourite medicine in tinea, and is often used in the form of ointment.

Sulphur.—"Pain of the roots of the hair, especially when touching the hair."

We must confess that our experience of the homœopathic treatment of this disease has been far from encouraging, and we have been not unfrequently somewhat mortified by the rapid cure effected after all our efforts had proved unavailing by some quack preparations applied to the part. Perhaps we do not pay sufficient attention to the local application of our specific remedies. We know that our discomfiture in our operations against tinea has been shared by some experienced homœopathic physicians, and it excites some surprise to observe the confident tone assumed by others who seem to obtain results so very different from ours by identical means. We think this is a subject well worth the attention of those who have extensive opportunities

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of observation, and we trust they will give the medical world the benefit of their experience in a minute detail of cases of tinea which come under their care. What we have said of tinea is still more true of *favus*, the last remaining disease on our catalogue. Of the pathology we have spoken in the former paper, and to be able to say anything satisfactory about its treatment we must wait till we have the materials afforded by a sufficient number of cases successfully treated by homœopathic remedies, for there is nothing in the symptoms recorded in the provings hitherto published to warrant our recommending one medicine more than another with any degree of confidence. In the therapeutic part of this paper we have left the question of the dose entirely in abeyance; those in the habit of using high dilutions prefer them in diseases of the skin as well as in other morbid affections; those who usually give low dilutions in their turn prefer the low. As yet there is neither a sufficient accumulation of accurate observations to enable us to decide upon the ground of empirical statistics, nor has there been any successful attempt to ascertain the laws by which the enormous differences in the amount given by different practitioners with nearly the same success, are to be accounted for. Till one or other of these grounds of comparative certainty be attained all dogmatism on this subject would be presumptuous in the highest degree, and would reveal not only ignorance, but worst of all —ignorance of our ignorance.

PNEUMONIA—UNDER HOMŒOPATHIC, ALLOPATHIC, AND DIETETIC TREATMENT.

By Professor Henderson.

(*Communicated to the Homœopathic Congress, at Edinburgh, 4th September*, 1852.)

I have been induced to select pneumonia as the ground of a discussion of the respective claims of homœopathy and allopathy to be regarded as the most successful practice in acute inflammations, for the following reasons:—We have on both

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sides a much larger number of cases to appeal to than of any other dangerous inflammation; we have more exact details also, regarding the conditions under which the cases occurred, and the circumstances which affect the rate of mortality; and, what is of more consequence still, we are in possession of an important standard of comparison, wanting in respect to all other acute diseases, to wit, authentic records on a large scale of the phenomena and results of the disease when not interfered with by art. My attention has been, moreover, specially attracted to this subject by the elaborate attempts of allopathic physicians to set aside the facts furnished by homœopathists, as evidences of the superiority of their practice in the treatment of pneumonia, and to evade the force of an appeal to experiment, as the infallible test of that superiority, by the most uncandid insinuations, and, in some instances, by glaring mis-statements, in disparagement of the proofs to which homœopathists refer them.

You all know that it is customary among controversialists of the allopathic school to allege, without however any facts to support the allegation, that the homœopathic cases are selected, the more serious and dangerous-looking examples of the disease being excluded from their hospitals, the mild and less formidable being studiously, though secretly, chosen in order to exhibit homœopathy to advantage. These charges are specially directed against the homœopathic hospital physicians of Vienna, and against Dr. Fleischmann in particular, he being the person who presides over the largest homœopathic hospital in Europe, and who has published the results of the greatest number of cases of pneumonia treated by homœopathic remedies, and with the most remarkable success. It is no doubt unfortunate, that Dr. Fleischmann has confined himself, in what he has published, to noticing merely the number of his cases, and the number of deaths and recoveries. To silence opposition it would have been necessary for him to have stated those particulars, as to sex, age, complications, and so forth, which are usually regarded as having so much to do with the gravity and issue of pneumonia. As these, however, have been hitherto omitted by him, his experience is not available to us in

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instituting such a comparison between the opposing systems, in their effect on the course and issue of pneumonia, as may place the superiority of the homœopathic practice beyond the reach of cavil and misrepresentation. Happily, however, the details to which I have adverted are supplied by other sources of information, and though the data are not nearly so abundant as the experience of Fleischmann could furnish, they are amply sufficient for a fair and satisfactory vindication of homœopathy in this matter.

In the following comparison of the allopathic and homœopathic methods in the treatment of pneumonia, it is not my intention to enter at great length on the subject, or to bring together all or nearly all the statistical details that may have been more or less fully given on both sides. Those who desire such information will find it in a great measure supplied by the excellent and elaborate papers of Dr. Ozanne in course of publication in the *Homœopathic Times*. The task I have proposed to myself is much less laborious and extensive. I intend chiefly to examine in detail, as far as the recorded facts will enable me, a moderate number of cases from both sides; and I think that those I have selected for comparison will be found to present unobjectionable samples of the disease, its treatment, and consequences, under each system; there can be no objection at least on the ground that the homœopathic cases are unfairly selected, and that they do not present as full a proportion of conditions usually regarded as unfavorable to recovery as any number of allopathic cases brought into comparison with them. I have, indeed, been at pains to discover accounts of allopathic cases that were unusually favorable for the happy issue of the treatment, and I have been successful in my search for such cases, having found them in treatises by Louis and Bouillaud. These, with the examples from the practice of Drs. Walshe, Taylor, and Peacock, published by Dr. Routh, and those of Dietl of Vienna, are all I have taken from allopathic authorities. The homœopathic side gives me no latitude for selection, for I know of no groups of cases published by homœopathists, with the exception of the forty-one by Tessier in his *Recherches Cliniques*, 1850, and the eleven

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by myself in the *Brit. Journ. of Homœopathy* for 1850, which possess the condition which I regard as indispensable, on our side at least, of being complete series of cases, from which none had been excluded, or withheld from publication, that had occurred to the narrator between the commencement of his observations for the time, and the preparation of his treatise for the press. A few indeed of Tessier's earliest cases are not recorded, owing to the imperfection of the notes regarding them; but as they terminated favorably their suppression is at least no objection to his contingent of cases, which may therefore be fairly regarded as commencing with the first that appears in his work. If the comparison about to be instituted between these allopathic and homœopathic cases shall be found to harmonize as to mortality with what we know of the groups of cases which are marshalled against each other on the grand scale, each containing many hundreds, we shall be entitled to conclude that the latter, had they been subjected to the same analysis, would have furnished nearly the same proportion of favorable and unfavorable conditions, as to age, sex, complications, &c., for these are the particulars which are supposed to influence more or less the rate of mortality under every treatment, and you cannot have the aggregate result in a multitude of cases, irrespectively of the conditions which produce a similar result in a smaller number. The same proportional results must be due to the same proportion of conditions, on the greater as on the smaller scale. If the mortality in Tessier's cases and mine be the same as in Fleischmann's, we may be certain that Fleischmann's cases must have closely resembled the others in all the essential particulars that are believed to bear on the mortality of pneumonia, for had he *selected* his cases his mortality must have been less. The details of these other cases, therefore, will afford us a very safe ground for judging of the quality of Fleischmann's cases.

The most interesting part of this discussion, however, is connected with another element which has been lately thrown into the controversy; I allude to the very remarkable statements of Dietl regarding the effects of a merely dietetic or expectant practice. I shall say of these statements at present only

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thus much, that they settle finally two questions; the fate of allopathic practice, in pneumonia at least, and the thorough, nay, on the principles of our opponents, the necessary correctness of the rate of mortality affirmed by homœopathists as the result of their practice, if as is asserted it be no better than doing nothing.

Before proceeding to the analysis of the cases on the homœopathic side of the question, I have a few words to say in reply to some of Dr. Routh's misrepresentations of Tessier's cases. Dr. Routh maintains that one case that died of erysipelas, which began twelve days after the pneumonia was cured, and two that he alleges, (though in reality only one, and he died three months after his pneumonia had been cured) died of consumption before leaving the hospital should be added to Tessier's mortality, because, according to him, these cases would be included among the deaths from pneumonia in the statistics of allopathic hospitals. We are not, however, about to compare the cases of Tessier with the crude returns of hospitals, but with the discriminating statements of individual physicians, who knew when an inmate of their hospital wards died of pneumonia, and when of some other disease that had no connexion with it; they in common with Tessier, all speak expressly and intelligently of pneumonia, and of what they noted in their patients throughout that disease on to its termination, and there their business with every case ended in so far as the only purposes they had in view were concerned. If the allopathic physicians had told us all that happened to these patients weeks or months after their pneumonias were cured, no doubt they would have had to record casualties from erysipelas, or dysentery, or fever, or consumption, but then they would have treated of such under their proper titles, and not as casualties from, or during pneumonia. Dr. Routh next objects to the admission into the number of successful cases treated homœopathically four that had been bled prior to the commencement of the latter treatment, on the ground that the blood-letting must have benefited these cases, and thus disqualified them for bearing testimony to the efficacy of homœopathy. Blood-letting, however, as we shall find from the researches of Dietl, so far from lessening the mortality of pneumonia, actually increases it, and when it does not do so, but appears to be of service, merely shortens

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the early stages of mild cases that would have terminated favourably of themselves. Besides, if the limited employment of a single allopathic expedient should be regarded as a ground for excluding these successful cases, the employment of other allopathic means in one of the cases that died, ought to be enough to exclude that case also from the homœopathic calculation; and thus the proportion of deaths would be further reduced, and homœopathy would appear to be still more successful than Tessier makes it to be.

To proceed to the analysis, first, of the homœopathic cases, and beginning with the question of

Age, I find that among the 50 cases that were beyond the period of puberty, 25, or just one-half were above 40 years old, and of these, 16 above 50 years old; while the average age of all the cases was 41 years. There was then an unusually great proportion of cases at the later periods of life, of which excess an estimate may be formed from the following larger statistics given by Grisolle: among 630 cases collected by him 239, or $^3/_5$ths, that is 76 less than the half, were above 40, and above 50 there was little more than a fifth.

Sex.—The number of females amounted to 9,—about 1 in $5\frac{1}{2}$, which is a smaller proportion than usual; for in the 542 cases of Briquet, Chomel, and Grisolle, there were 138 females, or about 1 in 4. This disparity is, however, of no real consequence for the following reasons:—both Grisolle and Briquet conclude that the greater mortality which is acknowledged to occur among females affected with pneumonia, depends chiefly on the more advanced age at which they are liable to the disease; the excess therefore in point of advanced age, already noticed among the homœopathic cases, will counterbalance any advantage that may be presumed to depend on the smaller proportion of females; and it may be remarked, besides, that we have actually no evidence that pneumonia *of itself* is apt to be more fatal among females, as such, than among males. It is true a greater proportional mortality does occur among females, in allopathic practice, which is not entirely accounted for by their ages, but there is too much reason to believe, as we shall see in the sequel, that such excess of mortality among females,

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treated in the ordinary way, is actually due to the *practice*, and not to the disease apart from the injury done by the treatment; for females have generally less robust constitutions than males, and blood-letting would appear to be fatal in proporton to the number of the more delicate persons who are subjected to its operation.

Complications and constitution.—In regard to local complications, and general deterioration of the constitution, I find that there were (exclusive of jaundice and pleurisy) 14 with complications, or about 1 in 3½. The complications consisted of organic disease of the heart, chronic bronchitis, delirium tremens, pericarditis, acute bronchitis, and meningitis: besides those 14, in which local complications are specified, there were 8 others in which the complication is noted as enfeebled and deteriorated health, a state certainly as unfavourable in pneumonia as most of the chronic local complications are,—so that we have 20 cases of complication, or 1 in 2½; nearly as great a proportion as the worst of the allopathic groups present, and very much larger than some of them do to which I shall have to refer. The homœopathic complications were chiefly chronic; and it would appear from Dietl's observations that in allopathic practice acute complications are apt to abound, in consequence, as he thinks, of the tendency of the depleting measures to produce new inflammations. He supports this opinion by what he noticed after death in the bodies of such as had died under each of his three methods of treatment, blood-letting, tartar emetic, and the expectant plan. Among 17 of the first class, 7 presented complications with meningitis or pericarditis; among 22 of the tartar emetic class, only one presented acute complication (pericarditis); and of 14 that died under the expectant practice, not one instance of acute complication was found.

Affection of the upper lobe.—Among the homœopathic cases 10 examples of pneumonia of the upper lobe occurred. This is a smaller proportion than has been sometimes noticed in allopathic practice. Andral had 30 pneumonias of an upper lobe in 88 cases; and Grisolle's proportion has varied in different periods from a fifth to a third. The pneumonias of the upper lobe are believed by Louis to be more fatal because they are

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most liable to happen at the more advanced periods of life; so that the unusually great proportion of aged persons among the homœopathic cases will probably nullify the apparently more favourable condition of these cases as to the lobe affected. To show, moreover, how little the smaller proportion of pneumonias of the upper lobe accounts for the small mortality of the homœopathic cases, it may be mentioned here, that while, according to Sestier and Grisolle, the mortality of such cases in allopathic practice amounts to 1 in 4, or 1 in 5, in our homœopathic cases it amounted only to 1 in 10; and in that one case purulent infiltration of the lobe had occurred before the treatment was begun.

Double.—When pneumonia occurs in both lungs simultaneously, it is not surprising that the rate of mortality should be increased. One half of such cases die according to Chomel; Grisolle lost 7 out of 16. This therefore appears an important element in the *quality* of the cases, when a comparison is being made, such as I have now in hand. I must admit that the number of double pneumonias among the homœopathic cases was less than appears to be common under the allopathic practice; but it would appear highly probable that the excess of double pneumonias found among the latter class of cases, has some connexion with, and dependence on, the nature of the treatment. Thus Dietl in 85 cases treated by blood-letting had 10 double pneumonias, or 12 per cent, while in 106 cases treated by Tartar emetic, he had but 6 cases of double pneumonia, or less than 6 per cent, and in 189 cases under the expectant treatment there were only 11 double, or less than 6 per cent. Blood-letting, therefore, would seem to increase the proportion of double pneumonias. Bouillaud who is a great bleeder, gives among his details, without being aware of this inference, what appears to corroborate the conclusion of Dietl; in 75 cases he had 18 double pneumonias (he had one more than he expressly mentions). No doubt some of these were double pneumonias before any treatment was used. This however, was the case only in half of them; of the remaining 9 cases 8 were bled one or more days before the first stethescopic examination was made, and when it was made, the lung last affected was found

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in the earliest stage of the disease, as if it had began but very recently, and after the bleeding was performed; in one case the pneumonia became double three days after the depleting practice was in full operation, the patient having been all that time in the hospital previous to the extension of the disease. Bouillaud had double pneumonias in the proportion of 24 per cent; and Grisolle in 1430 cases collected from various allopathic authors, says the proportion was 18 per cent. In our homœopathic cases there were 5 double pneumonias, at the rate therefore of 10 per cent,—or if we exclude one of the cases because blood-letting had been employed before it fell under homœopathic treatment, there were but 4 cases, or 8 per cent. We shall afterwards notice Dietl's reasons for believing that blood-letting causes the more extensive diffusion of pneumonia, and I advert to it here as an additional ground (and he, too, views it in the same light) for the opinion that depletion favours the occurrence of double pneumonia. If such then, be the case, allopathic physicians cannot plead the greater proportion of their double pneumonias as a reason why their cases cannot be justly compared with ours, for that disadvantage on their side appears fairly traceable to their injurious practice itself, which of course creates the evils that produce its greater mortality, and it seems this excess of double pneumonias among the rest.

Epidemic constitution affects the mortality of pneumonia, and chiefly in this way, that during influenza the pneumonias that are epidemic are unusually fatal, at least in allopathic practice. No such plea is set up on behalf of any of the groups of cases I am to compare with the homœopathic, and it shall not therefore be taken into account, although several of Tessier's cases occurred during such an epidemic.

Mortality.—Of our 50 cases 3 terminated fatally; the proportion of deaths to recoveries being one to 17, or just 6 per cent. Of the 26 cases that were aged 43 years and under, only one died, and at the age of 43. The others were aged respectively 58 and 60. Here then are 3 deaths in 25 cases aged between 40 and 70 years, a period of life when, according to Grisolle's extensive data, the mortality is at the rate of 23 per cent. in allopathic practice.

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I compare with the homœopathic mortality as given above, first the two groups of cases furnished by Louis. The first group, consisting of 78 cases, was noticed in the *Archives Générales* for 1828, and in a reprint of the memoir, published in 1835, the author says in a note that he had excluded 46 other cases that had occurred to him along with these 78, *because the pneumonia in them occurred in unfavorable circumstances*, such as previous bad health, while of the 78 cases he says—"all were in a state of perfect health at the moment when the first symptoms of the disease began." Here then we have 78 *selected* cases of pneumonia, in persons in the most favorable circumstances as to previous health, for the successful issue of the disease; and I might justly decline admitting such cases to a comparison with the unselected cases of the homœopathic group, in which many of the cases, about a third, were in bad health at the commencement of the pneumonia. This disadvantage will tell, however, all the more to the credit of homœopathy when it is known that of Louis' 78 cases, 28, or nearly one-third died! What makes the difference in the success of the two systems still more remarkable is, that Louis' cases were, in a large proportion, of an early age, and even the average age of the 28 fatal cases was only 49. That of the 50 that recovered was about 35.

