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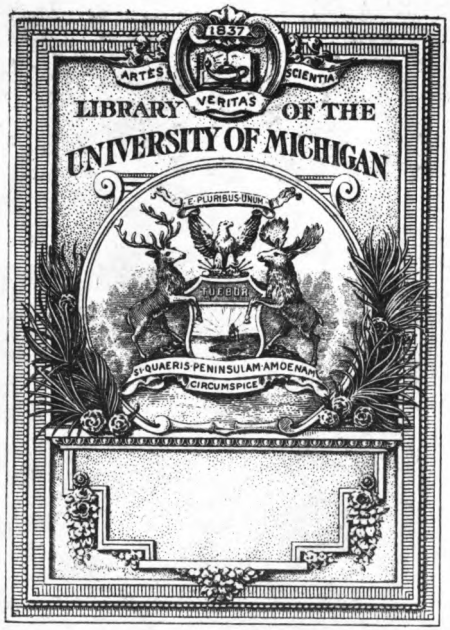

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

ON THE HOMŒOPATHIC TREATMENT OF DISEASES OF THE EYE.

By R. E. Dudgeon, M.D.

(*Continued from Vol. VI., page* 542.)

Summary of the Homœopathic Treatment of the Ophthalmiæ.

Before dismissing the subject of ophthalmia, I think it may be useful to give a brief summary of the treatment of its various forms, to which I shall add a few striking illustrative cases.

Whilst engaged in the compilation of this article I have become more than ever sensible of the impossibility of producing anything like a perfect homœopathic ophthalmology, from the materials at present existing; and the discouraging thought has often struck me—if our knowledge of the relation of our therapeutic agents to the varieties of ophthalmia, where the symptoms are mostly objective and easily recognizable, be so vague and unsatisfactory, how much more so must be our knowledge of their relation to other diseases, where the symptoms are mostly subjective and uncertain. With respect to the ophthalmiæ, a great deal of this vagueness might have been avoided, had those who proved the medicines, and those who have furnished us with the results of their clinical experience, been conversant

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with the pathological lesions of the eye, or indeed, been able to distinguish affections of its different structures; which is far from being generally the case.

I have no idea that the nosological classification I have adopted is perfect; but it was necessary to adopt some definite classification, were it only for the sake of avoiding confusion and endless repetition. My French translator and critic (*Journal de la Méd. Hom.*, vol. iii. p. 479,) objects to my classification, without proposing anything better; and I am still inclined to think it the best possible in the present state of our pathological knowledge. Indeed, I conceive the most useful practical points in the work to be the attempt to refer the pathogenetic effects of the medicines, and the recorded observations of the practitioners, to the nosological standard given at the commencement of the article. After all, however, I am perfectly aware I have only made an approximation to truth; and my labours can only be regarded as contributions to the homœopathic therapeutics of the ophthalmiæ. Before a perfect system can be hoped for, we must have not only a vast increase of accurate clinical observations, but a careful re-proving of the remedies. Notwithstanding these imperfections however, we can safely point to our system as furnishing a means of combating every variety of ophthalmia infinitely superior to that offered by the old school.

In the nosological portion of this paper several ophthalmiæ are mentioned for the sake of completeness alone, which do not admit of any special ophthalmic treatment, as they are mere accompaniments of serious general diseases, that of themselves must demand our first attention. I have indicated these ophthalmiæ in the following summary. The cases illustrative of the various ophthalmiæ in the last volume, will be readily found by reference to the index, which has for that end been made as complete as possible.

1. *Ophthalmia catarrhalis*.—The management of this disease when uncomplicated with any scrofulous or other dyscrasia, and when seen in the earlier stages, is usually easy. When from neglect or mismanagement the disease degenerates into the chronic form, its cure becomes proportionally more difficult and tedious. When the affection is recent, and the chief

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symptoms present are, dry itching or smarting sensation in the eyes and lids; feeling as if something had got into the eye; frequent winking, and occasional discharge of tears, the conjunctiva being partially or uniformally injected; little or no mucus secreted; the conjunctiva of the lids being comparatively redder than that of the ball: a dose or two of *sulphur*, in almost any dilution, usually suffices to effect a rapid cure. When, in the commencement of the disease, there is great dry burning feeling, with frontal headache, and symptoms of congestion of the head, *belladonna*, preceded or not by *aconite*, will often be found of use. If the flow of tears is considerable, and even of an acrid character, with corresponding watery discharge from the nose, sneezing, and other indications of coryza, *euphrasia* is the remedy indicated. Where, along with copious flow of tears, there is much smarting and burning pain, the tears being particularly acrid and corrosive, or if there is chemosis or œdematous condition of the lids, *arsenic* will be found useful. If at the outset of the disease there is considerable mucous discharge, *chamomilla* should be borne in mind. Where the mucous secretion is excessive, the injection considerable, and the caruncula particularly inflamed and enlarged, *argentum nitricum* will, I imagine, prove specific. When the meibomian glands seem much affected, and the edges of the lids red and swollen, the secretion forming during sleep yellow crusts on the ciliæ, *mercurius solubilis*, or *hepar sulphuris* will be given with advantage. When the evening exacerbations, which are usually present, are very well marked, *pulsatilla* will be found useful. In the slight catarrhal ophthalmiæ, often resulting from exposure to wet and cold, *dulcamara* is of service. These are the chief remedies for simple acute catarrhal ophthalmia, and will generally be found sufficient to meet all its varieties. Of the other remedies which have been recommended in the same form, we may bear in mind the advice of Dr. Knorre, with respect to the utility of *digitalis* in that occurring after suddenly suppressed coryza; when other catarrhal symptoms exist for which *nux vomica* is indicated, it should be used; *bryonia* has been advised where the blennorrhagic process is excessive; and the ascertained effects of *kali bichromicum* and

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zincum should prevent their being overlooked. When the disease has already assumed the chronic form, the remedies chiefly to be trusted to are: where the secreting apparatus of the lids is much involved, *mercurius, hepar, euphrasia, arsenicum, pulsatilla*, and *sulphur*; where the caruncula and general conjunctiva are the seat of the blennorrhagic process, *argentum nitricum, lycopodium, zincum, rhus*, and *bryonia;* where a tendency to phlyctenulæ and indolent ulceration on the conjunctiva exist, *euphrasia, arsenicum, sulphur, calcarea, mercurius*, and *silicea*. The photophobia accompanying pure catarrhal ophthalmia is seldom important; but where it exists to any degree, and fails to yield to the other remedies I have pointed out, *conium* or *belladonna* may be employed with advantage. The sequelæ of catarrhal ophthalmia, such as chronic blennorrhœa, granular conjunctiva, pannus, ectropium, &c., will fall to be considered elsewhere.