The same author writing in 1834 or 1835, says, that in the course of the 4 preceding years 150 cases of pneumonia had passed under his notice, but that he limits himself again to a selection of cases, 29 in all, who were, like the former group, "in excellent health at the moment when the first symptoms of pneumonia occurred." In this smaller selection he was much more fortunate, 4 only of the 29 having died, or 1 in 7, about 14 per cent; but still 2½ times greater than the mortality of the unselected homœopathic cases.

The treatment of the first group of cases consisted entirely of blood-letting, of the second, of blood-letting, tartar emetic, and blisters. Louis ascribes the less fatal results in the second group in some measure to the bleedings, though fewer, having been more copious at a time. But the whole quantity of blood drawn in these cases was less than in the others, and the facts

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to be quoted from Dietl appear to shew that it is rather to this smaller loss of blood that the happier consequences should be ascribed, than to the manner in which the evacuation was performed.

Bouillaud's cases.—Pelletan, in the 8th volume of the *Mem. de l' Acad. R. de Médecine,* has published an account of 75 cases of pneumonia treated by Bouillaud, with the view of setting forth the advantages of his method of employing venesection, a method which is known as the *coup-sur-coup* plan of bleeding, in the course of which blood is abstracted daily for 4 or 5 successive days.

Age.—In respect to age these cases had the advantage of a considerably larger proportion at the earlier periods of life than occurred among the homœopathic cases. Of the latter 25 cases, or one-half only were below 37 years of age, while of Bouillaud's cases 46, or three-fifths were below that time of life. Again, above 57 years old he had only 5 cases, while the homœopathic cases numbered 14 above that age. This disparity is important for the mortality according to Grisolle's large statistics of pneumonia, between the ages of 50 and 60, is not less than 27 per cent.

Sex.—Among Bouillaud's cases there were only 7 females, about 1 in 11 only, or 9¾ per cent.; while the homœopathic cases had 9 females, or 18 per cent. A disproportion of great consequence if it is true, as allopathic physicians assert, that the mortality of females is one-third greater than among males.

Seat.—Among Bouillaud's cases there were only 7 instances of pneumonia of the summit of the lung. This is at the rate of 10 per cent., while among the homœopathic cases the proportion was 20 per cent. In this respect, therefore, the advantage is again on the side of Bouillaud's cases, for the mortality of pneumonia of an upper lobe is ascertained by Grisolle to be nearly double that of pneumonia of other parts of the lung.

I have already said that Bouillaud had 18 cases of double pneumonia, or 24 per cent., while the homœopathic cases had only 5 examples, or 10 per cent.; and I have also already shewn that the excess of double pneumonias among allopathic

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cases is to be ascribed to blood-letting, and that not being an original disadvantage of such cases, but an evil consequence of the treatment, it cannot be pleaded in extenuation of the allopathic mortality.

Complications.—Of chronic complications Bouillaud's cases had only one example—chronic bronchitis; the other complications amounting to 10, were acute diseases of various kinds, chiefly of the bronchi and pericardium.

Mortality.—Ten deaths occurred among the 75 cases, or 1 in 7½, being at the rate of 14⅔ per cent. Several of the cases are mentioned as being trivial, and treated with emollients merely, and three are noticed as having had no physical signs at all of pneumonia. Notwithstanding these and the other favourable circumstances of these cases of Bouillaud, the mortality was more than double that of the homœopathic cases. Among the deaths, one, not included by the author in estimating the rate of mortality, occurred within 24 hours after the patient was admitted into hospital. A similar instance occurred among the homœopathic cases, and is expressly included by Tessier in his mortality. If either is deducted the other should be deducted too.

Of the 75 cases of Bouillaud, Grisolle remarks that in reality only 49 were treated in the heroic manner he recommends. Of these 6 died, or 1 in 8. The average age of these 49 cases was only 33 years, and when we take into consideration the fact rendered evident by the experience of Dietl, that the mortality of pneumonia at all ages, indiscriminately, is only one half so great as in Bouillaud's 49 cases, even when no remedial treatment is employed, we shall see reason to regard the recoveries in those allopathic cases as due to the powers of young and vigorous constitutions, which resisted the fatal tendency of the blood-lettings.

Cases of Drs. Taylor, Walshe, and *Peacock.*—Dr. Routh in his suspiciously inaccurate work, entitled—"Fallacies of Homœopathy," furnishes the particulars of these cases, and as he would give at least the most favorable view of them that they could honestly admit of,—that is, would take the utmost pains to display their disadvantages, and to find excuses for

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their mortality, I have the less hesitation in quoting the account of them from a work so little entitled to confidence, for I desire to contrast our homœopathic details with any that even such an opponent can venture to publish in favor of the system which he defends.

Age.—The ages are given of 126 cases, and of them 96 (Routh says 86!), or above two-thirds, were under 40 years old; while in the homœopathic cases only one-half was under that age.

Sex.—27 of the 140 were females, or less than a fifth, so that the proportion was nearly as in the homœopathic cases.

Complications.—The number of complicated cases is said to have been 62. Of these a large proportion, no doubt, consisted of acute diseases, as probably always occurs when bloodletting is employed freely. No specific statement is made regarding the proportion of chronic complications. We have seen that the homœopathic cases had, including the examples of chronic bad health and acute disease, 20 complicated cases, or two-fifths, being rather more than the proportion stated to have occurred in these allopathic cases.

Seat.—No details are given respecting pneumonia of the upper lobe. Among the uncomplicated cases, 14 instances of double pneumonia are said to have happened, being at the rate of 18 per cent.; a number must have occurred also among the complicated cases, but nothing is recorded of them. Enough, however, is mentioned to strengthen the inference, formerly adverted to, regarding the influence of the treatment in producing that fatal form of pneumonia.

Mortality.—The deaths amounted to 43, being rather less than 1 in 3, or above 30 per cent. From this enormous mortality I am quite willing to allow 10 deaths to be deducted, on the ground that they occurred among 17 cases of secondary pneumonia, that is, pneumonia succeeding fever, &c., of which we had no corresponding examples in the homœopathic cases. Notwithstanding the deduction, 33 deaths remain, 1 in every 4 cases, or above 26 per cent.! Of the complicated cases 32 died, or above one-half; while of the 14 homœopathic cases complicated with known local disease only 1 died.

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Dietl's cases.—He gives 3 sets of cases, of which 2 were treated respectively by blood-letting, and by Tartar emetic. By the former method 85 cases were treated, of which 17 died, or 20·4 per cent. By Tartar emetic, in large doses, 106 cases were treated, and of them 22 died, or 20·7 per cent. There are no details respecting the ages, complications, sex, or parts of the lung affected, with the exception of what relates to the number of cases of double pneumonia. Of these 10 occurred among the cases that were bled, or 12 per cent., and 6 among the cases treated by Tartar emetic, or less than 6 per cent.

We have some very important and instructive details by Dietl, regarding the effects of venesection. His remarks are so strongly opposed to the employment of this practice, that we might be inclined to suspect him of a leaning to homœopathy, did he not express himself as strongly opposed to it, and as "clinging more firmly than ever to the old standard,"—a declaration that must have some strange and peculiar motive, considering the startling account he publishes of the evils of the common practice in pneumonia—evils which, on his own shewing, must equally follow the employment of venesection in other inflammatory diseases.

Dietl left 189 cases of pneumonia to follow their natural course uninterrupted by medical treatment of any kind, taking care merely to restrict them to cool drinks and meagre fare during the febrile period of the disease, and preventing them from moving about. The result was 14 deaths, being 1 in 13½, or only 7·4 per cent! A result such as this cannot but be regarded as in the highest degree remarkable by all who have been accustomed to rely on medical expedients for the cure of serious, and especially acute inflammatory diseases. That the narrator of so striking a series of experiments has conducted them fairly, and given an honest account of them, cannot be doubted. He is not, as we have seen, an opponent of the established methods of treatment, and could have had no conceivable purpose to serve by recording alleged facts that reflect so injuriously on the practice of that allopathic section of the profession of which he avows himself a firm adherent. At the same time, as he has unfortunately not furnished us with any

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information regarding the ages of the cases thus left to nature, and has said nothing of the proportion of females among them, of the number of complications, or of affections of the upper lobes, we are left in doubt as to whether the 189 cases may not have been accidentally more favourably circumstanced for a mitigated severity, and a happy issue, of the disease than those cases are believed to be in which the usual proportion exists of the aged, of the chronically diseased, of the female sex, and of affections of the upper lobes. Still even supposing these 189 cases to have been in a more advantageous condition than usual in one or more of the several respects adverted to, the amount of advantage cannot, in unselected cases, have been so considerable as very materially to affect the results. Accident may have helped to *increase* the apparent success of the dietetic or expectant treatment, and so the comparatively small mortality which followed that treatment in these 189 cases may not be a strictly accurate measure of the real superiority of the expectant, over the ordinary allopathic, practice; yet, let every reasonable allowance be made, and still the expectant method must by all candid persons be admitted to have presented, in the experience of Dietl an amount of success unapproached in the published experience of any other allopathic physician of any country.

The first reflection suggested by these cases is, that we can now be at no loss to account for recoveries taking place under every variety of practice. The disease would appear to tend towards recovery in about 92 per cent of those affected, unless disturbed in its course by injurious interference; and even when such interference has unhappily been practised, a very large proportion, notwithstanding, of those affected have such natural powers of resistance—so much of the vigor of youth, or of the toughness of hale old age, that commonly the number of recoveries cannot be lessened by more than an additional 10 or 15 per cent. That this explanation is just, is plainly proved by the circumstance that the more vigorous, strong, and previously healthy the persons are who labour under pneumonia, the better is their prospect of recovery under the common practice, as well as under the expectant, the latter, however, giving even

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to such cases the more favourable prospect; while the more feeble, whether owing to age, sex, or previous bad health, die in a much larger proportion under the allopathic practice than under the other. The common notion, among allopathic physicians, is that in aged and feeble persons, in whom as their phrase is, "there is no room for practice," the dietetic plan may do very well, but that it is far otherwise with the young and robust, who, it is said, demand energetic measures. That there is a great mistake on this matter, is proved by the following facts:—assuming age to be a proximate indication of the degree of strength and robustness, we find from Dietl's work, that among the younger and more robust constitutions, in other words, among the patients under 40 years of age, the treatment by blood-letting lost 5 cases, which, supposing 50 (the usual proportion) of the whole 85 cases to have been under 40 years old, gives 1 in 10, or a proportion of 10 per cent of deaths during the 26 years above puberty, when pneumonia is presumed to stand the most in need of "active measures," and to be the most easily cured by them. Among the expectant cases only one death occurred under 40 years of age, and as the whole of these cases amounted to 189, the proportion under 40 years old would be 114, so that the expectant practice had 1 death in 114 cases at the most vigorous period of life, when allopathic evacuations, &c., are fancied to be so essential In the same number of cases (114) the latter practice would have lost *eleven cases*, in other words, would have *caused* 10 more deaths than occurred when the cases were not subjected to any medical treatment. Above 40 years old, the depleting plan of treatment had also a larger mortality, 12 having died among the 35 cases, that, according to the usual proportion, must have been above 40 years, in the 85 cases; this gives us a mortality of 1 in 3, or 33 per cent. Among the 75 cases of the expectant class, that are presumed, according to the ordinary calculations, to have been above 40 years of age, 13 deaths occurred, about 1 in 6, or 17 per cent., about one-half the mortality of the other practice among the feebler class of patients—who certainly appear therefore to be proper cases for an expectant method, but not nearly such proper cases for that method as the young, strong, and vigorous

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are, among whom blood-letting—that active treatment—*is ten times more fatal than the dietetic plan is!*

Of the treatment by Tartar emetic in large doses, I need only remark, that the mortality over the whole cases was much the same as under venesection (such are the evil consequences of using indiscriminately, and in excessive doses, even a remedy which is *Homœopathic* to some cases of pneumonia), and that it was fatal in a smaller measure in the cases under 40 than venesection was; having lost 1 in 15, or between 6 and 7 per cent. below 40 years old, and 1 in $2\frac{1}{2}$, or $36\frac{1}{2}$ per cent. in the cases above 40.

In what we learn from Dietl of the tendency of pneumonia to recover spontaneously, and even in spite of any and every sort of treatment, we have a sufficient explanation of the fortunate issue of so large a proportion of cases at the earlier periods of life, which allopathic writers, prematurely and needlessly as it now appears, have been accustomed triumphantly to appeal to in testimony of the virtues of blood-letting and Tartar emetic. One death in 20 or 30 cases, between 20 and 30 years of age, has now and then been the happy result in the experience of some of these physicians, and more frequently perhaps, among the athletic young men in military practice than in civil life. When it is more generally known, however, that without any medical treatment, the mortality is less than 1 per cent among patients under 40 years of age, some other ground for the complacency of our allopathic brethren will appear to be reasonably required. It will, notwithstanding, always remain a remarkable circumstance that even young and vigorous persons should be able to survive, in so large a proportion of instances, the simultaneous attacks of an acute inflammation of one of the most important organs of the body, large and repeated losses of blood, and the violent purgings and vomitings produced by excessive doses of Tartar emetic.

Lest it should be suspected that the mortality exhibited in the comparatively small groups of cases, from allopathic and homœopathic practice, which have been contrasted in the course of this paper, does not represent fairly the general rate of mortality from pneumonia under the two systems, I add the statistics on

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this point furnished on a large scale by allopathic and homœopathic hospitals. Taking Dr. Routh's statements on the subject, we find that among 783 cases of pneumonia, treated in homœopathic hospitals, the deaths amounted to 45, or 5·7 per cent.; while, according to the same authority, among 1522 cases that occurred in the Glasgow Infirmary, the General (allopathic) Hospital of Vienna, and the practice of Drs. Walshe, Taylor, and Peacock, the deaths were 373, or 24 per cent. The almost exact correspondence of the mortality among the homœopathic cases on the large scale, with that among the 50 cases analysed in the preceding pages, cannot fail to repel the insinuations which have been so recklessly made as to the admission into the homœopathic hospitals of only favourable cases. The 50 cases referred to are altogether unexceptionable in respect to the proportion of conditions usually esteemed unfavourable to recovery, and if they presented no greater a mortality than occurred among the 783 hospital cases, the fair conclusion is, that the latter must have been of the same mixed quality, pretty much in the same proportion, and not cases unfairly selected for the purpose of leading to a false impression of the superiority of the homœopathic practice. This conclusion is still further supported by a comparison of these 783 cases, with the 189 dietetic cases of Dietl, a comparison which the allopath will gladly accept, as proving, according to his notions, that homœopathy is no more than a merely expectant practice. Those cases of Dietl have been referred to, indeed, by Drs. Simpson, Routh, and others, as actually proving such to be the fact, while they have overlooked, in their zeal, another part of the same testimony which is altogether ruinous to the reputation of their own system. If the dietetic cases prove homœopathy to be merely an expectant practice, because the mortality among them was so nearly the same as in homœopathic hospitals, they prove at the same time, that allopathy is frightfully worse than its rival,—that it actually destroys from 13 to 17 per cent of patients that would have recovered if treated homœopathically, or if left to the remedial powers of unassisted nature! On the supposition, then, that the homœopathic treatment was actually no other than a dietetic treatment, and granting, what no allo-

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path will deny, that the *deaths*, at least, occurred which are specified by the homœopathic authorities, and are not likely to have been magnified, the number of *bonâ fide* cases of ordinary pneumonia, must, if calculated from the rate of mortality among the 189 dietetic cases, have been fairly and honourably stated by the homœopathic physicians, for the difference is only 1·7 per cent. of deaths in favour of the homœopathic practice;—the deaths under the dietetic treatment having been 7·4 per cent., under the homœopathic 5·7 per cent. We have thus, from an unexpected source, evidence, the most conclusive, of the substantial accuracy of the homœopathic records on the subject of pneumonia; evidence, which ought to cover with shame those who have, without a shadow of excuse for their conduct, advanced charges against the homœopathic hospital physicians, painful to peruse, and disgraceful even to have conjectured.

I am quite prepared to admit that the results of Dietl's expectant treatment, completely destructive, as they eventually must be, of all confidence in the ordinary treatment of acute inflammations, ought to lower materially our estimate of the favourable influence even of homœopathy on the *mortality* of pneumonia. To those who know the efficacy of homœopathy in other inflammatory diseases, usually esteemed of the most dangerous kind, and have witnessed the power it has of controlling and cutting short the course of pneumonia, it cannot but appear remarkable that there should be so small a difference, in the rate of their respective mortality, between it and a merely dietetic treatment. The fact, however, is so; and I think good reasons can be adduced to show why it is so, while at the same time it can be proved that in acute inflammations, pneumonia not excepted, homœopathy does possess an active, real, and positive remedial power of the highest importance. There is a speciality in pneumonia, which has been almost universally overlooked, on which depends, beyond all reasonable doubt, the remarkable capacity it displays of running spontaneously to a favourable issue in all but exceptional cases.

It is now eleven years since I incidentally pointed out, in a paper on the Anatomy of Pneumonia,* a peculiarity in the

* Monthly Journal of Medical Science, 1841.

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effects of inflammation of the pulmonary air-cells—the true anatomical seat of pneumonia. On minutely examining the inflamed parts after death, it was not difficult to perceive that, as the inflammatory exudation increased, the parts affected became gradually paler and less loaded with blood, until, on the inflamed cells becoming filled with the viscid substance, so much pressure was exerted on the blood-vessels, between the fibrous investment of the lobules on the one hand, and the exuded matter which distended the cells on the other, that the diseased portion of the lung became actually bloodless, or very nearly so, the deep red colour of the earlier stages of the pneumonia giving place to the straw, or drab, or, sometimes, bluish grey, colour that distinguishes completed hepatization. As soon as this stage arrives, if the earlier stages of the inflammation be not going on in other parts of the lung, the pneumonia as an active inflammatory process is literally *put out*,—extinguished by mechanical force; for it is undeniable, that an excess of blood, in vessels dilated beyond their ordinary size, is necessary to the existence of such a process. That compression is capable of producing the effect I have mentioned on the inflammatory process is well known from what has been observed of the consequences of bandaging in erysipelas of the extremities, and of "strapping" in acute orchitis. In neither of those diseases, however, are the facilities for an effectual pressure on the vessels at all to be compared with those which exist in the minute cells of the lungs, where every little mesh of capillary blood-vessels may be said to be exposed on all sides, and in detail, to the immediate pressure of the exuded matter in the air-cells, on whose surfaces they are spread; while counter-pressure is close at hand on the exterior of each cell, in the form of other distended cells of the same group, and on the exterior of every little lobule, or group of cells, in the form of the fibrous covering which they each possess.

This view of the effect of completed hepatization in suppressing pneumonia is strikingly corroborated by the observations of Dietl, on the mutual relation of the general or febrile symptoms of pneumonia, and the completion of hepatization. "The fever and dyspnœa," says he, "increase with the continuance

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and progress of the exudative process, but decline in pneumonias left to themselves, as by enchantment, as soon as this is completed." (p. 71.) Again: "the febrile stage of pneumonia lasts in very few cases no longer than three days, in more from 3 to 6 days, especially in children; in most instances, however, 7 to 9 days; and extends to even 11 or 13 days only when the pneumonic infiltration happens to be arrested in some measure." (p. 72.) And when narrating the subsidence of symptoms which in some cases of pneumonia (cases, it should be noticed, which according to the plain tenor of his observations on the disastrous consequences of venesection, as a general remedy for pneumonia, must have been mild, of small extent, and in strong individuals) follow venesection, he says, "this improvement was in the majority of (such) cases permanent, so that the pneumonia appeared to be cured by a single venesection; or, in other cases, it was transitory, so that after 24 or 48 hours a getting worse or relapse began, which however by a second venesection was finally set aside. These unquestionable facts appear loudly to proclaim that pneumonia in many cases by a first or second venesection is cured in its first stage, and that its passage on to hepatization can be prevented. By physical examination of such cases, this, however, has appeared—that these apparently cured pneumonias almost never become stationary in this stage of mere congestion, but much more frequently pass very quickly into that of hepatization; so certainly, that within 24 hours not unfrequently a whole lobe, or even a whole lung, has become infiltrated. * * We may conclude from this fact that the relief in those cases must be ascribed not immediately to venesection, but to the quickly succeeding exudation, since by a constant law of nature, fever and dyspnœa of a regularly progressing pneumonia are almost instantaneously extinguished with the completion of the exudation." (p. 80.) While he has witnessed in cases of dietetically treated pneumonia the same speedy cessation of the fever and dyspnœa due to speedy hepatization, he says he has observed this happen in a greater number of cases after venesection, although in most cases it had no such effect. (p. 87.) Hence he concludes that venesection hastens the exudative process in the inflamed parts in certain

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cases of pneumonia, although in most cases it had no such effect. (p. 81.) "Most cases of quickly cured pneumonia are therefore cases of rapid hepatization, the development of which is rather favoured than hindered by venesection." His conclusion is somewhat remarkable, "I believe, therefore, that venesection in many cases of pneumonia operates in an eminently homœopathic way, *i.e.*, it shortens the pneumonic process, while it forwards it." (p. 82.) A consequence which he believes to be produced by venesection acting on the constitution of the blood in the same way as the inflammation itself does, and thereby increasing the intensity of that state of the fluid on which the exudation depends.

Unfortunately this somewhat strange homœopathic remedy exerts the beneficial part of its influence on but a small proportion of pneumonias. Dietl does not tell us his proportion, but a strenuous advocate for venesection, Briquet, in detailing his experience of the rapidly favourable results which sometimes follow venesection, observes that this occurred in only one-fourth of his cases, *i. e.*, in 22 out of 87; and he gives us a clue also to the reason, if not of its occurrence in them, at least of venesection being borne in such cases without injury—"three-fourths of these patients were of a strong constitution, and 7/8ths of them presented at the same time crepitant rattle with the bronchial respiration," that is, were in an early stage of the disease. In the great majority of the other cases of pneumonia that recovered, he acknowledges that the phenomena of the disease during the period that venesections continued to be practised either persisted unchanged, or commenced to diminish, as would certainly have been the case, judging from Dietl's experience of the expectant practice, had no venesection been performed, and fewer of the whole number, also, would have become progressively worse.

It would appear, therefore, that the prepossession in favour of venesection in pneumonia rests chiefly upon two grounds: 1st. The suppression of the general symptoms speedily after venesection in a proportion of cases, although these are cases which, from the robustness of the patients, are the very class which we now know would have recovered with a smaller mortality had

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they been left to nature, which therefore did not need venesection to prevent their dying, although from peculiar circumstances the disease in some of them may be hurried through its stages and thereby made shorter, though not safer, by venesection. I may add to these the few cases in which pneumonia is stopped by venesection in its first stage, or stage of congestion, of which cases Dietl observes, "If in a very few cases the pneumonic process is arrested after powerful venesection in the stage of inflammatory congestion, yet this occurs still more frequently under dietetic treatment, so that we believe we ought to ascribe this circumstance with much more justice to the originally limited and more insignificant intensity of the pneumonic process, than to the influence of venesection." (p. 75.) 2nd. On the foregone conclusion that venesection was necessary in the general treatment of pneumonia, and consequently that the recoveries which took place were, in all severe cases at least, due to the venesection in a great measure; a conclusion which was not unnatural in the absence of actual clinical proof, that even in this formidable looking disease recoveries would occur in a much larger proportion of cases had no such evacuation been employed.

The manner in which venesection proves injurious, and so often fatal, in the treatment of pneumonia, may be satisfactorily shown by the facts we now have in our possession. Formerly it might be argued with some plausibility, that the large mortality which occurred when venesection was a principal means by which it was sought to cure the disease, happened in spite of the remedy, for the best remedy in the hands of the best physician must occasionally fail to do good, as no human being can be so complete a master of the instruments he employs as always to wield them to the best purpose of which they are capable. This explanation will not now suffice, for it is placed by actual experiment beyond all question, that venesection destroys life in an appalling proportion of cases in which death would not have been the issue but for the employment of the supposed remedy. The strong and robust resist it for the most part, and happily recover, yet no contemptible proportion of them, and many of the weaker, whether owing to sex or age or morbid infirmity, are its unquestionable victims. The manner and circumstances of its opera-

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tion in leading to this result are thus detailed by Dietl: "We cannot forbear this expression of our belief,—that venesection favours the spreading of hepatization, and favours it all the surer the oftener it is repeated, and the poorer the patient is in blood,—so that many pneumonias, both intense and extensive, were first pushed to their height by venesection—progressed and throve, so to speak, under the lancet." (p. 85.) And again, "In other cases we saw the hepatization proceed in pauses in 2 or 3 attacks, so that after the infiltration of a portion, the fever and dyspnœa ceased, the patient experienced the greatest relief,—the whole appeared to be ended. After the lapse of one or two days, however, the hepatization undergoing recrudescence began to spread itself wider until it affected a whole lobe or a whole lung, or even spread itself to both lungs, which sometimes first occurred after a second attack. These intermittent pneumonias happened almost exclusively in old and enfeebled persons, and as well under the dietetic as the venesection treatment, with this striking difference, however, that in the latter the second attack was much more severe, and the hepatization more rapidly extended, reached an extraordinary extent of surface, and that almost all the patients died; while in the former the second attacks proceeded much more calmly, the hepatization attained no such extent, and the most of the patients, even when the disease was very tedious and left indurations or wastings of the lung behind, recovered." At p. 88 he concludes "that venesection favours the transition of red hepatization into suppuration, * * * and that the resorption of purulent hepatization was not favoured by venesection, but that death often follows in the midst of it." "We have remarked the most extensive pneumonias, as well in private as in hospital practice, in the practice of others as well as our own, always to occur under the use of venesection." (p. 84.) "Of the patients treated dietetically not one died in consequence of the pneumonia alone, or, what is the same thing, pneumonia left to itself is, of itself alone, proved not to be a fatal disease, but is so by being complicated with chronic disease." (p. 108.) "By venesection seven fatal cases of uncomplicated pneumonia occurred—one at 18 years of age, two at 40, two at 37, and two at 60; so that the deaths cannot

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be ascribed to the greater age." (p. 103.) "It cannot be doubted, therefore, that venesection increases the mortality of pneumonia as such, and the question occurs how? By the extension of hepatization over a greater amount of lung, the exciting of other acute exudative processes, especially pericarditis and meningitis, and favouring suppuration, and the coagulation of the blood in the heart and great vessels." He adds to this catalogue of the evil consequences of venesection, "that it tends also to cause acute œdema of the lungs, which was more remarkable in the cases that died under venesection than under the dietetic treatment." (p. 105.) And that no sure ground exists for the selection of such cases as are likely to bear the venesection well, appears from this observation: "We have not unfrequently remarked that a single venesection, apparently well indicated, had, as consequences, striking sinking of strength, profuse sweat, miliaria, vibrating pulse, and a rapidly fatal termination." (p. 108.) After all this his conclusions will appear abundantly just: "That venesection has its certain and not unimportant share in the greater mortality of pneumonia." (p. 107.) Much more to the same effect as the preceding important and startling observations is scattered through the work, but the statements which have been extracted are sufficiently distinct and conclusive.

I proceed next to prove that though, owing to the peculiarity referred to in the anatomy and consequences of hepatization, pneumonia is a much less fatal disease when left to nature than has been generally supposed; the success of the expectant method does not account for the small mortality under the homœopathic treatment. That it *does* is the conclusion of Dietl, a conclusion which is valuable, at least to this extent, that it admits the accuracy of the homœopathic statements as to the rate of mortality under the system, and the fairness with which the homœopathic statistics of the successful treatment of pneumonia are given by his fellow citizen Fleischmann. For Dietl seeks no solution of the question by gratuitous and unmannerly insinuations regarding the candour and ability of the latter, the justice of whose claim to be considered a trustworthy physician he must have had opportunities of knowing, and does not dis-

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pute; as indeed he could not for another reason, that, regarding homœopathy as merely an expectant practice, he must admit it to be at least as successful as his own expectant treatment. A comparison of details would, however, have satisfied him that he greatly erred in his denial of active and positive virtues to the homœopathic method, and that its success is due to some other cause than that which favours the expectant plan—a cause calculated to produce still happier results. This truth is illustrated by the—*duration of the disease* under the different plans of treatment. The duration of the disease ought to be computed from the first symptoms of the inflammatory fever to the cessation of the local physical signs, or complete resolution of the hepatization. And it is thus that Dietl proceeds in the analysis he has given us of the duration of pneumonia under the expectant and the allopathic treatment. When the resolution of the hepatization is not made the final particular in the estimate of duration, the physician is left to a somewhat arbitrary and uncertain criterion in fixing the period of cure, and is exposed to the temptation of under-estimating the length of time his remedies have taken to effect recovery. Louis tells us that he placed the date of convalescence "at the period when the patients have commenced to take some slight nourishment, three days at least after the cessation of the fever; the local symptoms not being yet dissipated in all the cases." Bouillaud adopts a still more questionable method, fixing the commencement of convalescence at the period when the characteristic signs of pneumonia and the fever have *almost* entirely disappeared, and when he had began to give some "bouillons;" "as if," says Grisolle, "one had a right to regard as *cured*, patients in whom fever had not yet entirely ceased." Objectionable as both these methods are, yet as the French authors appear generally to adopt the course followed by Louis, I shall not conclude this part of the subject without comparing our results with theirs, as ascertained by their own mode of procedure. I have first, however, to advert to Dietl's averages, and to compare the homœopathic data with them.

He found the average duration of the cases treated by venesection to be 35 days; of those treated by Tartar emetic 28·9 days; and of those under the expectant method 28 days. The

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whole duration of the disease, from the commencement of the fever to the complete resolution of the hepatization, is ascertainable in 43 of the 50 homœopathic cases. In a few of Tessier's cases the last report regarding the state of the lung is, that resolution was *almost* complete. To the duration of such cases I have added two days succeeding the final report, which is at least not too little. The average duration, then, of the disease in these 43 cases amounts to only 11 days and $^2/_3$. This very remarkable result places beyond all rational doubt the claim of homœopathy to a high degree of active curative power in pneumonia. The cases under the expectant treatment lasted on an average 16 days longer than the homœopathic cases. Of the whole expectant cases, 36 (not much less than $^1/_3$rd) were prolonged to between 30 and 60 days, while only 5, or less than $^1/_8$th, of the homœopathic cases lasted beyond 18 days, and only once did the duration extend to 27 days. Lest it should be supposed that an average duration of 28 days is an incredibly long period for the duration of pneumonia, down to the period of complete resolution, it may be as well, by way of corroboration of Dietl's statements, to mention some particulars of 11 cases treated by Grisolle according to the same plan. They were mostly young persons, the disease of small extent, and the attendant symptoms mild; so that cases more favourable to such rapid recovery as diet alone can achieve, could not be selected. M. Grisolle states that the *commencement* of resolution in these mild cases occurred towards the end of the second week—say on the 12th or 13th day, or after it had entirely disappeared in most of the homœopathic cases; and that some of the local signs of the disease persisted till between the 22nd and 30th days. The author adds: "It results from the analysis of these observations that in mild pneumonias, treated by emollients, the local symptoms of the malady, and especially the pain, have a very long duration, which has no proportion to the intensity of the fever and the extent of the disease. A circumstance equally remarkable is the slowness with which the pulmonary engorgement is resolved, although it does not certainly extend to a great depth: one might remark, in fact, that there was an interval of nearly four days between the complete cessation of the fever and the

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period when the phenomena of auscultation *commenced to decrease.*" (p. 362.)

The facts which I have just adduced present, not only a triumphant and irrefragable testimony to the positively remedial powers of homœopathy, but they likewise prove, I think, that it cures, and saves life, in a different way from that in which unassisted nature does in this disease; it tends to cut short the disease by *preventing* exudation, or restraining it within very narrow limits, both of extent and degree. Consolidation may indeed take place under homœopathic treatment, but that it does not consist in any considerable amount of exudation into the air cells, appears from the rapidity with which it vanishes. Within an average of 4 days after the cessation of the fever, the whole local disease was gone, whereas in Grisolle's mild cases, left to diet, the process of resolution had then only begun to improve, and took from 11 to 17 days to be completed. M. Grisolle adverts to the hepatization in his cases, as if it amounted only to vascular engorgement, or, what he considers the same, red hepatization; but complete hepatization is never *merely* vascular engorgement, and he has no means of knowing, but by dissection, what the actual state of the hepatized part is. Besides, it is not in harmony with what we know of the state of inflamed parts elsewhere, to believe that intensely engorged vessels should continue to afford signs of consolidation for 4 days after the fever has ceased, and should take so many days more to disappear. In these, as in Dietl's cases (for he more correctly regards hepatization as almost synonymous with infiltration of the lung with exudation-matter), the local disease must have issued in distention of the air-cells with inflammatory exudation, —a condition which admits of being remedied only by the slow processes of absorption and expectoration. It is thus only that we can account for the very remarkable difference in the duration of pneumonias treated homœopathically, and of those treated by the expectant method.