2. 3. 4. *Ophthalmia bellica, gonorrhoica*, and *neonatorum*.—As these affections in their first stages, and throughout in their milder forms, involve the same tissues as are engaged in the preceding affections, the remedies applicable to them will be the same. The greater violence of the disease, and the intenser inflammation and febrile disturbance accompanying it, render the employment of *aconite* indispensable in the commencement of the disease, and the most striking benefits occasionally result from its administration. While the disease remains limited to the mucous-secreting apparatus of the eye, the greatest advantage may be expected from the employment of *argentum nitricum, euphrasia, mercurius, chamomilla, pulsatilla, rhus*, and perhaps *ignatia* and *bryonia* according to their several indications. When the deeper structures of the eye become involved, other remedies are required; where the pains are pressive, with a sense of throbbing in the eye, *belladonna* occasionally alternated with *aconite* should be administered. Where the pains are excessively violent, stabbing and occurring in paroxysms, the eyeball feeling like a live coal in the head, advantage may be anticipated from *arsenicum*. The application of cold wet compresses must not be neglected; and occasionally advantage may be derived from the excision of

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small portions of the conjunctiva, when that is very much swollen, dark red, and projecting. The remarks upon the chronic form of catarrhal ophthalmia, apply also to these diseases when they become chronic. Their sequelæ, as pannus, granular conjunctiva, opacity of the cornea, staphyloma, &c., will be considered afterwards. These three forms of opthalmia, as also the catarrhal variety, when the eye is alone engaged in the catarrhal process, are often much benefited by the employment of the remedies locally, according to their homœopathic indications. Besides the nitrate of silver, used according to the formula given at p. 219, vol. vi., I have seen advantage derived from the local use of weak solutions of *euphrasia, arsenicum, rhus,* and *mercurius;* and should imagine from analogy that equal advantage might be derived from the local use of the other remedies in the same way in these local diseases, when their employment was indicated by the symptoms present. The mode in which I usually employ the remedies locally, is to mix a drop or two of the mother tincture, or of the 1st, 2nd, 3rd, or 4th dilution, or of the dilution taken by the patient internally, with a teacupful of water, to be applied one, two, or three times a day to the eye, with a soft rag. With these forms of ophthalmia great care should be taken that none of the secretion gets into the sound eye, if but one should be affected, as in the three last it is always, and in the first it is sometimes, highly contagious. Dr. Rosenberg (*N. Archiv,* i. 2,) vaunts the efficacy of *tussilago petasites* in gonorrhœal ophthalmia; but the case he gives in illustration is not that disease, but a kind of blepharophthalmia, with scrofulous or other dyscrasic complication.

5. *Ophthalmia rheumatica.*—The varieties of form assumed by this disease demand an equal variety of remedies. If the inflammatory action runs high, accompanied by febrile disturbance, *aconite* will be required; but this remedy, useful as it is in rheumatism in general, will rarely suffice to effect a cure. Where the sclerotic is chiefly or alone implicated, benefit may be expected from the use of *sulphur, mercurius, calcarea, rhus, spigelia, hepar, arnica,* and perhaps *bryonia, cocculus, colchicum, colocynth,* and *berberis,* according to their indications. When the pains are particularly severe in the eye itself, of a

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stabbing, pulsative character, *arsenicum* and *belladonna* are pointed to. Where stiffness of the eye with great pain in moving it exist, *spigelia, rhus,* and *bryonia* are indicated. If the pains extend much into the head, *spigelia, colocynth, colchicum,* and *belladonna* should be consulted. When the cornea is the seat of the inflammation, benefit will be derived from *calcarea, sulphur, mercurius,* and *spigelia;* if of ulceration, *mercurius, euphrasia, calcarea, sulphur,* and *hepar.* If the membrane of the aqueous humour be affected, we may hope for amelioration from *mercurius, belladonna,* and *bryonia.* When the morbid process involves the iris, *belladonna, mercurius,* and *sulphur* will be found useful. The application around the eye, of the extract of *belladonna,* or the instillation of its solution, or of the infusion of *hyoscyamus,* will sometimes be necessary where the iris is inflamed, to prevent synechia, or complete closure of the pupil. The slight pinkish injection of the sclerotic that often remains after the cessation of the more urgent symptoms, will generally yield to *sulphur, spigelia,* or *nux vomica.* The consequences of rheumatic ophthalmia, as hypopyon, abscess of the cornea, pannus, atresia of the pupil, synechia, leucoma, and amaurosis, will more properly come under consideration in a subsequent paper.

When complicated with catarrhal ophthalmia, we must select such remedies as have a marked action on the conjunctiva as well as on the deeper structures of the eye, the chief of which are, *sulphur, calcarea, mercurius, hepar, arsenicum, rhus, bryonia, pulsatilla,* &c.

The following seems to have been a case of rheumatic ophthalmia, and is instructing, as the tendency to a return of the disease was evidently checked by the homœopathic treatment.