Louis, and probably most other French physicians, as appears from the terms in which Grisolle refers to the practice of Louis, reckon the duration of their cases of pneumonia only down to the complete cessation of fever, and the capacity to receive and

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digest some more nourishing food than was previously safe. In 36 of Tessier's cases, the daily reports are such as enable us to ascertain the duration of his cases according to this mode of reckoning; no data of the kind are furnished by my cases, as I allow nothing but fever-diet till the lung is nearly in its natural state again. The average duration of the 36 cases was 9 days and 1/9th. Bouillaud makes the duration of his cases nearly the same, or 9 days and 1/3rd, but his colleague Grisolle reminds us that he did not wait till the fever was entirely gone, as Louis did, otherwise he ought to have made the average duration of his cases, even according to this objectionable method, from 12 to 14 days at least, and he adds, "I can give but an approximation to the truth here, because as M. Bouillaud approaches the period of convalescence, he becomes *excessively sparing of details.*" The average duration of Louis' two sets of cases, calculated according to his notion of the termination of the disease, amounting in all to 75, was above 18 days, or exactly twice the duration of the homœopathic cases.

It is evident that were the disease in those examples regarded as cured, as they ought to have been, only when the signs of exudation had entirely ceased, the actual duration of them would have been very much the same as those of Dietl under the depleting treatment; as it is, the facts furnished regarding them amply corroborate the statements of Dietl in this important particular,—that the duration of pneumonia when treated in the ordinary way, is very protracted, and displays the superiority of the homœopathic method in a very striking aspect. I have said "in the ordinary way," because the 20 cases in Louis' second set which were treated with Tartar emetic, and other ordinary means, as well as venesection, lasted 18 days, or almost quite as long as the others who were treated only by venesection, so that the average given of the whole cases, represents fairly what is to be expected under all the appliances of the ordinary practice.

Fever.—The duration of the fever in Dietl's experience, was for the venesection cases, 11·1 days, for the Tartar emetic cases, 9·2, and for the dietetic, 9·1. The duration of the fever in the

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first of these cases, would appear closely to correspond with that of Louis' cases; for while 18 days was the duration of them down to the period when he thought it safe to give aliment, he says that this latter period was *at least* three days after the cessation of the fever, and we may presume that it was often several days more, which would leave us somewhere about 12 days as the average duration of the fever in his cases. In 43 homœopathic cases, the data are sufficient to enable us to determine the duration of the fever, and we find that the pulse in them was reduced to the natural standard, or below it, on the average in 8 days. This appears but a small difference as compared with the length of fever in the dietetic cases, but then it should be remembered that the homœopathic treatment was employed only during half the febrile stage, for the patients generally came under treatment about the fourth day of their disease. The subsequent part of the febrile stage was therefore shortened by a fifth part of the duration it had under the dietetic plan. Were the homœopathic treatment begun earlier, the result would doubtless be much more striking; and as an illustration of this, from a few cases, I find that in 16 cases in which the homœopathic treatment was begun within the first 2 days, the duration of the fever averaged only 6 days.

With this analysis of the most important particulars of pneumonia under different methods of treatment, I draw these remarks to a close. I have compiled the facts with the utmost care and fairness. For some of the comparative results I was not prepared when I began the investigation, but I did not on that account the less faithfully record them as they successively emerged, and if each in its turn bears its unequivocal testimony to the efficacy of homœopathy, and to the serious evils of the common practice, the explanation is to be found solely in the details as I found them in authentic publications.

A single remark remains to be made, and although it does not bear on the further elucidation of the subjects treated of in the preceding pages, it is a plain and most important inference from some of them. The homœopathic hospital statistics regarding the mortality of pneumonia, being proved to be correct

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by the evidence adduced from two sources, as narrated in the course of this paper, the same hospital statistics regarding other acute inflammations, deemed not more dangerous than pneumonia has generally been supposed to be, are to be regarded as equally entitled to credit. The good faith and accuracy of the authorities having been demonstrated in reference to what have been stigmatized as their incredible allegations regarding their success in pneumonia, a disease so deadly in allopathic practice, they are justly entitled to the benefit of that demonstration, in respect to their *not more* extraordinary allegations as to the success of their practice in pleurisy, peritonitis, pericarditis, and other acute diseases. Of all these inflammations, peritonitis is probably the most serious, and we have something like an admission of the alleged success of homœopathy in that disease, by an opponent of the system, who was an eye-witness of its operation in Fleischmann's hospital. True, says he, they cure peritonitis readily enough, but then their cases are, for the most part, only *tubercular* peritonitis. I need not remind any professional reader of respectable attainments, that *tubercular* peritonitis, when of any considerable extent, as it must be in many instances, is the most incurable form of the disease (that which follows perforation excepted), if indeed it is ever cured. Yet such an *explanation*, of the homœopathic success, as this was actually made by a writer against homœopathy, in Dr. Forbes's Review, whose opinions and statements are even still quoted and referred to as authoritative by Dr. Simpson, Dr. Routh, and other allopathic controversialists! Even if we grant that in a large proportion of such cases of tubercular peritonitis, the inflammation was sub-acute, and not extensive, the superiority of homœopathy in the treatment of peritonitis would be in no degree less manifest; for it is not pretended that tubercular peritonitis, even in its slighter forms, was not equally prevalent in the allopathic hospitals of Vienna, in which the proportion of deaths among cases of peritonitis is so much larger than in the homœopathic; indeed, the writer in question admits that he saw such slight cases only in an allopathic hospital!

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ON THE DOSE AND ITS REPETITION.

By EDWARD PHILLIPS,

Surgeon to the Manchester Homœopathic Hospital.

(Read before the Homœopathic Congress, September 4th, 1852.

Gentlemen,—Having for some years enjoyed an extensive field for practical observation, I trust I may be allowed to offer a few practical remarks on the treatment of disease; confining my attention, at present, to the consideration of the magnitude and repetition of the dose in acute and chronic disease.

We have now arrived at a crisis in the history of homœopathy at which we have great reason to congratulate ourselves; but, that the great cause, which has been entrusted to our care, may go on and prosper, it is of the utmost importance that we should be as one on all essentially practical matters; but should a difference of opinion on some points be unavoidable, let us not harbour any unjust or invidious feelings against those of our brethren who entertain opposite opinions to ourselves; lest by doing so, we should destroy the harmony of our small though increasing band.

You must all be aware, that on the subject at present engaging our attention, there exists a very wide difference of opinion among the disciples of our school. That while some contend, that acute diseases of the severest type are more speedily cured by the highest dilutions, there are those, on the other hand, who maintain that the lowest are, in all cases, the most effectual. To neither of these parties can we look for our guide; for, as I find has been remarked by the editors of our excellent Journal, *The British Homœopathic*, the cases on which their theories are built are most meagre in their details, and many of them could easily be accounted for by those who look to nature alone to cure disease. In the 5th Vol. of that Journal, page 142, we find the following case:—

"The wife of a clergyman, who had several easy labours, but two years before had a difficult delivery, where it was necessary to use instruments, and where a laceration of the perineum was the result. She was near the termination of the period of gestation, and while going about her domestic duties two days before I saw her the membranes had burst, and the liquor amnii escaped. The attendant midwife found very little dilatation of the os uteri, and was of opinion, that as there was complete absence of labour pains, the delivery would be

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greatly retarded. On being consulted, I gave one globule of Secale 200, to be dissolved in three tablespoonfuls of water, and one to be taken every hour. I was informed next day that there was no time to give all the medicine, for immediately after the first dose—powerful pains came on, and a strong healthy child was born—feet foremost."

Now, I would ask, are the circumstances which took place after the administration of the third part of one globule of the 200th dilution of Secale cornutum, to be considered as having been produced by that very infinitesimal particle of matter? or were they the result of the mental emotions, always more susceptible at such periods, influencing the accomplishment of the process desired? or, thirdly, were they not such as often occur where no medicine has been administered, or any other means used to excite the uterus to contraction?

Another case, of a somewhat similar character, is thus reported:—

"The father of a young man consulted me respecting his son, who had for years been addicted to drinking, and was unable to master his fatal propensity. His constitution had been ruined by it, and his digestive organs were in a very bad state. He promised me that his son should not taste a drop of liquor during the treatment. I gave him three doses of Lachesis, one to be taken every ten days. The first contained one globule of the 200th, the second one of the 400th, and the third of the 800th dilution. At the end of the year I heard that after taking the medicine he lost all inclination for spirituous liquors, and has become a useful and healthy member of society."

It will be observed, that in the treatment of this case there were two elements—in the first place there were three globules of Lachesis of the 200th, 400th and 800th dilutions; and the second remedy employed to counteract the evil effects of habitual intoxication was tee-totalism. In fact, I have no doubt but that the records of our temperance societies could shew equally disastrous cases, cured as speedily and effectually by the second remedy alone.

Is it, I would then ask, by the relation of such cases as these, that we are to be induced to place our confidence in the highest dilutions? and I would beg you to observe, that these are true samples of all that have been adduced for that purpose.

It is indeed high time that we should now be fully informed upon this point, for our practice is not, as formerly, confined to the treatment of chronic disease and acute attacks of a trivial nature, but we are all more or less called upon every day to combat disease in its most acute and dangerous form. And while I feel myself unequal to

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the task of writing a treatise, containing specific directions for the treatment of each and every disease, I shall satisfy myself that I have done something, if I can throw light upon or assist any in cutting short a threatening attack, or in guiding a patient through a severe and sometimes fatal disease. And I doubt not that the time is not far distant when others will come forward and give the results of their experience, (many of those now present being far more able for the task than I am). Experience, I say, derived from the bedside of the patient, and not compiled from books or gathered from the reports of patient's friends; a practice which is, I fear, too common, and makes the experimental homœopathist enter his patient's room with doubt and uncertainty, having tried the remedy to the use of which he has been advised by such means as above mentioned, and found it wanting; and not going into the sick chamber with the confidence which becomes those who have adopted that fundamental and positive law, *similia similibus*, so ably laid down and illustrated by the father of reformed medicine.

Now, in the application of this law, I think clinical experience will prove;

1st. That acute disease is more speedily brought to a favourable termination by giving that dose of the homœopathically selected medicine which acts more immediately and energetically upon the morbid process we are anxious to destroy; and which thereby brings the whole system more speedily under its control.

This I shall endeavour to prove to you is done by the lower dilutions (some few, being very susceptible to the action of any of the medicines, rendering the higher ones necessary in these cases).

2ndly. Clinical experience will prove that chronic disease is, in the majority of cases, better and more effectually treated by the higher dilutions, viz.—those ranging from 6 to 30.

3rdly. That the repetition of the dose must be regulated by the severity of the disease, and the effect produced upon it by the medicine.

First then, in an acute disease, we find a healthy system struggling to free itself of the effects of the sudden invasion of disease, in one particular organ. In this struggle it is our duty to give assistance; and this I believe we do, by giving those medicines which act directly and immediately upon the part thus taken possession of. This assuredly, can alone be done by the lower attenuations; for if not, why in cholera give a concentrated solution of Camphor—or in croup give Acon. 3, or Spong. 3, or even lower?

To those gentlemen who contend for the higher dilutions, I would

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say,—dare you, when the system is prostrated by the effects of some malady, whose course is invariably rapid, and termination often fatal —when the vital powers are fast sinking, and the body cold—it may be with the sweat of death—dare you, I say, treat or trust such a case to the high attenuations—would you not place more reliance on the lower ones, or at times on the mother tincture; and thus, by the immediate and positive action of the medicine, seek to arouse the depressed energies of the system? For truly, if the invasion of the disease be sudden, and its progress rapid, so truly should our treatment of that disease be energetic, and the impression we endeavour to make upon it speedily accomplished.

I remember, not long since, a patient of mine, who was frequently attacked with inflammatory ulceration of the throat, and had always been treated by me with the lower attenuations, from which she quickly experienced relief, was, when from home, visited with one of these attacks, during the first part of which, she was attended by one of those high dilutionists, who dare not venture on tinctures, but place implicit confidence in globules, and those of the highest attenuations, given moreover, at distant intervals,—in the present case the interval was twelve hours; then gentlemen, what was the result?—time passed on, day after day found the patient no better,—in fact, rather worse,—the friends doubted the system; the patient felt otherwise because she had previously proved the contrary;—but at last she doubted her attendant, and giving way to the entreaties of her friends, called in an allopath: severe measures were used, but the result was, as in most cases of the kind, the inflammatory symptoms yielded, but a long protracted convalescence followed.

This is one of the many cases which have come under my own observation; and I have no doubt, but that many here present can bear me out in saying it is this that does so much harm to our cause, and gives our opponents so much room, and indeed, I may say, reason to decry and spurn us.

And while all honour is due to the memory of our illustrious master for the law he has so clearly propounded, still we must remember, that to us is the working out of that law committed, who are called on to visit at the bedside, or in one of our hospitals, to prescribe for cases in their most acute and varied forms, to us, I say, is the [illegible] under consideration rightly referred; and not to those who [illegible] ever, having treated such cases, seek to lay down the law, [illegible] dose and its repetition. To whom can we appeal, or

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to what? Is it not to experience and fact? for, as Hahnemann has most justly remarked in one of his lesser writings, "If he who pretends to be a seeker after truth, will not search for it where it is to be found, namely in EXPERIENCE, he will certainly fail to discover it; he will never find it by arithmetical calculations."

Again, Hahnemann tells us his reasons for giving the pure tincture in one of the cases he has recorded:—

He says:—"Now as this woman was very robust, and the force of the disease must accordingly have been very considerable to prevent her by its pain from doing any work, and as her vital forces, as has been observed, were not consensually affected, I gave her one of the strongest homœopathic doses,—a full drop of the pure juice of Bryonia root, to be taken immediately." The result in this case, was, that the patient perfectly recovered within four and twenty hours.

The next case, as you are all aware, was with a low dilution; and the result, a speedy cure—the day after taking the medicine the patient being free of all his ailments.

The following cases will still further illustrate the speedy action of the lower attenuations, where the higher had failed to cure:—

A lady, 19 years of age, had for two years, at intervals of six or eight weeks, been subject to violent attacks of gastric spasms; when an attack came on, it commenced with a sudden and violent cramp, causing excessive agony; this was followed by abdominal distension and flatulence; subsequently she became faint, which gave rise to vomiting and nausea; shortly the body became cold and the pulse feeble,—and when very severe, I have found it almost imperceptible. The bowels are on these occasions always confined, until the attack passes off, when a little diarrhœa supervenes; the stomach is always deranged for some days afterwards. I had frequently given her Nux vomica of the 3rd, 6th, and 12th dilutions, and during the intervals the 30th, always with some little relief; I had also tried almost all the medicines suitable to such a case, but still found the Nux vom. the most useful. On the last occasion that my services were needed, I found her in more violent pain than usual, and ordered her to take frequent doses of the 1st dilution of Nux v. In a very short time she fell asleep, and awoke much better. It is now more than twelve months since this attack occurred, and she has had no return. Should she feel any symptoms of an approaching attack, one or two doses of this dilution are always sufficient to remove them.

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The next case that I will quote in support of the argument, that low dilutions are the most valuable in acute diseases, is that of a child suffering from malignant scarlatina, at a time when this disease was epidemic in Manchester, and when the occurrence of two or three deaths in one house was no uncommon event in allopathic practice; I much feared that the case would prove fatal, as the system appeared to be rapidly losing its vital energy. I had been giving Arsenicum of the 3rd and 6th dilutions, but finding that I made no progress, and that it was still the homœopathic remedy, I resolved to give it much lower, and accordingly the 1st centesimal dilution of this medicine was prescribed. The next day I found my patient much improved; when, fearing an aggravation, I stopped the medicine for a little, but some of the former symptoms returning, I ordered the same to be continued, and in a short time, and without any aggravation, my patient completely recovered. Now my firm conviction was, at the time, and still is, that had I not given the low attenuation which I did, this case would have been lost.

To further illustrate this argument, I will cite the following case:

A friend of mine, suffering from ague, consulted a brother practitioner (who, as I understand, administers nothing but globules in the highest attenuations); China was prescribed for some days, but no change took place; he still felt the same, and so continued for a month, but gradually becoming weaker. At last he heard of some quack in the neighbourhood, who cured such cases by giving large doses of Cinchona; he applied to him, in a few days he was perfectly well, and has never had any return since. Now had this case been treated by the lower dilutions, I have no hesitation in saying, that it would have been cured *cito, tuto, et jucunde*, and the credit, which is still due to the law of similia, would have been given to it by all, and the system saved the reproach which was thereby heaped upon it.

In another case, a married woman of about 50 years of age, subject to cough for the last three winters, which is always increased on exposure to cold, applied, during one of these sub-acute attacks, to the Manchester Homœopathic Dispensary for relief. Hyoscyamus being the medicine indicated, was prescribed, and taken for one week in the 30th dil. without the slightest alteration. The following week No. 1 was ordered, and on her return she stated that she found immediate relief after the first dose.

Such cases as these, gentlemen, are by no means exceptional; they

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present themselves to my notice more or less every day, and I doubt not, are also familiar to the majority of those present; what then, I ask, are we to learn from such? to my mind the unavoidable conclusion is, that in acute disease, active doses of homœopathic remedies are necessary; and that the highest dilution we should employ in such cases, is the third centesimal.