"W. of N., aged 27, married, of a vigorous constitution, dark complexion, and sanguine choleric temperament, was for years subject to frequent attacks of ophthalmia, which often lasted three months and longer, and were not long of returning when cured by allopathic means. He had had recourse to every imaginable remedy, had consulted all the medical men in his neighbourhood, had made several journeys to put himself under the care of celebrated oculists, but nothing prevented the disease from returning. For a month he

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had been suffering from a new and violent inflammation, for which he had been employing, but without the slightest relief, a number of collyria, salves, revulsives, &c. He then applied to me. I found him much depressed, and so exhausted he could scarce walk across the room. All the conjunctiva of the left eye blood-red, as if injected. Pressive, tensive, burning, shooting pains across the eye. Tearing in the left side of the head. Little appetite. Constipation for several days and hard motions. Fever in the evening, heat throughout the body, and almost constant rigors by day. Mist before the eyes. Pulse irritable, hard. I gave him on the 29th Dec. 1832, in the evening, *aconite* $^{6}/_{24}$. The 30th Dec. in the morning, *bellad.* $^{6}/_{30}$. The pain in the eye and fever diminished somewhat. The 3rd Jan. 1833, the amelioration having become stationary, I gave *sulphur* $^{1}/_{30}$. The 9th he was much better. He had scarcely any fever remaining; the pain was less severe; however, the eye was still somewhat sensitive to light and reddish. Every day an evacuation without any effort. I repeated *sulphur* $^{1}/_{30}$. The cure made such progress in a few days, that by the end of a week all trace of the disease had disappeared. Although he immediately performed long business journeys, and was consequently unable to observe the diet strictly, he nevertheless remained free from the disease. I saw him again in July, 1833, he had had no relapse. Formerly, rarely had a month elapsed, that he had not suffered with his eyes."—(Tietze: *Thorer's Prakt. Beitr.* vol. i, p. 203.)

Here is another good example of rheumatic ophthalmia:

"The Rev. Mr. Kahler, of Ebsdorf, near Marburg, 58 years of age, often troubled with herpetic eruptions and boils, and also with obstructions and blind piles; very much disposed to perspire; had suffered frequently for many years from rheumatic pains in the head and limbs; and fifteen years ago had observed a cataract commencing in the left eye, which gradually increased, so as to allow of an operation in the year 1830. Five months thereafter he had inflammation of this eye, which went and returned; indeed, it recurred so frequently, that at last it might be considered as stereotyped. After trying many things for his relief, in vain, he consulted me in November, 1834. I was convinced of the existence of a chronic inflammation in the interior of the eye, but would be unwilling to be positive as to its limits. We seldom indeed meet with a capsulitis, choroiditis, iritis, retinitis, &c., so distinctly defined as they are

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described in the manuals. The sclerotica was somewhat reddened in the angles of the eye; the pupil contracted, somewhat cloudy, and its border had a flocculent appearance, as is generally observed in iritis. The most troublesome symptoms were the great sensibility to light and the constant severe aching and shooting pain deep in the interior of the eye, which was increased by movement, especially by stooping, extended over the external parts into the cheek-bones, and when it attained a certain intensity caused disagreeable vertigo. This affection had not, with the exception of slight alleviations, ceased since March, and disturbed the night's rest so much, that the patient could never fall asleep before one o'clock. The right eye was sympathetically affected, and whilst its sensitiveness to light had increased it had become excessively weak. It will be understood why I commenced the treatment with *sulphur* 60, which I gave on the 6th Nov. Until the 18th there was no change, except that there were itching and smarting of the borders of the lids, with increased lacrymal secretion. I now gave *colocynth* 30, by which the state was considerably benefited, up to the 2nd Dec. The redness of the sclerotic was quite gone; the pain in the eye nearly so; the photophobia much diminished; the weakness of the eyes however persisted. I gave *pulsatilla* 18, and repeated the dose five days afterwards. On the 14th I got the intelligence that all the pains had disappeared, that the visual power was gradually returning, and that the recurrence of other rheumatic sufferings had now no longer any unfavourable influence on the eyes. I gave *sepia* 30. On the 20th, the progressive amelioration of the left eye was announced to me. But the right was attacked by catarrhal inflammation, wept much, could not be used, and the patient suffered much from congestions, with head-ache and vertigo. Two doses of *belladonna* 30 within six days, removed this complaint also. I afterwards gave *ruta*, once again *sepia*, *colocynth*, *nitric acid*, *sulphur*, and lastly *bryonia;* and a short time since I had the pleasure of seeing my patient so much better, that he can again see to write without spectacles, which he had not been able to do for fifteen years previously."—(Rau, *Werth des hom. Heilv.* p. 273.)

The next is a case of far advanced rheumatic ophthalmia, in which the cornea was almost if not completely in a state of pannus.

"General —, of this place, 60 years old, of a thick short figure, was attacked by acute rheumatism in July, 1832, for which many

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remedies were used. Vapour baths were employed to remove the remainder of the disease; they however only made a transfer of it to the lungs in the shape of a violent cough. When this got better, one of the eyes was attacked by inflammation. The remedies used for the former complaints, as also the treatment employed for this, had weakened the patient excessively; wherefore it was deemed expedient to put him under a course of bark. The weakness however persisted, and along with it the ophthalmia, to which was added (probably developed by the misuse of cinchona) an intermittent fever. Not only did the ophthalmia not yield to any of the remedies employed, among which must be reckoned sea-bathing at Norderney, and afterwards a residence for ten months in Italy, as also cutting and slashing away at the larger blood-vessels of the eye with the knife; on the contrary, it continued to grow worse till the 30th Jan., 1835, when the patient sent for me from Hildesheim. He informed me that the affected eye was totally unserviceable, and had kept him confined for months to a darkened apartment. He could not raise the upper lid, a purulent fluid constantly exuded betwixt the lids; there was in the eye itself a sensation as if sand were in it; as to pain, there was only a slight aching sensation in and around the eye, which was much aggravated when he was compelled to use the sound eye; a painful drawing sensation in the occiput, the muscles of the right shoulder and the right arm; ringing in the ears; wearied feeling by day and sleeplessness by night; inflamed places on the palate, tongue, and gums; weak digestion; want of appetite; inflated state of the abdomen; such are his usual symptoms. I found the eye itself completely traversed and permeated by dirty red inflamed blood-vessels, so that the cornea could no longer be distinguished; when the lid was raised there was a slight perception of light, but nothing could be distinguished. On the inner surface of each lid there was a vascular tumour. The nature of the disease had been variously pronounced to be rheumatic, gouty, and hæmorrhoidal. This is certain however, that the true cause of the disease could not be ascertained. But the chief concern was to give a remedy, which experience had shewn to correspond in a pathological point of view to all the symptoms of the morbid state, which alone formed a true portrait of the disease. The patient had already of his own accord adhered for more than a year to the diet and regimen requisite during homœopathic treatment; in this respect, therefore, the only advice necessary was to admit more light and fresh air into

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the room, and to wash the eye frequently during the day with fresh spring water. For internal use I chose on many accounts *sulphur;* for not only was it the proper homœopathic remedy for the inflammation, but it was suitable also as an antidote to the corrosive sublimate that had been given to the patient shortly before, which had developed its pathogenetic effects in the form of bloody diarrhœa. Of this remedy in the 10th dilution a dose was given every third day, until the 8th of March. The general state of health, as well as the particular affection of the eye, improved under its use; only the pain in the occiput continued, but not alone; it was accompanied by a disagreeable feeling of stiffness in the nape. Eight doses of *belladonna* 10, at similar intervals, till the 23rd of April. The eye commenced to grow clearer; the relaxation and swelling of the lids decreased; and everything improved. I now laid the details of the case before my colleague, Dr. Hartlaub of Brunswick, whose death was a great loss to Homœopathy, and asked his advice. He advised after *bellad.* the employment of *digitalis*, of which I gave a drop of the 4th dilution every morning till the 3rd of June. The eye continued to grow clearer, and my patient, who now took every good day a walk in the open air, was already able to distinguish some objects distinctly; on the other hand, the rheumatic-arthritic symptoms increased, especially aching and drawing in the shoulders, burning and swelling of the hands, drawing and painful weariness, also burning in the legs, and the back as if broken, felt especially on rising up after having sat long; scalding on making water, and the urine deposited a red sandy sediment. Under the use of *phosphorus* 10, a drop every third night, everything improved, except the scalding on making water, which rendered the employment of a few doses of *causticum* necessary. From the 13th July to the 13th August a drop of *pulsat.* 6 was taken every fourth night. The larger blood-vessels, which the sharpness of the knife had not been able to destroy, had all disappeared, so that the patient could again read large print, and the lids had regained more the appearance of those of the sound eye. Under the use of *calcarea carb.* 8, followed once more by *puls.*, and then by *bell.*, the rest of the morbid symptoms went off. In October, 1842, he had again an attack of ophthalmia, which occasioned him great anxiety; it disappeared, however, in six days, under the employment of *acon.* 1, a drop morning and night. In the middle of November, the acute rheumatism recurred in a very distressing manner, whereby the joints soon swelled with the most severe pain,

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that permitted no motion, and deprived him of all sleep. The accompanying pain was attended with great perspiration, much thirst, and complete loss of appetite. Under the use of *arnica*, *aconite*, *bryon.*, *rhus*, *merc.*, *thuja* and *nux. vom.*, this affection was cured in six or eight weeks; and an attack of ophthalmia that followed it, in four to six days, by a few doses of *belladonna*."—(Elwert, *Die Hom. u. Allop. auf der Wage*, p. 121.)

The following seems to have been a case of rheumatic ophthalmia, in which ulceration of the cornea and hypopyon had already occurred before it came under homœopathic treatment.

"Madame Rohde, of Herrenhausen, had been already twenty-seven weeks under allopathic treatment for ophthalmia, which was so badly treated, that all efforts to set bounds to the inflammation had proved in vain, and ulceration of the cornea could not be prevented. The enemy had been attacked from all sides, and with the most powerful remedies; and as the complaint was attributed to her having 'caught cold,' the patient must needs be clad in warm garments, and kept in a heated room, which was darkened on account of the photophobia of the diseased eye: and thus several months were spent. In the anterior lamellæ of the cornea was an ulcer, and at its border some phlyctenulæ; some pus moved about in the bottom of the anterior chamber; the globe of the eye was inflamed; there was great photophobia, burning, shooting, and aching in the eye, much increased by moving it; shooting rending-asunder head-aches, especially towards the forehead and root of the nose; general weariness and debility; hot feeling, and increased cutaneous transpiration. The cause of the disease could not be detected. I prescribed on the 30th December, 1840, unmedicinal diet; washings of the skin, in order to diminish the excessively irritable state caused by the high temperature in which the patient had been kept; moderate covering of the eye, to protect it from the light; gradual exposure to the open air, which was at that time very cold, and after a few days I allowed her to go about in the open air. Internally, *hep. sulph. calc.* 3, a grain every second night for eight days, and then for eight days longer a drop of *euphrasia* 1, every second night. On the 15th January, 1841, the patient's husband informed me that the eyes, the head-ache, and the photophobia were much better. To continue the remedies. On the 3rd February the patient visited me. The ulcer of the cornea was cured, and no more pus was visible in the anterior

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chamber; for the formation of phlyctenulæ however, which still persisted, though without much pain in the eye, she got a drop of *pulsat.* 1, every night to the end of February. The affection of the eye was now cured, but on the 1st March there occurred violent aching pains in the forehead, especially in the eye-brows, with nausea; complaints that had occasionally occurred before the development of the ophthalmia. *Spigelia* 1, a drop every night soon relieved this state; however, for a fortnight afterwards I gave her, as it were to complete the cure, a drop of *tinct. sulph.* 1, every other night; and, as far as I have been able to ascertain, Madame Rohde has remained quite well after this treatment."—(Elwert, *Op. Cit.* p. 124.)

6. *Ophthalmia arthritica.*—The remedies applicable to this disease in its different varieties, are chiefly *arsenicum, sulphur, mercurius, spigelia, cocculus, colocynth, colchicum, bryonia, calcarea, pulsatilla,* and *belladonna.* Where the affection of the choroid is particularly prominent, *arsenic* will be found the main remedy. This being one of the most intractable forms of ophthalmia, and attended with the most disastrous consequences to the eye, any remedy which might stay its progress in the earlier stages would be hailed by the practitioner; *spigelia* and *sulphur* seem to hold out the greatest hopes of relief, as well from their pathogenesis as from the recorded clinical experience respecting them. As the disease is usually very chronic in its form, the frequent administration, repetition, and alternation of the above remedies will be found necessary, and also perhaps of some others I have omitted in my enumeration, to which the practitioner must be guided by the symptoms of the case before him.