The fear of aggravating the disease has led to the diminution of the dose; but I have pretty generally found, that what from a patient's description has appeared at first sight to be an aggravation, has really been either the consequence of a morbidly excited imagination, or has arisen from the steady progress of a disease uninfluenced by medicine. That real aggravations do occasionally occur I admit, but so occasional are they, that I do not think we are justified in allowing our practice to be in any way influenced by them. All that we can learn from them is, that we should carefully watch our patients, and should they arise, act accordingly.

In offering these remarks, I am gratified to find, that those who have detailed and studied their experience of homœopathic practice in acute disease, have arrived at similar conclusions. Among them I may mention as the most prominent, Professor Henderson of Edinburgh, Dr. Trinks of Dresden, and Dr. Arnold of Heidelberg, whose remarks on the dose, in his work on the *Rational Specific, or Idiopathic Method of Cure*, prove that he has pursued the investigation of this subject in the spirit of the true Baconian philosophy. To the names now mentioned I might add many others, but must hasten on to the brief consideration of our next point, viz., the most appropriate dose in chronic disease.

2ndly then, in chronic disease I hold it to be different. There the system has gradually become accustomed to the altered condition arising from the disease, a state of things which can only be removed by the slow and continuous exhibition of the homœopathic remedy; no perceptible change can occur immediately, as in the acute forms of disease, and it is only from week to week, or month to month, that the improvement is apparent. This, in most cases, being most thoroughly effected by the class of medicines denominated by Hahnemann—antipsorics.

In the following cases the practical result of the principles I have been endeavouring to establish will be seen.

A stout elderly gentleman had for several years suffered from the ill effects of cardiac hypertrophy. The symptoms indicated Arseni-

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cum and Aurum. These were prescribed, but without any beneficial result, in the 3rd and 6th decimal dilutions. Nevertheless, the same medicines, when given in the 30th dilution, afforded very marked relief.

At the Dispensary at Manchester, a man applied suffering from a varicose ulcer over the right ankle joint, of twelve months' standing. The pain accompanying it was intense and burning, preventing sleep at night. During the first five weeks of his attendance at the dispensary he got successively Arsenicum of the 3rd decimal dilution, Carb. veg. of the 3rd centesimal and Lachesis of the 6th, all, however, without producing the slightest amendment either in the foot or in the general health, which had become much impaired. He next got Lachesis of the 12th centesimal, to be taken three times a day, to be followed in a week by Arsenicum 12, to be repeated in the same way. The improvement which has taken place since taking these two medicines has been very striking. The sore is now healing very rapidly and the pain almost gone.

Finally, with regard to the repetition of the dose—as we have already seen that the dilution or dose should be in the ratio of the severity of the disease, so here we believe that experience, accumulated clinical experience, will teach us the absolute necessity of repeating our medicines the more frequently, the more intense the morbid action is which we have to encounter. For it appears to me, that in all inflammatory diseases the medicinal action which is set up to counteract the morbid condition is more speedily exhausted by its force, and therefore requires to be more quickly renewed. And I believe, moreover, that we are in some cases compelled to repeat the dose as often as every five minutes, until by a subsidence in the severity of the symptoms, we find that the medicinal is overcoming the morbid action. When this is quite apparent, medicine should be for some time suspended, or, in other words, the intervals should be prolonged.

Our object should, I think, be in all cases to give as little medicine as possible, but I am still confident that we have more to fear from the disease becoming aggravated from want of sufficient medicine than in consequence of too much.

In chronic diseases it is otherwise. We have then to operate not locally but generally. We have to exert an influence upon a morbid state of the system which cannot be roused by a sudden action, even were such desirable. The whole organism has to be affected, and the

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medicine must under such circumstances be allowed time to develope its power.

This being the case, I am of opinion that a rightly selected medicine will more effectually cure the disease, when given at distant intervals, than when its action is interrupted by repeated doses.

HOMŒOPATHIC INTELLIGENCE.

Association for the Protection of Homœopathic Students and Practitioners.

A meeting of the committee of this Association was held in Edinburgh on the 4th ultimo, in which the expediency of dissolving or retaining the Association was discussed, agreeably to the notice given in the summons to members. After due consideration it was finally resolved to retain the Association, as from some late acts of certain authorities connected with the dominant medical sect, the services of the Association might again be required. The acts more particularly alluded to, are the refusal of the Senatus Academicus of King's College, Aberdeen, to grant a degree to Mr. P. Brady of Huddersfield, after passing a satisfactory examination, on the ground of his being a homœopathist; and the proposed Medical Reform Bill, drawn up by the Council of the Provincial Medical and Surgical Society, some of the clauses of which are evidently aimed directly against homœopathic practitioners.

Third Homœopathic Congress.

The Annual Homœopathic Congress was opened on the Evening of Friday the 3rd September, in the Hopetoun Rooms, Edinburgh.

The following gentlemen were present, and signed their names in the Congress Minute Book:—

William Henderson, M.D. Edinburgh
Robert Frith, M.R.C.S. London
Francis Black, M.D. Clifton.
John S. Sutherland, M.D. Leamington
Edw. Phillips, M.R.C.S.E, Manchester
John Blyth, M.D. Dublin
J. Rutherfurd Russell, M.D. Edinburgh
R. E. Dudgeon, M.D. London
J. Drysdale, M.D. Liverpool
John F. Paisley, M.D. Edinburgh
George Fearon, M.D. Birmingham
Joseph Laurie, M.D. London
Robert S. Tate, Surgeon, Sunderland
Jas. F. Kennedy, Surgeon, S. Shields
Robert Walker, M.D. Manchester
Alfred C. Pope, M.D. Manchester
D. Wielobycki, M.D. Edinburgh
S. Wielobycki, M.D. London
C. C. Tuckey, M.B. Dublin, Preston
William Hering, L.A.C. London
Geo. K. Prince, M.D. Bideford
W. Macdonald, M.D., St. Andrews
C.T. Pearce, M.R.C.S. Northampton
John Moore, M.R.C.S. Liverpool
Jas. Lawrie, M.D. & L.A.C. Edin.
A. Lyschinski, M.D. Edinburgh
J. S. Owen, Surgeon, Edinburgh
Henry Turner, Manchester
Arthur C. Clifton, Northampton
C. B. Ker, M.D. Cheltenham
William R. Beilby, M.D. Glasgow
G. G. Allshorn, M.R.C.S. Edinburgh
James Brown, Edinburgh
Samuel Cockburn, M.D. Dundee

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The following gentlemen sent apologies, and expressed their regret for not being able to be present at the Congress:—

Dr. Acworth of Cheltenham
— Atkin of Hull
Mr. Anderson of Richmond
— Brady of Huddersfield
— Cameron of London
Dr. Chapman of London
— Chepmell „
— Clarke „
— Creswell of Leeds
— Cronin of London
— Curie „
Mr. Elliott of Newcastle
— Engall of London
Dr. J. Epps „
— Fischer „
— Guinness of Exeter
— Edward Hamilton of London
— Hartmann of Norwich
— Hayle of Newcastle
— Henriques of London
— Laurie of Dunstable
Mr. Leadam of London
— Mackern „
Dr. McDowal of Manchester
Mr. McGregor of Belfast
Dr. McIntosh of Torquay
— McLeod of Ben Rhydding
— McOubrey of London
— Madden of Brighton
— Malan of London
— Marsden of Great Malvern
— Massy of Worcester
— Norton of Chester
— Ozanne of Guernsey
— Partridge of London
Mr. Ramsbotham, Huddersfield
Dr. Ransford of York
Mr. Reynolds of London
— Robertson „
Dr. Rosenstein „
— Roth „
Dr. Scriven of Dublin
Mr. Sharp of Rugby
Dr. Strong of Hereford
Mr. Trotman of Bristol
Dr. Vlettinghoff of London
Mr. Yeldham „

Professor Henderson having, on the motion of Dr. Russell, seconded by Dr. Black, been unanimously called to the chair, opened the proceedings with the following observations:—

Gentlemen,—I thank you cordially for having placed me in the chair on this occasion, for I esteem it a very great honour indeed to be called on to preside at the first Homœopathic Congress held in my native country. We have, I think, reason to congratulate ourselves that so many have been able to attend at this Congress, and, I think, we have evidence of the interest taken in this subject in the circumstance of so many coming from distant parts of the country to be present amongst us. The institution of scientific associations for the purpose of meeting periodically at different places may be regarded as peculiar to this busy, enterprising age, and the purposes they serve are both important and manifold. If they do not actually plant the lamp of science where its light had been previously unknown, they at least refresh it with oil and make it burn the brighter in the places they visit. They awaken a public interest—a popular interest—in the progress of useful knowledge more than local, stationary, and more familiar societies usually do, and by bringing together labourers from different parts of the fields of science and from different countries, they quicken the interchange of new truths, and enliven their devotion to

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their favourite studies by affording them opportunities of intercourse with persons of kindred tastes. These advantages are common to all such associations, but our advantage is peculiar to ourselves in the existing circumstances of our profession, and, indeed, of medical science itself. I have no intention either to deprecate the hostility of those who treat us with bitterness and misrepresentation, or of entering into any detail on the subject. I advert merely to that speciality in our own condition which makes meetings like this peculiarly pleasant and profitable. Scattered as we are, each in our own place, singly, or in small companies, over the three kingdoms, exposed everywhere to the treatment I have referred to, it is exceedingly encouraging and delightful to behold as on this occasion so many who maintain the same just principles—so many whose names are familiar to us, as the defenders of those great truths which we all know from experience to be by far the most important in the whole range of medicine. "As iron sharpeneth iron, so does the countenance of a man that of his friend," is a proverb the truth of which must be felt by all of us on an occasion like this. I feel satisfied that when this Congress is dispersed, each will return to the sphere of his arduous and responsible avocations with a zeal and a resolution strengthened by the opportunity he has had of personal intercourse with so many that hold the same great principles in medicine, and have the same experience as himself. As you are about to be addressed on some important and interesting topics connected with the present position and prospects of our science, I shall not trespass farther on your time, but before sitting down I again thank you for the honour conferred on me. (Cheers.)

The following ADDRESS was then read by Dr. Drysdale.

Since the last annual meeting of the Congress, which took place in London, numerous interesting and important events, in relation to the external progress of the Homœopathic System, have occurred; but as these are familiar to you all through recent publications, it is unnecessary to dwell on them. We may therefore turn to the internal development of the system, and first consider any events bearing on that which have happened during the past year, and then consider certain points that may be perhaps advantageously discussed while we enjoy the unfrequent opportunity of meeting together as a body. Of the events that have occurred in the last year bearing on the internal development of our system, we may notice two; viz.—the denouement of the drama of the so-called high potencies,—and the rise and fall of the so-called magnetoscope.

The so-called high potencies of Jenichen, as you are all aware, purported to be very high dilutions from the 200th to the 800th, and even the 4, 8, or 20 thousandth. From these, very marvellous results were stated to have been obtained. The opinions of the homœopathic body were from the first divided: one party adopting them at once, and confirming and even going beyond the extravagant laudations with which they were in-

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troduced: the other party refusing to put them to the trial, on the ground that they were secret preparations, and besides, that according to common sense there must be some limit to the extent of dilution, and no benefit was to be derived from going so far, even though the possibility of medicinal action still existing might be proved. In tacitly or openly discrediting the cases of cures with these dilutions however this party were placed in a most embarrassing position, as the same mode of arguing and the same scepticism derived from *a priori* grounds struck equally at the whole of the practice with infinitesimal doses. In this position both parties remained for several years, till after the death of the inventor and maker of these dilutions (who became insane and committed suicide) the secret of these preparations was published by his literary executor. This has taken all parties by surprise, and to a certain extent given the right to both sides, for it appears that the dilutions were not really higher than those originally in use, or were even in many cases quite low, and their peculiarity merely consisted in the intimate mixture and succussion, considered equivalent to and therefore named potency, to which they were subjected. It thus appears that those who used them asserted nothing incredible in saying they made cures with them, but also nothing new or strange; and the sceptical party are so far right, in as much as that the cures were not made with 200 and 800ths. But in giving both parties an amount of right, I am of opinion that it is only verbal on the side of the high-dilutionists, and that much moral blame attaches to them, for the whole affair has not been creditable to us as a body, that so much time should have been wasted in a controversy provoked on such insufficient grounds. I hold that the sceptical party were entirely right on moral grounds to refuse to try at all secret preparations. On the whole we must regard this as a part of the history of homœopathy to be looked back upon with regret, for though the greater portion of our body stood the trial well, yet that so many were led away on such grounds to waste their own time and that of their colleagues, on what turns out to be an empty controversy, is a circumstance which must tend to lower the general scientific standing of homœopathists as a body.

Another trial or test that we have undergone is the so-called magnetoscope. From the fact that the only proofs of the action of infinitesimal doses are physiological, and for the most part subjective, it has always been a great desideratum to obtain any mode of demonstrating physically that action with as much ease and certainty as the thermometer indicates change of temperature, or the magnetic needle points to the north. At the same time there is no intrinsic improbability in the hope and belief that some instrument might be invented which would demonstrate physically the influence of those very minute particles of matter, whose action we have already proved on the finer but at the same time less controllable instrument, viz. the living organism. When therefore Dr. Madden announced the discovery of such a result by means of an instrument inven-

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ted by his friend Mr. Rutter, the news was received with an amount of interest and enthusiasm scarcely to be described. It is to be borne in mind that no one else had then seen the instrument, nor even a description of it. When however the latter was published, and several members of our body became possessed of machines made in accordance with it, and also witnessed the experiments made with Mr. Rutter's instrument, then in a very short time, even a few days, the complexion of affairs began to alter materially, and doubts were entertained as to whether the instrument possessed any claim to the title of magnetoscope, or its indications were of that certain character proper to a measure of physical influences. Those doubts were speedily changed into certainty, and Dr. Madden himself was among the first to discover and make public the fallacy of the experiments which had at first excited such brilliant anticipations. It is now, I believe, a settled question in the minds of all persons that this instrument has no claim to the alleged power of affording a physical demonstration of the action of infinitesimal doses, and with this claim vanishes all the interest with which it was invested in the eyes of homœopathists. Opinions are still divided as to its real nature; the majority look upon it merely as a tremulous mechanical contrivance showing the movements caused by the slightest common muscular contractions,—while a smaller party consider that it is of the same nature as the odometer and the divining rod of Mayo, and that it indicates some influences other than merely mechanical, though these are physiological, or even psychical, and thus, as above stated, it has no pretensions to the certainty of the magnet or thermometer, and loses its value to us. On the whole we may conclude that the episode of the magnetoscope tells rather favourably for the homœopathists as a body. We have shown a natural and eager desire to investigate an alleged discovery which was to bring the action of infinitesimal doses palpably within the domain of the physical sciences, and by testing that alleged discovery we have shown that critical spirit and deference to pure experiment characteristic of a scientific body.

We may pass now to the consideration of the connection between the internal development of homœopathy and its outward progress. It is now nearly ten years since the immortal founder of this method was removed from this world, and last year a monument was raised to his memory in the very town that persecuted and cast him out in his lifetime, in presence of a numerous assemblage of his disciples from different and distant parts of the world. Of late also the greater number of his personal friends and original disciples have dropped off one by one, and homœopathy may now be considered in the hands of a new generation, and it is upon our conduct that its further development must depend. It becomes then of great consequence that we should choose the right way of proceeding, and it is also of great importance to the external progress of homœopathy, that the bearing and tendency of our principles and practice should be distinctly understood.

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When any new principle is introduced into a mixed scientific and practical art like medicine, it must of necessity bear for a time some of the marks of the general knowledge of the period when it was first discovered, and of the personality of the founder. That such has been the case to a certain extent with homœopathy we are all aware, and partly by a too narrow construction of some of the fundamental doctrines of the *Organon*, and partly by exalting several of the personal opinions of Hahnemann on practical points of subordinate importance into dogmas, a tendency to sectarianism has been produced, withdrawing the attention of many from the progress of the medical sciences in general, and preventing them from seeing clearly the intimate connection of the latter with the real progress and development of homœopathy itself. I say merely a tendency to sectarianism, for we cannot point to any number of men or even individuals in whom this is carried to such an extreme that they are really nothing but a sect, apart from and cut off from all other knowledge of the profession of which they are members; but nevertheless we can say that the sectarian element exists more or less developed among one party of the homœopathic body, and this our enemies have been not slow to perceive, and it has been one of the most powerful causes of retarding the spread of homœopathy among the medical profession. It cannot be denied that Hahnemann was more inclined towards the sectarian party, probably from the natural effect of personal predilections, and many have therefore given the name of Hahnemannism to the purely sectarian element, but we must protest against that as the greatest injustice to the name and fame of that great man. To Hahnemann is undoubtedly due the glory of all the improvements in medicine that have been and shall be made through his discovery by the united labours of the profession, when the principle shall have been generally adopted and fully worked out, and not merely of that small portion that has been completed by one man or even one generation. It is a great mistake to exalt the personal merit of Hahnemann at the expense of his far wider and higher merit, viz. that of having opened a way in which all may work and combine their labour into one whole. It may be freely granted that all Hahnemann's disciples as yet are far surpassed by him in the value and extent of his contributions to the building up of our practice,—but how can we say the same of posterity? In process of time all that is now done will be so added to, remodelled, and developed, that we shall be scarcely able to see the foundations that were laid by Hahnemann,—but will that detract from his merit? Far from it. I think we may truly apply to Hahnemann the following words used by Voltaire in reference to Bacon: "The *novum scientiarum organum* is the scaffolding by means of which the new philosophy has been built, and when this edifice has been raised, at least in part, the scaffolding is no longer necessary. Bacon did not yet know nature; but he knew and pointed out all the ways which led to it" (*Lettres sur les Anglois*). Therefore, as the glory of Bacon does not rest on the experiments he performed

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himself, neither is that of Hahnemann truly represented by his individual experiments, though in this respect Bacon is not to be compared to him. In like manner the glory of Hippocrates in having enunciated correct general principles in medicine is in no degree tarnished by the fact, that his works contain many crude and erroneous notions inseparable from the age in which he lived.