The following cases will illustrate the efficacy of homœopathic treatment in the more fully developed cases of arthritic ophthalmia.

"The blacksmith, H., of N., an old man of 70, but still robust, had lost the right eye in consequence of gouty inflammation, in spite of the allopathic treatment he had followed. He was then suffering the most horrible gouty pains, which almost deprived him of reason and drove him mad. An arthritic iritis had seized on his left eye, and had hitherto resisted the epispastic and internal remedies of a celebrated oculist. Far from diminishing, it constantly increased,

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and threatened the destruction of the eye. He could not quit his bed. The left eye appeared much swollen; a violent photophobia rendered it difficult to open it in order to examine it. A torrent of burning tears flowed constantly down the cheeks, and the eyeball rolled upwards. A violent arthritic inflammation, whose intensity [character?] was shown by a blue circle round the cornea, had attacked the conjunctiva and sclerotic. At the same time the iris, whose pupil was angular, distorted, excessively contracted, displayed almost no contractile power, and was of a darker colour than natural. As far as the difficulty of opening the eye would allow me to observe, all the parts in the interior of the eye were disorganized; the posterior chamber appeared quite dim. The patient, who was much distressed by the loss of his right eye, was in despair lest he should lose the left also. He experienced in it tearing boring pains, as also in the left eyebrow, temple, and side of the forehead, which spread all over the head. In the beginning of his complaint these pains used to increase in the evening and night; but now there was also an exacerbation during the day, and of such violence that it almost drove him mad. He rose up, was incoherent, ran all about the house, and allowed no one to come near him. Tongue much furred; no appetite; increased thirst; stools sluggish; pulse small and rapid; no sleep at night. The patient's age, the long duration of the disease and its extent, precluded all expectations of a good result. I made him discontinue all allopathic remedies, advised a very low diet, and gave on the evening of the 11th October, 1830, *nux vomica* $^{1}/_{30}$. On the 18th the pains had diminished but slightly, but the patient was better in his general health. I gave him *pulsatilla* $^{2}/_{15}$, and on the 22nd *bryonia* $^{3}/_{18}$, which was repeated on the 25th. These two remedies diminished considerably the arthritic pains of the head; the inflammation of the eye even appeared less severe. The 29th I gave him *cocculus* $^{2}/_{6}$, and the 11th November, *staphysagria* $^{2}/_{30}$. These two remedies acted in the most favourable manner on the inflammation and pains in the head. Even after taking the *nux*, he had quieter nights, and his transient attacks of mania had become shorter and less frequent. The *pulsatilla* and *bryonia* made them cease entirely. His appetite had also become better; but *cocculus* and *staphysagria** operated in a more efficacious manner on the

* The symptoms of *staphysagria* relating to ophthalmia, which I omitted to give in my enumeration of ophthalmic remedies, are as follows:—

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organ of sight. The patient could remain sometime with his eye uncovered, the dread of light having diminished, and he recognized pretty well at some distance objects of considerable size. I gave him the 1st December, *calcarea* $^2/_{30}$; on the 7th January, 1831, *conium* $^2/_{30}$, and on the 4th February, *lycopod.* $^2/_{30}$. At the last examination, owing to the homœopathic treatment he had followed from the 11th October to February, the arthritic inflammation of the left eye had disappeared, and he had no longer fears of losing it. His sight was

1. The sight is dim, and the eyes so hot that the spectacle glasses are dimmed by them.
2. Dim vision, as if the eyes were full of water, with itching and fine shooting in the inner canthus; he must rub the part.
3. Whilst writing the eyes commence to be painful (especially in the afternoon), smarting and burning, and then some drops run out of them of an acrid nature; he must avoid the light as that increases the pain.
4. A smarting raw pain in the inner canthus.
5. In the left inner canthus a pain more smarting than itching.
6. Acrid water runs out of the eyes in the morning.
7. In the inner canthus violent itching, worst in the open air; he must rub it.
8. During the night dry matter is deposited on the outer canthus, and on the ciliæ.
9. In the inner canthus there is always dry matter, which he must frequently wipe away during the day.
10. In the morning the eyes are agglutinated at their inner canthi.
11. In the evening the eyes are so dry with aching in them.
12. Aching in the eye, she must often wink.
13. In the morning the eyes are so dry on waking; they ache, and she cannot open them without moistening them.
14. Inflammation of the white of the eye with pains.
15. Pimples around the inflamed eye.
16. A pain just behind the eye, in the superior wall of the right orbit, pressing the eye from within outwards.
17. Aching pain in the superior part of the right eyeball.
18. Hard pressure in the inner canthus of the right eye.
19. Tensive stitch in the outer canthus of the right eye.
20. Dryness of the eyes, lasting all day.
21. A hot disagreeable burning in the external canthus of the right eye, which extends pretty far behind the eye, towards the ear, and returns by fits.
22. Itching on the border of the upper lid, in the open air, going off on rubbing.
23. On straining the eyes coarse stitches in them.
24. Shooting blows in the eyeball, as if it would burst.
25. Tearing aching in the outer canthus, near the lacrymal gland.

From these symptoms we may readily infer the utility of *staphysagria* in gouty and rheumatic, as also in scrofulous and scrofulous-catarrhal ophthalmiæ.

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otherwise so much stronger, that he could again read large print with the help of spectacles, and that, freed from all his complaints, he could leave off the treatment."—(Thorer, *Prakt. Beitr.*, vol. iii. p. 12.)

The paroxysms, as in ague, seem to have been distinctly marked in the following case, and perhaps the nosological name of *O. arthritica intermittens* might be appropriately bestowed on it.