We may now consider the state of homœopathy as the practical working of a scientific principle which is received and acted upon merely as such, and not as a dogma or article of faith, and I think we shall see plainly that the *Organon* of Hahnemann rightly understood contains all the elementary principles on which a complete system of therapeutics may be built.

It is quite unnecessary to waste any time in defending the definition of diseases given by Hahnemann, viz. that it consists in the totality of the symptoms, as that is in accordance with the views of most systematic writers and men of thought, and is only objected to by superficial persons or mere practitioners, who imagine that in the morbid anatomy (which is only a component part of the above totality of the signs or symptoms) they have got at the proximate cause. Granting therefore the principle *similia similibus*, we may admit without difficulty, that if we could adapt the totality of the symptoms of a medicine to a similar totality named a disease a cure must follow. Here then is at once the theory of a complete art of healing! But in proceeding to carry it out in practice we meet with a vast number of difficulties, which require in the end nothing less than the whole resources of the medical sciences to overcome them. To note a few of these. In the first place, it is quite necessary that the number and character of the cognizable symptoms should be sufficient in both cases to make it clear that the nature of the two affections is really similar, for it was at once perceived that diseases are not revealed in each individual case in the most complete and fully developed form, but often in a most fragmentary manner, and as there are of course a large number of individual symptoms common to very many diseases, it must constantly happen that we meet with cases that are apparently identical, though in their real nature they are quite different, and their difference would have been at once apparent had we possessed better means of diagnosis, or had the case been further developed. This leads us at once to the subject of diagnosis, and how intimately that is bound up with the progress not only of the medical but also of the accessory sciences it is superfluous to dilate upon. So far therefore as diagnosis is concerned the progress of homœopathy is intimately bound up with the progress of medicine, and accordingly it is notorious the eagerness with which the scientific party of homœopathists have availed themselves of all improvements in that department. In the next place, it was also at once recognized that if each case of disease is viewed in every respect as standing alone, and deriving no light from others, unless there was some strikingly marked and absolutely pathognomonic symptom always present, we should soon find the limits of the

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practical application of the homœopathic principle for each case, and all the medicines would present a complete chaos. Therefore we are obliged to study morbid states in their course and termination, trace them to their seat, and as far as possible determine their character, at least in as much as to see wherein they differ from each other, in order that we may practically carry out that individualization of each case that is ultimately necessary for homœopathic cures. Now this implies nothing less than the whole of pathology, including morbid anatomy, and in as far therefore as these are concerned the progress of homœopathy must again go hand in hand with the progress of medicine in general.

It must not be supposed that a man of such extensive knowledge and profound sagacity as Hahnemann was not quite aware of these facts, and accordingly it will be found expressly or tacitly admitted in the *Organon* and his other works: more particularly in his directions for the cure of epidemic diseases, and in the whole Psora theory he virtually admits the necessity of the whole science of pathology. Nevertheless his meaning has been narrowed so much by many persons that his opponents have not been backward in denouncing him as an enemy to all scientific investigation, in reply to his unsparing condemnation of the many crude speculations and foolish classifications of disease that were current in his day, and were at that time the only representatives of pathology, and with which his discovery is certainly incompatible, as well it may be if it is a truth. And it is a striking fact that the earliest converts among the professors of the established schools of medicine have been professors of pathology—a circumstance that shows plainly that the homœopathic principle is the one most conformable to the most enlightened pathology.

While therefore it has been the business of the first generation of Hahnemann's disciples to lay the foundations of our new system, by means of the great store of experimental facts constituting the Materia Medica and many cures, it must be our part to continue the development of the system by pursuing the same course, and bringing the practice of homœopathy up to the greater perfection which is rendered attainable, by the better methods of diagnosis and greater knowledge of disease afforded by modern medicine.

It may now, I think, be admitted that homœopathy has fairly entered on the second stage of its existence, viz. scientific appreciation and development in all the great countries where it is known, and that henceforward it is recognized that it can only advance towards perfection in proportion to the advance of the general medical sciences, and by means of the application of them to the development of its special truths. In Germany this has almost from the first been recognized by a large party of the best writers, and now there are few who think otherwise in the large towns, or connected with the Vienna school, though it is to be feared there are still a good many isolated practitioners in the country villages, who are somewhat narrow and sectarian. In England homœopathy was

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introduced so lately that there was less opportunity for the development of the sectarian tendency, and the great majority have escaped it. In America much progress has been exhibited within the last few years, and the numbers of practitioners and high character of the writings in the *Quarterly Journal*, and the zeal displayed in the proving of new remedies, all show that the scientific element is strongly manifested. The establishment of a homœopathic college in Philadelphia we regard also as a sign of healthy progress, for though the name may be by some thought a sign of sectarianism, the college is in fact a school of the medical sciences in their fullest extent, and including the homœopathic law in therapeutics, and the name forms virtually a protest against the narrow-mindedness of the heads of some of our colleges at home, that insist on the students learning nothing unless they will consent to learn the art of curing disease without the homœopathic law — somewhat equivalent to the play of Hamlet with the part of Hamlet omitted by special desire. We cannot read without extreme gratification the enlightened address of Dr. Neidhard to the students of the homœopathic college on the subject of homœopathic medical education, and the perusal of it must put to the blush those calumniators who represent us as indifferent to general medical education. In France we rejoice to perceive a great change has lately come over the state and prospects of homœopathy. Hitherto we have been grieved and disappointed to find the French homœopathic literature almost quite sterile and bare of any matter of practical or scientific importance, and their journals taken up with translations, or with mere party or personal disputes on points of very subordinate importance—all this showing that the sectarian and stationary element was predominant. Lately however things are becoming very different, and at the beginning of the last volume (May 1852) the members of the Gallican Society are formally invited to devote themselves to the task of bringing the most advanced pathology and diagnosis into the practice of homœopathy. We may therefore now hope for great things from the properly directed labours of those of our body among that ardent and ingenious people.

Another evidence of the scientific character of the homœopathic practitioners is the independent tone in which the question of the properly regulated use of allopathic auxiliaries in practice has been discussed.

The occurrence of urgent symptoms, requiring the temporary employment of allopathic means in the usual powerful doses, has been pointed out by Hahnemann in the *Organon* (p. 169).* Now though Hahnemann

* And more forcibly in a published letter, as follows: "In cases of sudden disease, threatening speedy death, in persons previously healthy, as experience shows, with perfect justice and complete consistency no medicine can be admitted which promises help only after the lapse of some time, by its secondary or homœopathic action: but, *according to common sense*, antipathic medicines only can be given, which in large and frequently augmented doses change the morbid state into the desired opposite, and thus bring back the patient to health."—*Brit. Journ. of Hom.*, vol. x, p. 332.

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does not specify the particular cases or draw an exact line where such helps are to stop, yet he has been understood to limit them to a very narrow circle, and look with an unfavourable eye on such of his disciples as ventured to use their liberty in that respect. As this, however, is a matter that can only be determined by experiment, and will doubtless vary with the greater progress towards perfection of the homœopathic method itself, it is plain that perfect freedom must be left to us, as a scientific body, to ascertain by experience in what cases the use of allopathic auxiliaries is justifiable and necessary, and cannot be settled by any *a priori dictum*. A large party of the German practitioners have from an early period asserted their right in this respect, such as Rau, Schrön, Griesselich, and among the rest Dr. Fleischmann, who states (*Hygea*, vol. viii, p. 294) that in some instances he uses allopathic means in his private practice, though we can say that is not the case in his hospital practice, otherwise it would detract from the value of the comparative statistical results. Dr. Arnold proposes the use of local blood-letting as frequently serviceable and aiding the operation of the homœopathic medicines. In this country the subject has been discussed with freedom in the homœopathic journals, and the use of auxiliaries in some instances generally approved of, while in others there are the usual doubts and differences of opinion common in the discussion of any subject among a scientific body. In France, during the last Congress, one of the questions proposed by Dr. Leon Simon for discussion at the next meeting, was the propriety of blood-letting in homœopathic practice: and to this it was added by Messrs. Tessier and Perry, that it would be better to consider the whole subject of the employment of auxiliary means in general in homœopathic practice.*

In the general aspect of this question it has been felt by every one that we must necessarily show a great stiffness and caution in adopting the use of allopathic auxiliaries, for if that were done on slight grounds, our individual and collective progress as homœopathists would very soon be brought to a close, as it is much easier to get over a difficulty in practice by resorting to some temporary palliative than by patient study to find out the more applicable homœopathic, and therefore permanently curative, remedy. Perhaps, therefore, it would be well for us as individuals, as a general rule, never to have recourse to such means on the mere spur of the moment, but only in cases in which their utility is established, or is sought to be

* In this category must also be placed the water cure, for though the use of water in its various ways and even moderate treatment at a hydropathic establishment with its numerous hygienic accessaries may be recommended, as subordinate to and compatible with homœopathic treatment; yet the fully developed hydropathic treatment must unquestionably be regarded as an allopathic mode of treatment, although no drugs are used. For this last mentioned reason it is often recommended by many of our body as an admirable remedy in skilful hands against the effects of over drugging and intemperance, either as the sole cure or as a preparative to specific homœopathic treatment.

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established, by a series of properly directed trials, and have been discussed among the members of our body. With these practical cautions the subject will no doubt continue to be discussed with the freedom proper to a scientific body.

On the subject of the dose, it has always been maintained that the dose was no essential part of the principle. And in accordance with the liberty asserted in practice in this respect, while, on the one hand, higher dilutions than Hahnemann ever thought of have been freely experimented with, on the other, some of the medicines have been tried in quite the lowest attenuations, or in the pure substance itself. By far the most important event in the history of this part of our subject, is the course taken by Drs. Wurmb and Caspar in their homœopathic hospital in Vienna. These gentlemen have carried out now for two years the plan of using only one uniform and normal dose for all medicines and in all cases. The dilution they have begun with is the 15th of the Hahnemannic scale, and after continuing with it long enough to obtain a sufficient base of comparison they intend then to try another uniform dilution. If this plan is carried out in the same admirable manner in which the hospital has already been conducted, we may hope at last to have the much vexed question of the dose definitively settled—a result which it appears can scarcely be hoped for by the evidence of private practice alone. This may serve also to correct an impression, that a certain amount of scepticism as to the virtue of infinitesimal doses and a leaning towards more palpable doses prevails among the scientific party of homœopathists, in the first ranks of whom Drs. Wurmb and Caspar may undoubtedly be counted.

The employment of specific remedies locally has lately attracted more attention, and it is hoped that a considerable improvement in our practice may be obtained from that method. The local application of one specific remedy while another is given internally, has also lately been suggested by Dr. Elb, of Dresden, and Mr. Leadam. This plan, which may be looked upon as similar to the common one of exhibiting two remedies in alternation, has not yet been generally discussed.*

* In the department of Midwifery a considerable discrepancy of opinion exists among homœopathic practitioners of that branch of the profession, as to the limit of the use of the homœopathic dynamic remedies during labour. In the only English systematic work on the subject, viz., Mr. Leadam's, we find that in that most dangerous and alarming accident, hæmorrhage after delivery, when "the hæmorrhage is frightful, occurs at a moment, with a continuous stream of red and liquid blood," Secale, in a dose not specified, is named alongside Ipecacuanha 6. On the other hand, we find in the American Jahr Dr. Cook recommends in the same circumstances 2 drachms of powder of Secale infused in half-a-pint of boiling water, a tablespoonful to be given every five minutes. Here then is a most glaring discrepancy between two authorities—the one recommending the primary or antipathic action of the drug, and the other somewhat vaguely leaving it to be inferred that the

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Before concluding, I would allude again to the adoption of the use of cod-liver oil, as an illustration of the scientific and progressive character of the present state of homœopathic practice. This remedy was proposed to us by Dr. Madden, to whom we owe much in the widening of our practical sphere, on the ground, 1st., that we should borrow from allopathy a useful empirical medicine for which we had as yet no substitute in homœopathy. 2nd., because when its effects were compared with the individual symptoms of Iodine they offered a strong resemblance, and therefore the cod-liver oil might probably be only a good form of giving homœopathic doses of Iodine; and 3rd., he found by experience, that when given as usually directed, the oil did not interfere with the action of other homœopathic medicines that might be indicated. On the strength of Dr. Madden's recommendation the oil was tried in the ordinary doses by most of the English homœopathists, and is now adopted by them as a regular part of their treatment in suitable cases, but with a view quite different of its mode of action. The idea that Iodine is the active agent is abandoned, and the symptoms, like those of Iodine attributed to the oil are now thought to have arisen from simple indigestion of it, or from the specimens having been actually adulterated with Iodine. It is now used not as a homœopathic remedy at all, but a dietetic agent specially applicable to certain morbid states of assimilation, and may be called a dietetic specific, but as such amenable to the rules of quantity common to all dietetic agents. Not therefore subject to the latitude of dose which homœopathic dynamic specifics allow of, while at the same time, having no dynamic medicinal action, it does not interfere with the dynamic medicines indicated in the same case. Here then, by exercising a free and eclectic spirit, we began by trying a medicine apparently out of our range, and have got a new auxiliary of great power and quite compatible with our dynamic medicines. It is possible even that this remedy may turn out not an isolated one but the type of a class which may from time to time be discovered, viz., dietetic specifics, which, without exercising any dynamic medicinal influence, may furnish us with the means of supplying in an easily assimilable form those defective elements of nutrition on the diminution of which some diseased states depend.

In conclusion, I think we have just claims to represent ourselves as carrying out into practice Hahnemann's great discovery with the means that the general knowledge of the day affords, and while we thus vindicate our position as members of a progressive and scientific profession, we at the same time display the true sentiment of *pietas* towards the discoverer; for though it is no reproach to Hahnemann that he lived before the stetho-

homœopathic action is requisite. It is to be hoped that a question of such moment—often literally one of life and death—will not be left longer in doubt. Nor can the homœopathic principle be looked upon as at stake here, as this may well be considered one of the cases where, as Hahnemann expresses it, according to common sense the antipathic action is wanted.

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scope, the test tube, and refinements of modern pathology and diagnosis were known, it would certainly be an immense reproach to us if we neglected them, and thereby brought on homœopathy the charge of being a stationary and circumscribed art. And also, while we assert our independence and our right as physicians to employ in practice all the resources of the medical art according to our judgement, we pay a far higher tribute of respect to the name of Hahnemann in preferring the homœopathic remedies in all but exceptional cases, than if we were bound by any rule implying a foregone conclusion. This freedom and independence, however, have sharpened and given new handles to the enmity of our opponents, especially in this country. As long as we were believed, or at least represented to be, a sect set apart from the rest of the profession, and having no points of contact—forming a Little Medical China—perhaps they were right in declining to hold communion with us, but when the conviction is forced upon them that that representation is false, then a different style of tactics is adopted by the low and ephemeral portion of the medical press. From a few passages gleaned from the *Organon*, they dress up a phantom which they style homœopathy, and when they find that our practice is something very different indeed from that, they charge us with fraud and with practising under false pretences. To such opponents we would not deign to make any reply. But among the honourable and respectable of the profession who do not admit the truth of our principle, a superficial view of our practice certainly presents a difficulty in estimating the weight of the evidence which our mere existence as practitioners affords. They say you follow the same rules as we do for the diagnosis of disease, you admit that many diseases may get well of themselves, you use at times palpable doses of medicines that we use in similar cases, and even you give at times allopathic medicines; where then is the proof of your homœopathic law and infinitesimal doses being necessary to your practice? To this we can say nothing, except that it is quite true in the letter but entirely false in the spirit, and merely shows that the conviction of an important truth is not to be arrived at by such a superficial mode of observation. We may also add in answer to these remarks, that if we do use the same modes of diagnosis we push them to a far more minute discrimination of individual cases; when we do use palpable doses, inwardly or outwardly, they are still of medicines chosen according to the principle, and the number of these forms a very small proportion of those given in the impalpable or infinitesimal dose; that in no single case of disease do we treat a patient allopathically, though in some instances allopathic means may be used to combat certain urgent symptoms, and then their use is quite subordinate, the number also of even these instances is very small, and will still further diminish as the homœopathic materia medica becomes more perfect.

It remains now for the different practitioners present to afford us the advantage of their experience and to give us their opinion upon some of the controverted topics touched upon above; to consider the propriety of

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taking any steps, as a body, to repel the imputation of sectarianism that has been brought against us, and to show that it is on those only who have attempted to exclude us from communion with the profession that the imputation properly rests. (cheers.)

The Chairman observed that they must all agree in thinking very highly of the address from beginning to end, but there were only two points in it which admitted of anything like discussion. One of these would fall to be discussed after the paper on the dose by Mr. Phillips was read, and for the present they would be happy to hear any observation any member had to make on the extent to which auxiliaries might be employed in homœopathic practice.

Dr. Black, with regard to the question how far aperients were occasionally necessary in homœopathic practice, narrated a case, which, he said, had quite convinced him that if it was necessary to give aperients, and this he believed was only necessary in such organic changes as obstructed the intestines or rectum, and when first commencing the treatment of very obstinate and long standing costiveness, they did not interfere with the action of homœopathic remedies. A lady came to him, who had been treated, for a period of 30 years, with the most violent course of drastic purgatives; she was then taking almost daily nine drops of Croton oil, washed down with two ounces of Epsom salts, and this only secured a small liquid evacuation. She had extensive enlargement of the liver to such an extent as to interfere with the motion of the trunk and right arm; she had had repeated attacks of enteritis, for which she had been frequently salivated with Mercury; she had lost all her teeth, and after one course of Mercury, the tongue sloughed, and the remaining portion could not be protruded; she had had several attacks of typhlitis, and on one occasion matter formed and discharged itself in the lumbar region; the cœcal region was enlarged, and so tender that the least pressure excited violent hiccough or spasms; there was stricture of the rectum, very painful hæmorrhoids, constant leucorrhœa. He never indeed saw a case which represented more the horrors of allopathy (hear, hear, and a laugh). Of course he commenced the case with extreme reluctance, and with no hopes of relieving the patient. On the day he saw her, owing to a long journey, she was seized with violent spasms in the abdomen, these he allowed her to treat with Plummer's pill as she was wont to do; and a few days after, commenced the treatment by suspending the Croton oil, and giving every second day six compound Colocynth pills, followed by Epsom salts; on the intermediate day, drop doses of Nux v. 1, and A.—Gradually he was enabled to withdraw the salts, then to give the pills every third day, then to reduce the number, using also Sul. Bry. Lach. Zinc. Ars. Hep. &c. The patient has now been three years under treatment; a few Colocynth pills every fourth day are now sufficient to relieve the bowels, and procure the necessary liquid stools. She has gained in flesh and in strength. He had treated her for various attacks of erysipelas of the head, for eczema,

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for one attack of enteritis, for abdominal spasms, &c., and he had ever found the remedies given in the low dilutions act with perfect success, notwithstanding that she was more or less under the action of Colocynth, and not unfrequently of the sulphate of Magnesia, and on several occasions of Croton oil.

The Chairman.—Stricture of the rectum is a condition in which it is impossible to avoid the use of aperients.

Dr. Dudgeon mentioned a case in which he found it necessary to continue the use of aperients for a considerable length of time after beginning the homœopathic treatment. In this case, the patient had been in the habit of taking every day some strong purgative medicine; the last was a pill composed of extract of Nux vomica, Aloes, Colocynth, and Mercury, which she took several times a day. He found that if her bowels were not daily acted on, she suffered intensely, and as, from being long accustomed to purgatives, the homœopathic remedies did not act immediately on the bowels, he found it requisite to allow her to take Castor oil while using the homœopathic remedies. At first she took a dose every day, then she found she could go longer without her bowels being opened, and she took the Castor oil only twice a week, then only once a week, and then the bowels began to be opened naturally; at first about once a week, but afterwards every day. This was the only case in which he had found it necessary to allow purgatives.

Dr. Wielobycki referred to the case of a poor woman in the Canongate, who, during labour, had her bladder burst, and for 16 days her bowels were never opened, after which, without the use of any aperient medicines, in two or three days she was perfectly well.

Dr. Beilby of Glasgow, mentioned the case of a lady, who was on one occasion six weeks without a natural movement of the bowels; which shewed that the bowels might be safely left to themselves for a long time.

Dr. Sutherland observed, that in the practice of Dr. Madden at Brighton, a female patient was for four weeks without any evacuation. At the end of the fourth week there was some difficulty about giving her a dose of Castor oil, or not. They waited till the fifth week, when there was a slight evacuation; but the first complete evacuation was three weeks after: her bowels then became quite regular.

Dr. Prince stated that he had had under his care an old man of 76, who at one time had a threatening of paralysis, and was seized with vomiting; he had also a large irreducible hernia. He was attended by two allopathic gentlemen for some time, with such ill success, that at last they had fairly to give him up. They had attacked him at both ends, both with respect to his vomiting and his bowels. His first object was to stay the vomiting, which was so severe that he was bringing up stercoraceous matter at every movement of his body; he vomited even when quite still. At last, however, it was stayed, and in a few days after the natural downward action was restored, simply by globules.

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Mr. Phillips alluded to the case of a boy, in the homœopathic hospital in Manchester, whose bowels had been closed for two months, and who had been perfectly restored through the use of homœopathic medicines alone, no purgatives being used.

Mr. Moore said there were two cases in which aperient medicines were necessary; the one was contraction of the gut, and the other a fæcal lodgment. He had seen the case of a lady of the latter description, in which Nux vomica and Opium had no effect; he gave her some Castor oil and a dose of Gregory's powder, but he never went the length of Colocynth pills. Through means of the Castor oil alone, an immense quantity of fæces passed, and her bowels were acted on every second or third day. Mr. Moore added that he had had another case of contraction of the anus, which was quite a distinct disease from stricture of the rectum. In both these cases he thought purgative medicines were required, but he believed the cases requiring aperients were very few indeed. He had, in fact, sometimes merely given them to satisfy the uneasy feelings of his patients themselves and not from positive necessity. Diseases of the rectum, as they would be aware, were very liable to produce an irritable state of mind, and it was as necessary to remove any mental anxiety on the subject of the stools as anything else.

Professor Macdonald called the attention of the meeting to the real question at issue—the propriety of the use of auxiliaries in cases where they seem to be demanded.

Dr. Sutherland had great difficulty in coming to a conclusion as to the point at which auxiliaries to specific treatment should be employed. He thought there might be some cases in which there could be constipation in one part of the bowels, while the lower portion was still acting, yet at the same time, he did not think they would be justified in applying strong aperient means even in these cases. With respect to the general question of how far the bowels might be left without artificial aid, he mentioned an instance in which a friend of his, who was in perfect health, had a movement of the bowels once a week, which could be postponed, without inconvenience, for a fortnight. He thought a dose of Castor oil sufficient in all cases; certainly he could not go the length of a Colocynth or Plummer's pill or of Gregory's powder.

Dr. Black explained that he did not mean to recommend the use of Plummer's pill; he only mentioned a case to show that in certain circumstances homœopathic medicines would act where they were generally supposed not to act.

Dr. Walker said Hahnemann himself sometimes gave an allopathic remedy. In one of his own cases his treatment had produced no benefit at all, and the patient returned to full allopathic treatment—though life was only rendered endurable by the use of allopathic palliatives.

Dr. Drysdale said the point for discussion was, whether in any case the homœopathic treatment required auxiliary aid in any special circum-

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stances which might arise in the progress of a disease. In discussing this, the speakers had confined themselves chiefly to purgatives; and there is a point at which the general impression seems to be that their occasional employment is indispensable.

Mr. Phillips stated that he had been consulted with reference to a case of affection of the stomach, in which the patient was taking Morphia three times a day. He found he could not stop this large dose of medicine all at once, and he decided in reducing it gradually. He commenced with Ipecacuanha and Nux vomica; in three weeks she was very much relieved, and in three months was perfectly well. The lady died in five or six years after during confinement, and on a *post mortem* examination the stomach was found perfectly healthy. In such severe cases, where the medicine had been continued for any length of time, he did not approve of suddenly stopping it.

Dr. Russell gave the particulars of a case illustrative of the action of homœopathic medicines even in the most unfavourable circumstances. A lady subject to ague and also to periodic headaches was always relieved of the latter complaint by Pulsatilla. While taking full doses of Sulphate of Quinine by the direction of her allopathic attendant she had an attack of her headache, and for this she took at her own hand a dose of the 6th dilution of Pulsatilla with as speedy an effect as at former times when she was doing nothing to interfere with its action.

Mr. Hering remarked that a distinction ought to be drawn between diseases properly so called and mere functional derangements. He thought they were justified in employing allopathic remedies where mechanical obstruction existed; otherwise he would not employ them on any account. He was of opinion that Castor-oil might be given sometimes with good effect; and for the removal of indigestible substances from the stomach he looked on an emetic as essential. He had been asked—what he would do in homœopathy if he required the action of an emetic; would he give globules of Ipecacuanha? The action of an emetic was mechanical altogether. In fact the same effect might be produced by tickling the fauces with the finger and drinking hot water. Therefore, he thought he was quite justified in giving an emetic and quite justified in giving an aperient. He should like to make an observation before he sat down as regarded the action of Opium. Opium was quite homœopathic in its action on the bowels. The late Dr. James Johnstone had given several illustrations of a pill containing the twentieth part of a grain removing the most violent constriction of the bowels.

The Chairman remarked that if some of their allopathic brethren had been present that night they would be inclined to suppose that a change was coming over our views. He thought the discussion admitted of being considered very differently. The two points to which, so far as he could gather from what had been stated, attention had been alone directed, were those cases in which auxiliary medicines were absolutely neces-

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sary and had never perhaps been altogether given up, and those in which their modified and temporary use was deemed expedient. The case of Dr. Black settled the first point entirely. He (Dr. Henderson) could not conceive that any other treatment than that pointed out in that case would have been of the smallest benefit in producing the action of the bowels. They might, therefore, consider it as a concluded point that in cases of stricture of the rectum, it being essential to procure fluid stools, they must be contented to have recourse to the use of allopathic palliatives. The other point which seemed to enter into the discussion was this, —how far it was expedient and indeed incumbent on us to have recourse for a time to the use of particular remedies, which the patient had for a time been accustomed to, before opportunity was afforded for the homœopathic remedies to take effect. That was by far the most difficult question to determine; but he thought enough had been said that night to show that in many, perhaps all cases, they might very safely and advantageously make a modified and temporary use of the customary medicines, gradually lessening and withdrawing the dose and lengthening the interval between each until they were dispensed with altogether, so that while the palliative action was going on the curative action was also proceeding. These were the two points before them, and he thought that even Hahnemann himself would have concurred in the conclusion to which they had come.

Dr. Walker remarked that another interesting and difficult point of practice was, how far in a case of anasarca from some incurable disease of the liver they were justified in the use of diuretics.

Dr. Dudgeon said that a case had once come under his notice which taught him the necessity of employing even allopathic remedies in the condition to which Dr. Walker had just alluded. It was as well on an occasion like this, when their only object was the ascertainment of truth, to acknowledge their failures as well as parade their successes (hear hear). The case was one of incurable disease of the heart, attended with great effusion into the pleura and pericardium, which produced such dyspnœa that the patient was unable to obtain any repose except in an upright position. The homœopathic remedies given had no effect in removing the effusion, and the dyspnœa increasing the patient called in an allopathic practitioner, and the effusion was much diminished, and he believed the patient's life was prolonged for some weeks by the employment of strong diuretics. If they knew that the effusion which was causing dyspnœa to such an extent as to threaten suffocation depended on an incurable disease —under these circumstances he thought it was imperative on them to endeavour to prolong the patient's life by means of diuretics.

Mr. Phillips mentioned that in a case of dropsy, where homœopathic medicine had no effect, the patient was recommended by a friend to try infusion of Burdock root, and in a fortnight the patient was perfectly well and was so still.

The Chairman.—What was the cause of the dropsy?

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Mr. Phillips.—It depended principally on the state of the heart and lungs. The patient was in the position described by Dr. Dudgeon, unable to lie down.

Dr. Drysdale.—Mr. Phillips's case of Burdock root might have been a homœopathic remedy, though given in large doses.

The Chairman.—There seems no great harm in allowing the use of such palliatives to restore the patient to a more comfortable condition for a time. But the point of great importance in a discussion of this sort is as to the time and stage when the disease may be regarded as incurable—when in point of fact you cannot look for any good effect. To the homœopathic law certain cases are not applicable at all—they are beyond the pale of it. When such was the case, it ought to be at once fixed and determined that we are not only at liberty but absolutely bound to palliate the sufferings of such patients. Homœopathy is a system that is applicable only to curable diseases—which leaves an immense multitude of cases open to homœopathic practice. In fact all cases are open to homœopathic practice, because all cases before becoming organic are still within the reach of the homœopathic law. It is only after they have got beyond the homœopathic law—when new deposits and new conditions of organs have been formed—that homœopathy can have no place. We must, therefore, in such circumstances have recourse to palliatives usually resorted to. This is a principle admitted by all homœopathists and by all men of common sense. Such is my opinion—such has been my practice, and I am glad to see that it is not confined to myself (hear, hear).

Dr. Wielobycki remarked as to the difficulty of determining the line of demarcation between curable and incurable.

Mr. Moore said: the homœopathic remedies must first be tried, and it was only when these failed and repeated examination led the practitioner to decide on its being a positive long standing organic disease—it was only then that the use of homœopathic remedies could be abandoned and palliatives resorted to.

The Chairman said: that if in an organic disease the malady had gained a certain amount of development and had been progressing for years, it was almost hopeless to attempt to cure it; but in a great multitude of such cases the disease was aggravated by the derangement of some other part, such as the disorder of the stomach, &c., and these fell within the reach of homœopathic remedies. But in regard to those which had reached the last stage, and the patient was in constant and unceasing suffering, for the few, very few days in which the patient had to live, they might resort to all the temporary expedients to give him relief, and that he thought was the issue to which this discussion would tend.

Dr. Russell, in confirmation of what had fallen from Dr. Henderson, mentioned a case of hopeless disease of the heart, which had come under his care many years ago. When the man applied to him he had unequivocal symptoms of organic disease, and had besides that an intense

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pain in the region of the heart. However, by doses of Lachesis his life was made much more tolerable for eighteen months. This was an encouraging example of the power of homœopathic remedies in alleviating suffering from organic diseases beyond the pale of cure.