"Mr. M., of K., clergyman, aged 21, had had an intermittent fever about five months previously. Its force was soon broken by bark; but it returned regularly every eight or ten days. After the patient had taken fifty powders of quinine it changed its character, and showed itself as a choroiditis of the left eye, with decided intermittent type. Eye constantly burning, tearful, photophobia. Every day about four o'clock, terrible pains without interruption till six or seven in the evening. When the patient consulted me, the disease had lasted for nearly three months. Four venesections, a quantity of leeches, Autenrieth's ointment, blisters, purgatives, mercury pushed to salivation, and lastly, quinine, had not succeeded in diminishing his sufferings, still less in removing them. I found the following symptoms:—Head confused and burning, especially in the left frontal region. Frequent painful shootings above the left eyebrow. Right eye normal; in the left, the palpebral conjunctiva very red; that of the eyeball but little red. A circle of bluish vessels deep in the sclerotic towards the edge of the cornea. Sight a little weakened. Aching pains deep in the eye. On the approach of the paroxysm the shooting and tearing pains became insupportable, and extended into the left side of the head. The eye became red, burning, and excessively sensitive to light; burning tears flowed constantly from it. Face pale and haggard. Appetite very moderate. Frequent eructations of air. Stools hard and rare. At the right side of the chest, in the region of the fifth and sixth ribs, there had existed for four or five months a tumour of the size of a hen's egg, hard and very painful when the patient held himself erect, lay down, drew a deep breath, and especially when it was touched. Flaccidity of the muscles. Emaciation. Great prostration. Disturbed sleep. Despondency. I gave for the first four days, several times, *aconite*, *belladonna*, *pulsatilla*, *nux vomica*, *euphrasia*. The intensity of the symptoms diminished it is true, but they did not disappear. The next three days the patient got *hepar* 3, *merc. viv.* 6, and *calcarea* 30. He sent

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to tell me that the fit had not returned after the second dose. I prescribed another dose of *merc. viv.* The paroxysm did not return the following eight days, but the patient complained of periodical shootings in the left temple and aching in the eye which was slightly red. I gave him *china* 3. Two days afterwards all the pains had vanished. The patient had already a better appearance; the appetite, bowels, and sleep had become regular. But the tumour on the left side of the chest persisted, and was the seat of violent shooting pains, especially when the patient moved, and lay down in bed at night. After a treatment of two months it diminished in size and became almost indolent, but it did not disappear entirely. The *peccant matter* of the allopathic treatment appeared to have found a deposit in this place. Perhaps I shall succeed in removing it by means of *phos.*, *aurum*, and *nitr. acid.* The patient is otherwise quite well."—(Watzke, *Bekehrung's Briefe*, series i. p. 101.)

One cannot help feeling astonished that *arsenic*, which is apparently so homœopathic to the above case, was not given.

7. *Ophthalmia scrofulosa.*—The frequency and occasional intractability of this disease, render it important to the practitioner to know the remedies that are most to be relied on in all its varieties. It would be a great mistake to suppose that the excessive photophobia that is often present, is any test of the degree or danger of the inflammation present; for all practitioners must have observed that this symptom may be present in an exaggerated degree, so as to preclude all examination of the eyes, in the morning; whereas the patient may be able to open his eyes fully and nothing abnormal is to be noticed in them, in the evening. This symptom, however, is often present to such an extent as to effectually prevent any investigation into the condition of the eye, and it is often of the utmost importance to bring about its removal. Where it is the only symptom of the affection (which however cannot always be ascertained until it is subdued), it will frequently yield to *belladonna, conium* (internally or externally), *china, sulphur, calcarea, hepar, merc. sol.* or *corr., pulsatilla, rhus, aurum,* or *sepia;* if accompanied by excessive gushes of tears, *euphrasia, arsenicum, calcarea,* and *sulphur* are the most appropriate. Where phlyctenulæ at the edge of the cornea are

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present, *euphrasia, calcarea, sulphur, mercurius,* and *rhus* are indicated; if these phlyctenulæ, or the ulcers they give rise to, are on the cornea itself, *calcarea, rhus, sulphur, graphites, arsenicum, silicea,* or *nitric acid,* must be used. When combined with catarrhal symptoms, in addition to the above remedies, the practitioner's attention should be directed to *nux, dulcamara,* and *chamomilla;* where the meibomian glands are much implicated, *mercurius, digitalis,* and *hepar* should be borne in mind. When there are in addition, glandular enlargements, the chief remedies will be found to be *belladonna, mercurius, sulphur, calcarea, baryta carbonica,* and *conium.* Some other remedies, such as *argentum, ignatia, lycopodium, magnesia carbonica, petroleum,* and *causticum* may be occasionally studied with advantage, in reference to this ophthalmia.

The following is a curious case of scrofulous ophthalmia, with unusual periods of exacerbation, which might have been quoted under *arsenic.*

"S. K., a delicate little girl of nine years, of taciturn humour, always walked with her head bent forwards, trying to avoid the bright daylight, but did not complain of her eyes, which presented no marked morbid appearance. Several years before two small spots had formed on the cornea of the left eye. For some months she had been very subject to attacks, such as I am about to describe, and which had now become of daily occurrence. Violent aching in the eyeball for half an hour or an hour; lids much swollen and inflamed, especially the lower ones. The patient sought the darkest corner of the room, and crept behind the stove or under the bed. At the expiry of two or four hours, the pain, inflammation, and swelling of the eyes commenced to diminish, but at the same time violent aching pain ensued in the abdomen, which ended in hiccough and vomiting of phlegm. These attacks always came on in the afternoon. She ate little, almost nothing but dry bread. On the other hand, she had constant thirst, and drank much water, beer, and coffee. Stools generally diarrhœic. There often appeared on her upper lip small painful pimples full of yellowish fluid. Tongue white, loaded; skin flabby, dry; pulse small, soft, 82 beats per minute. Whilst asleep, frequent itching of the limbs, of which she herself was not conscious. All sorts of remedies had already been given, and every kind of salve employed without success. I gave

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her in the morning *arsenic* 15, gtt. 1. Four hours afterwards, that is to say, much earlier than usual, she had a violent attack. At the end of twelve days she again complained of some pains in the abdomen, but they soon ceased, and otherwise bore very little resemblance to the previous attacks. Nothing morbid was observed about the eyes; but at the end of six weeks (she had been taken several successive times into the open air, contrary to custom, and had remained there for six or eight hours,) there occurred inflammation and swelling of the lids, but without the former pains in the eyeball. A drop of *bryonia* 30, cured her perfectly. I have seen her several times during the year, but without perceiving the slightest trace of her disease."—(Bethmann, *Hom. Annal.*, vol. i. p. 239.)