A brief adjournment here took place; after which

Dr. Black rose to bring forward a series of Resolutions relative to the establishment of a homœopathic Council. He said: A want has been felt in our body politic, a want of cohesion, of union both as regards the means for the advancement of our system and our mutual relations as practitioners. It occurred first to Dr. Fearon and then to Dr. Russell (as expressed by them in letters in the *Homœopathic Times*) that this want might be supplied by the formation of a Medical Council, that is, a small committee of medical men so chosen by the whole body of medical practitioners as to possess their confidence. Dr. Henderson has already this evening brought before you the advantages of association, it is therefore unnecessary for me to dwell further on this subject. We see this system carried out among our allopathic brethren, and also in a measure amongst ourselves; but here unfortunately the very variety of these associations militates against their utility. We have the British Homœopathic Society, the Hahnemann Society, the Northern Homœopathic Association, all possessing their zealous supporters, and all useful in their various spheres, but unfortunately living too much as separate tribes and not united as one family, or possessing any means by which they can be united in case of need. I think I may best illustrate the advantages of such a Council by reviewing some points of our past history. Within the last two years two small homœopathic hospitals have been established in London. Now, viewed as charitable institutions, the size is a relative but not a positive disadvantage. But viewed as schools of clinical instruction, as institutions for the manifestation of therapeutic results, their size becomes a positively injurious element. We all know that in all hospitals there is a great mass of uninteresting cases, cases which illustrate no pathological or therapeutical principle, consequently the smaller the hospital the less the chances of interesting cases. But the evils of this division are not limited to scientific results. They are also manifested in a pecuniary sense, because the expenses of the board of one hospital would be amply sufficient to meet the wants of both. Again, their division operates injuriously by diminishing the interest of many who would otherwise, were there more unanimity, take an interest in these institutions. But the evil does not end here. Several of our lay friends and some of our professional seem desirous of illustrating the well-known fact, that the poorer a man is, the more rashly and rapidly does he procreate; for in the face of the fact, that almost every hospital in this country dependent on voluntary support is deficient in funds, and in the face of the fact of these two homœopathic hospitals struggling for a bare pecuniary existence, we have a third prospectus issued—*an hospital for children!* I think if we had had a me-

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dical council this hospital movement might not have been begun at so early a period of our history, and if begun we would have had probably only one hospital, and that hospital would have met with greater pecuniary support, and thus afforded a larger field for therapeutical results. Again, last year various attacks were made on our body, but were sufficiently met by the dignified answers of various bodies—the Congress, the British Homœopathic Society, &c. Some corporations, and, shame be it said, our own *alma mater* foremost in the number, not satisfied with verbal condemnations of homœopathy, attempted a disgraceful persecution of one of our members, now present. It was then thought necessary by Congress to form an association to meet the danger, and this association has worked successfully. But had the medical council been in existence, such an association would not have been necessary. Every new association is attended with several difficulties, and the former would probably have answered better than the latter, in as far as a small committee acts better than a large one. Now, as circumstances calling for the action of the council have already existed, so may they occur again, and it is a prudent maxim, forewarned forearmed—far better to be prepared now than to wait till the hour of danger and action arrives. But it appears to me that even at present there is scope for the action of the council. Perhaps before entering into the subject I may draw your attention to a supposititious but probable case. There is a great movement being made at present to amalgamate all the licensing boards. Suppose the registration bill pass, it is not at all improbable that some of our prejudiced opponents might think it necessary to introduce some bye-law, perhaps not injurious to existing practitioners, but injurious to those who may come after us. Suppose that such a step should be attempted, how are we to meet the evil. Individuals might protest, and individuals might call meetings to protest, various societies might protest, but we could not make one general unanimous movement, we could not have any means of expressing the opinion of the whole body of homœopathic practitioners. To revert to the present danger —we have more cause to dread our friends than our foes. We are members of a profession the course of which lies along that narrow path where science and art meet, and where the danger is great of the higher aspirations being submerged in the trading element. We are members of a profession enjoying an unenviable notoriety for jealousy—certainly not that we are greater victims of the green-eyed monster than our allopathic brethren, but the very smallness of our circle renders the evil more prominent and more injurious. How many differences have arisen in our body, small as it is, and, because unchecked, gradually increased until they have ripened into open feud? Now did we possess such a court of honour as exists already, working well, in the Prussian army, and such a court of honour as our medical council ought to be, we would have less to fear on this point. Our very desire to make converts may tempt us to hold out the hand of fellowship to men with whom in other circumstances we would

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not be satisfied with mere professions of faith, but probably extend our enquiries into their previous history. The rapid advancement of our system may induce men to join our ranks, whose convictions are small but whose hopes of gain are large. The wrong motive actuating the evil means to attain the end is too soon apparent in much unprofessional, much quackish conduct. Now how to deal with such men is a difficult problem to solve. Perhaps you will agree with me that the only way of doing so is by moral influence. If, then, by moral influence, will that moral influence be better directed by a body like the council or such influence as individual practitioners may bring round an offending member?—I think by the council. Now it must be apparent, that for a medical council to succeed in all these various ways, the measure must meet with the unanimous approbation of the whole body of homœopathic practitioners. I believe that unless four-fifths of our body are favourable to such a council it would be far better not to attempt it, for the principle, though good in theory, is difficult to carry into practice. But let the desire for such a council be general, and then a great difficulty is removed. I am not so sanguine as to suppose that giving a medical council—virtue and peace and good-will will follow, these must spring from individual efforts directed by a higher influence. But then I believe a medical council, as a court of honour, will often prevent men from quarrelling, and, if judiciously carried out, prevent differences from ripening into feuds. I do not believe that a medical council by enunciating a medical code will render us immaculate, but it may, by holding up a high standard, direct those who err from ignorance, and morally influence those who err from purpose. I do not believe a medical council will defend us from the enemy's attacks. If any defence is necessary, it is our own good cause. But then I believe a medical council may advance our external and internal development. It gives us the advantage of an army well officered over the best disposed army not officered. In fact, by agreeing to it we follow the example of all men who have a common end in view—a great Reform movement. Dr. Black concluded by submitting the following series of Resolutions to this effect: If the Congress are favourable to the formation of a council, they should appoint a committee to ascertain the opinions of the profession. That no council should be attempted unless a large majority are favourable to the movement. That the council should in no way interfere with any society or hospital at present established.

The first resolution having been put from the chair,—

Dr. Russell said, I think it would be unwise in us rashly to determine on a step which may end in immediate failure; and before adopting such a resolution as this, which, if carried into execution, will evidently be attended with very important consequences, we should at least deliberate a little on it. For if we go on to approve of the formation of a council, and take immediate steps with that view, and then find the proposal does not work, we shall be evidently in a very ridiculous position.

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Dr. Black—But it is not intended to form a council; it is merely proposed, by this resolution, to take the voice of the profession on the subject.

Professor Macdonald—I had some considerable intercourse with several homœopaths in London on this subject, and all expressed themselves that it would be very desirable to have some public body of the profession harmonizing among themselves, and co-operating in action, but the difficulties in the way were considered so strong, that most of the gentlemen seemed to have a feeling that the object, desirable as it was, was impossible and hopeless.

The Chairman explained that Dr. Black merely wanted a committee to ascertain the sense of the profession on the subject; and the only matter for discussion was, whether a council was desirable or not.

Dr. Russell said the question came to be, supposing this committee appointed—In what terms were they to draw up such a statement as should procure a satisfactory reply from the profession?—If they passed the first resolution, they were so far bound to follow up, in some way or other, the remainder of the propositions. This was, in fact, entrusting the committee with the formation of the charter—which was giving them too extensive powers.

Dr. Black said the committee would merely issue a circular to the effect that the Congress had agreed as to the desirableness of a council, and requesting the opinion of each member of the body on the subject. They would next issue a circular requesting them to return the names of those who might be considered useful as members of the council.

Mr. Moore—All are agreed as to the desirableness of such a council, but we are not all agreed as to its practicability in the present state of the profession, and I am quite sure no good will result from such a movement. I believe that Edinburgh, the capital of every good thing, and the provinces might agree, but I doubt if we could secure the co-operation of our brethren in London; so that if the question was mooted this year, instead of carrying the proposal, we might throw it back for years. I hope something may occur to secure its establishment next year, but I feel persuaded that this year it is impossible to procure unanimity in London; and without unanimity, as Dr. Black says, no good can accrue. Even supposing you got four-fifths of the profession, perhaps one-fifth of the most influential members would be left out, and we would fail in our most material object. I am therefore opposed to it on account of its impracticability in the present state of affairs.

Dr. Fearon was of opinion that even although a very small number were in favour of the council, it ought, nevertheless, to be established, as through its advice and direction it might raise the tone of professional feeling. He did not think it was necessary as the Americans would say, to go in for entire unanimity.

Dr. Dudgeon considered that the objects proposed in these resolutions were of a very desirable character, but he was utterly hopeless of their

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being effected by the establishment of a council. Individuals would not listen to the council even although they had agreed to its institution (hear, hear); they would think their own judgment superior. As he was afraid it would not succeed, he thought it was in the meantime premature to propose it.

Professor Macdonald suggested the appointment of a committee of congress as a council, as was done by the British Association.

Dr. Beilby begged to move that the resolution be postponed.

Dr. Walker thought that a council was not only desirable but indispensable. Homœopathy stood in no danger except from the members of her own body—members who had crept into the profession, some with and some without diplomas. It would be invidious for any of us as individuals to repudiate any disreputable or unqualified person professing to practise homœopathy. The council could take such a case at once into their own hands, and speak authoritatively on the subject; and if not proceeded with now it would be difficult to secure its establishment at any other time.

Dr. Russell observed that it would be of immense consequence that the congress issuing such a proposal should be a very large congress; and a congress at a place so remote as this was not likely to be so attended as one in a more central position. If the next congress took place in the centre of England there would be a larger meeting, and the subject might then be submitted under more favourable circumstances.

Dr. Black then ended his motion in the following terms:—

The Congress having considered the subject of a Medical Council for the purpose of enrolling legally qualified medical practitioners of homœopathy, and in order to provide for the protection of the public and the respectability of the profession—agree to appoint a committee to ascertain the sense of the profession on the subject, and report to next Congress.

Dr. Ker seconded the motion thus amended, and it was put and carried by a large majority.

It was then agreed, after some conversation, to hold the next meeting of Congress at Manchester, on the 4th and 5th August, 1853; Dr. Walker and Mr. Phillips to be Secretaries.

Mr. Phillips next directed the attention of the Congress to the new Medical Reform Bill about to be brought into the House of Commons—particularly with reference to the 24th, 25th, 26th and 27th Clauses. Each of these Clauses was of great importance to the whole profession, as by them "irregular" practitioners were to be expelled. He need not say that by "irregular" practice, homœopathy was aimed at, and he had thought it desirable to have the mind of the Congress on the subject.

Dr. Dudgeon did not think there was the slightest chance of its passing parliament; the least opposition would be certain to be fatal to it.

The following resolution was then adopted without further discussion:—

"That the subject of the proposed new medical reform bill be remitted to the Association for the Protection of Homœopathic Students and Practitioners, and that the association be earnestly requested to take immediate steps for the prevention of the injury that might result if that bill should pass."

The congress then, at ten o'clock, adjourned till the next day.

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Saturday, Sept. 4th.—The congress reassembled to day at 12 o'clock, Professor Henderson in the chair, when the paper which will be found at p. 660 was read by Mr. Phillips.

Dr. Beilby said he only differed from Mr. Phillips with reference to the repetition of the dose. He thought that in a great multitude of cases, the first dose of the remedy answered all they could expect; and the case mentioned by Dr. Russell, in which he administered Lachesis for disease of the heart, went to prove it. This was only of course in chronic disease; with regard to acute diseases, he always used in his own practice a very weak dilution.

Dr. Drysdale said that with reference to the repetition of the dose, they found that Hahnemann, in his later directions, had recommended a dose of the 30th to be given twice a day for a week. No doubt in some striking cases the amendment began after the first dose, and the cure might have been completed by that, but that could not be ascertained from Hahnemann's later mode of practice. They certainly knew that a 15th, a 30th, or even a higher dilution acted very well; but there must be some point where practically they must stop, and the determination of this limit was the difficulty.

Mr. Phillips applied to Dr. Drysdale to furnish any example from his experience of a higher dilution succeeding, when the sixth of the same medicine had failed; he had examined his notes for that purpose, and had failed to find such a case. It would be well if any person present could furnish any example in point.

Dr. Beilby mentioned a case of tumour in the breast, which had been beneficially treated by *conium* 6th, which, after a time, lost its good effect; after that he had recourse to the 30th with advantage, and when that too lost its effect, to the 800th, with renewed benefit.

Dr. Fearon said that in an ulceration of the leg he tried Sulphur 6, next the 12th without effect, then the 30th; and after a short time it entirely disappeared, and has never since reappeared. He also mentioned a case of psoriasis during pregnancy, treated with success in a similar manner.

Dr. Black thought it was quite possible, in looking over one's cases, to find a few which might illustrate the superiority of the higher dilutions compared with the lower, but instead of trusting to individual cases, he would rather draw deductions from a great mass of cases. His own experience, in both chronic and acute diseases, was, that when he treated with dilutions under six, he had met with much more success than when he used those above that number. It was quite evident, however, that high dilutions did cure, and cured well; but he had seen no satisfactory evidence to shew that they cured better than the low—rather the contrary—but if it was granted that all below 6 cured, not better but *merely* as *well* as above 6, then he would say, use the low dilutions: and this on several grounds. First, on account of the facility of preparation; the lower they went, the less had they to trust to the chemist. Then also, the lower they went, the nearer they came to palpable doses, and thus removed the prejudices their allopathic brethren had against them on account of the infinitesimal doses. He took occasion to correct a statement he had made in a paper on posology, published in the *British Quarterly Journal of Homœopathy*, viz.—that the fact of certain symptoms arising in the proving of a remedy from certain doses, and not from others, would be an indication for the dose, to secure its therapeutic effects. This he now believed to be an over hasty conclusion.

Dr. Russell remarked that it was not easy to over-estimate the importance of this subject. It was certainly only second to the discovery of the law—"*similia similibus.*" There was a little risk in overlooking this

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fact,—that once admit the action of minute doses at all—and it was difficult to determine a limit. It was indeed wonderful to think, that the thousandth part of a grain of Sulphur, or of chalk, or of any substance, could produce any effect; but when this was once admitted, they might reason that the ten millionth, the thousand millionth, and so on, would also act. If they used medicines in the minute quantity of even the lower dilutions, it was by pure experiments and experience alone, that they could determine whether the 2nd, 3rd, 4th, or 30th, was most useful. There was no doubt that the lower, if equally efficacious as the higher, had a great recommendation in their being more easily prepared, and less liable to adulteration in the preparation. But as to the scientific question, —which of them is best, the only way was to try them, as was now being done in the Vienna Hospital, by a series of comparative experiments steadily pursued. Of course, all individual cases were of value, but there was so much danger of over-estimating the value of any individual case by the impression it made on the mind of the practitioner, that unless a comparative trial on a large scale was made, such individual cases had almost no value. There was one enormous difficulty, which was very apt to be over-looked, and this was, that very often disease took a whimsical turn. He remembered an example of this, in a case which he once treated—or rather did not treat (a laugh)—he was attending a family, the mother of which, had been subject to headaches once a week, and lasting generally from two to three days; she had been subject to these headaches for 15 years. He was going to prescribe, but something prevented him calling till the following week, when he found that she had had no headache for the first time in 15 years. If he had prescribed, he could hardly conceive how he could have avoided the conclusion that the medicine had prevented the headache. This was an extraordinary instance of the capricions turns that sometimes took place in chronic diseases, making all solitary observations of this class valueless. It was only through the extensive experience afforded by an hospital, that any satisfactory conclusion could be obtained. With regard to his own experience in this matter, he certainly had seen very remarkable effects occasionally from high dilutions; in one or two cases, indeed, more remarkable than from low dilutions, but his preference was certainly still in favour of low dilutions; although in some cases, perhaps, a more signal and brilliant success might be obtained from the higher.

Mr. Moore's experience corresponded closely with Mr. Phillips's; he certainly had found the greatest success from low dilutions, but he had also seen examples of benefit from even very high dilutions. In one particular instance he found Phosphorus 100 act beneficially in ovaritis.

Mr. Walker observed that in diseases purely dynamic, they had all seen high dilutions act well; nevertheless he preferred the lower dilutions in general; and in torpid constitutions, and in some diseases, he used even the pure substance with good effect—Iodine in scrofula, for example.

Dr. Dudgeon thought that one great cause of the discrepancy in the results which had been stated, was the different prejudices of different practitioners. They come to examine the question with their opinions, in a certain measure, made up in one way or other. He did not, however, think that the advocates of the higher dilutions had obtained any better success than what the advocates of the lower could show. The latter were taunted with giving a preference to the lower, in order to cover a slovenly selection of the medicine; but he thought they might retort on the high potentizers, who often seemed to lay more stress on the dilution than on the medicine. He (Dr. D.) had a very decided opinion in favour of the lower dilutions in most cases, though there were some in which the higher numbers seemed to cure better. Dr. Dudgeon added that in one

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of the last works of Hahnemann, he said the medicine ought to be given not seldomer in chronic diseases than every 48 hours, and even every 24 hours, and in acute diseases every two or three hours, or even every five minutes.

The Chairman—I think it would be well worth while for some gentleman to institute an enquiry, as to whether, in the same cases, a high dilution acted as well as a lower. As yet we have a total want of evidence of high dilutions being more potent than the low; at all events, we require to have well authenticated cases on the subject. As to the great difference of opinion respecting the doses for different cases, I think the one fact is very gratifying, that from 30 downwards, we have ample evidence that the medicines do produce curative effects. The only subject of enquiry is what point is best—They all do produce an effect, but the difficulty arises from the very fact, that they all do produce an effect. We would require an hospital to determine that point. But the fact, that all dilutions from 30 downwards, will produce an effect, seems to me established by the experience of all.

Dr. Black suggested the appointment of a committee to direct their attention to try the comparative effect of different dilutions in one particular disease, and he proposed rheumatism as being a good one to select for this purpose.

Dr. Wielobycki said his experience had always been in favour of stronger doses.

Some conversation then took place with reference to Dr. Black's proposal for the selection of a particular disease and having the results noted, but the matter was allowed to drop.

The Chairman then read the paper which will be found at p. 629.

Dr. Drysdale expressed the gratification which had been experienced by the members of the Congress in hearing the communication which had been just delivered.

The thanks of the meeting to the Chairman were then carried by acclamation, and the meeting broke up.

MISCELLANEOUS.

High Dilutions employed by Dr. Acworth.

In reference to the note we appended to Dr. Acworth's paper on Cardiac Diseases in our last number, we have received a communication from the author stating, that the 200th attenuations of Arsenic and Digitalis he employed were prepared by Mr. Headland and not by Jenichen.

Austrian Homœopathic Society.

Drs. Drysdale, Russell and Dudgeon beg to return thanks to the Austrian Society for Physiological Provings of Medicines, for the honour conferred on them in electing them members of the society.

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Page 238, line 3, *for* "of fish-skin disease," *read* "or fish-skin disease."
Page 308, line 31, *for* "alteration," *read* "alternation."

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