The next is a long case, but not without interest.

"In November, 1830, I was called to Beinroth's, a baker here, whose daughter of 11 years had been suffering for more than five years from an ophthalmic affection, and for four years from the commencement of the disease had employed in vain all sorts of remedies prescribed by various oculists. The girl was slightly made, thin, pale, with rather a large abdomen; but otherwise, as all her functions were in order, she presented no morbid symptoms of a highly developed scrofulous dyscrasia. When five years old, she was affected without assignable cause with violent scrofulous ophthalmia of the eye, which was removed by the use of several external applications, but after a time attacked the other eye; again driven in by them, it attacked a second time the first affected (right) eye. The disease was now more obstinate, and innumerable blisters, leeches, and other derivatives, which engraved their names in indelible characters on the forehead, neck, nape and arms, were unable again to drive away the disease. Collyria, drops into the eye, inunctions round about it, availed nothing; subsequently the diseased eye was touched for several months with lunar caustic, but the disease, and especially the pains, increased so much, that at last the parents gave in to the entreaties of their distressed child, and left the business to the healing power of nature. But nature left to its own guidance did no good; and six months without the employment of any medicines effected so little change, that it was resolved to try Homœopathy as a last hope. I found the girl well grown, but the head greatly inclined forwards and to the right (the affected) side. The necessity imposed by the continued photophobia for protecting the diseased eye as much as

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possible from the direct rays of light, had in four years gradually produced the oblique position of the head, which had now become a confirmed habit. The affected eye itself was almost closed, externally slightly red on the edges of the lids, the upper lid somewhat swollen, hanging down much. On my making the most careful attempt to open the eye for a more accurate examination, the patient immediately felt the most violent shootings, a stream of tears gushed forth, and she complained of cutting pains in the interior of the eyeball, of which nothing more was to be seen during the instant I had a sight of it, than a red irregular mass like raw flesh. I did not venture to repeat the examination the same day, but contented myself for the nonce with the mother's assurance, that for three years sight had been almost extinct in the diseased eye, so that the patient could barely distinguish day from night with it. The patient at the same time often suffered from violent, burning, shooting, or cutting pains in the affected eye, which were especially aggravated when she attempted to do any work in the evening by candlelight, for which she must employ the sound eye, although the diseased eye was bound up, or if she ventured to read in the evening. But the diseased eye often was painful without using the sound one at all, and for long the photophobia had been always the same. On the 23rd of November, 1830, I gave her a dose of *arsenicum* $^{2}/_{30}$, but I could give the parents no certain hopes of her recovery. On the 30th November, I was astonished at the immense change that had taken place within a week. I found my patient at the window, looking out at the newly fallen snow in the street, without any symptom of pain; and I learned that from the third day the photophobia had so remarkably decreased that she could without pain look at bright light, and could even employ herself with some work in the evening. For two days she had had no shootings in the eye. I could now institute a more accurate examination of the eye, and found the following appearance: The conjunctiva of the eye, perhaps also the upper layer of the sclerotic, was quite degenerated, and consisted of loose bright red cellular tissue resembling raw flesh, amidst which turgid veins ran in a tortuous course, apparently arising by many branches from the middle of the cornea; the border of the cornea was studded all over with rather deep ulcers; the lamellæ of the cornea infiltrated throughout with purulent fluid, with here and there some whitish gray cicatrices of former ulcers, chiefly towards the inner border of the cornea, which was so perfectly opaque that not the slightest trace of

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iris or pupil could be discovered. The caruncula lacrymalis was much swollen and inflamed; the secretion of tears very copious, and their presence in the eye often occasioned smarting pain. The photophobia was not yet completely subdued, and I could only perceive the several morbid appearances in the eye by repeated investigations at long intervals. The vision was, as I have said, limited to this, that the patient could distinguish the light of day from the darkness of night. Highly pleased with the remarkable improvement, I allowed the remedy which had given the first powerful impulse to the organism to effect energetic reactions in the morbid part, to act undisturbed for nearly sixty days, until at length in the middle of January there seemed to be a pause in the amelioration. During all this time the photophobia did not return for *a single day*, but decreased until the cessation of the action of the *arsenic*, in such a manner that at last it was only perceptible on very sudden changes of light; in like manner the violent pains never recurred during the whole treatment. Eight days after the administration of the remedy, I found the conjunctiva less red; some small spots had already assumed a smoother, polished surface; the abnormal growths diminished; the ulcerated spots on the cornea became smaller; and to all appearance a portion of the matter deposited betwixt the lamellæ of the cornea was absorbed, for the girl could now perceive the frame of the window. She only held her head obliquely from habit, and it was only after six or eight months that she could accustom herself to hold it straight. A fortnight more passed, and the eye had again assumed a human appearance, nothing more was to be seen of all the abnormal degeneration of the cornea, except that from the middle of the cornea two large veins ran over the almost white sclerotic, one towards the inner, the other towards the outer canthus; the ulcers of the cornea were cured, the more ancient white spots appeared more distinctly now the cornea had gained in transparency; she could now distinguish with the affected eye all colours, large objects, as books, spoons, a handkerchief, a large coin (only everything seemed to her larger than it was); she knitted, sewed, and read, without the diseased eye suffering from the effort. About the end of December the iris and pupil were distinctly visible; the veins that ran from the cornea over the eyeball were scarcely a third of their former caliber; the photophobia was very slight, only a little lacrymal secretion on examining the eye by bright light; but the upper lid still hung down very much over the eye as if paralyzed

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and the muscles of the eye obeyed but imperfectly the patient's will. The vision had however improved; she distinguished the smallest coins, even their obverse from their reverse side; and could tell the larger letters on the title-page of a book. About the middle of January, 1831, she read pretty fluently with the right eye in a song book with large type; but the two veins had not yet disappeared from the cornea, which also retained a general dimness, whereby it differed from that of the left eye. On the 19th of January, I gave her a dose of *crocus* 9. On this new activity seemed to be implanted in the diseased eye, the vein which ran towards the outer canthus disappeared in a short time; she could see the letters more clearly whilst reading; the cornea became more transparent, and the power of the muscles of the upper lid increased. Thus the cure advanced by degrees, until at the end of January, after a chill, the patient was attacked by a violent cough with congestion of the head, for which, as there was at the same time an increase of redness in the diseased eye, I gave her on the 30th January a dose of *belladonna* $^{2}/_{30}$. All the symptoms were rapidly subdued by this remedy; but as it seemed to correspond to the condition of the eye, I allowed it to act till the 25th February, when a small phlyctenula on the border of the cornea induced me to give two globules saturated with the mother tincture of *euphrasia*. Two days thereafter, not only was that gone, but shortly afterwards not a trace remained of the vein that ran from the inner canthus to the border of the cornea. In a fortnight more the patient read as well with the affected as with the sound eye; the power of the upper lid had increased, so that the eye now appeared almost as large as the other; it was only on careful examination that a difference could be observed in the two eyes, and two or three small maculæ detected, which, however, were not on the pupil. Although the cure had now advanced as far as could have been hoped for under the most favourable circumstances, yet I feared that the psoric source from which undoubtedly the complaint had arisen, was far from being eradicated, and that a fresh eruption of the constitutional enemy might choose the affected organ for the field of its operations. I therefore resolved to complete the cure with a few antipsorics, and for this end I gave on the 20th of March, *acid. nitr.* $^{2}/_{30}$, partly on account of the general sensitiveness of the body to bad weather, the chilly disposition, paleness, and emaciation; partly in order to remove a periodical tendency to diarrhœa. On the 6th of May, the patient got *sulph.* $^{2}/_{90}$, (Korsakoff's preparation);

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and soon after taking this uncommonly high potency of *sulphur*, the child began to thrive and to improve in looks. I would now have discontinued treatment altogether, had not the mother informed me that the child had an unhealthy skin, so that every little wound immediately festered. I removed this state by a dose of *petroleum* $^{3}/_{30}$, given on the 25th July. This symptom interested me, as I imagined I detected in it the tendency of the psora to shew itself again on its original seat, the skin; and it spoke in favour of the milder form to which the disease had been reduced. Nothing occurred for a long time after this last medicine had been taken, which could guide me to the selection of a new remedy, until at last in September a careful examination shewed me that the child's abdomen was too large for the rest of her body, and too hard. I now gave on the 16th September, a dose of *silicea* $^{2}/_{30}$; for a considerable time no change took place; until suddenly (on the 10th October), the patient began to complain of violent itching and burning all over the body, much increased in the evening. Eight days afterwards, a scurfy rash broke out all over the body, especially on the abdomen, whereby the intolerable itching was at first increased, (I gave some powders of milk sugar, *ut aliquid fieri videatur*,) it afterwards diminished, the eruption became paler and less scurfy, and about the middle of November there was no trace either of the eruption or of the itching. The abdomen had in the meantime become softer and smaller, and in other respects all the functions were in such good order, that the parents would have thought it strange if I had persisted in the treatment. During the prevalence of an epidemic catarrh which raged especially among children in December, my patient was affected by it, but she soon recovered by a dose of *belladonna*, and afterwards *pulsatilla*. After remaining for nine months without seeing the child, I thought, as I was about to publish the account of her case, that it would be interesting to ascertain her present state (the proof of the sum). So the other day I called on her parents, who received me with evident pleasure, and assured me that their child had not suffered a single day with her right eye; so much so, that after a drive in a cold north wind the left eye had been red and inflamed for a day, without the former diseased one being affected, but the complaint was so transitory, that they had had no time to inform me of it. I now saw the little girl myself, who on careful examination still showed traces of psora not completely extinguished, but was, on the whole, so well, that the parents would have deemed it quite supere-

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rogatory had I proposed to treat it anew. The affected eye showed scarcely a trace of the former cicatrices, and only differed from the healthy one by the upper lid hanging a little lower when she looked up."—(Herrmann, *Archiv*, vol. xii, pt. 3, p. 102.)

Here is another case of the cure of O. scrof. by *arsenic*.

"A little girl, six years old, daughter of Mr. Levitzki, officer in the mountain corps of this place, (St. Petersburgh,) had for some years been tormented with frequently recurring ophthalmiæ, which were so obstinate, that under allopathic treatment months generally elapsed before another month came when she could be without plasters or internal remedies. Latterly such irritability remained in the eyes, that the least thing (a cold wind, dust, weeping,) produced, if not a high degree of inflammation, yet photophobia of several days duration, now in one eye, again in both, so that the child could scarcely ever be without a green shade. One of her female relations, whose physician I am, begged me to treat the little girl, whom I then saw at her house. Beneath the large shade which intercepted every ray of light, I could scarcely open the patient's eyes; I found the lids swollen; red on their borders; the few ciliæ that remained matted together with pus; the tears flowed copiously on opening the eyes, and as the cheeks, covered with an eruption, shewed, were of a corrosive nature; the conjunctiva scleroticæ was traversed by single vessels, and both corneæ exhibited in some places cicatrices of former ulcers, in others still open ulcers. The patient complained of smarting and shooting burning pains, much increased on looking into the light; there was great photophobia, and everything was seen as if through a veil. Guided by former experience, I gave her on the 24th December, 1831, a small dose of *arsenic* 30, which in eight or ten days freed the child from all her complaints. Since then ten months have elapsed without the child having had a single complaint to make about her eyes, or being obliged to use her shade."—(Herrmann, *Ib.* p. 111.)

8. *Ophthalmia syphilitica.*—In the treatment of this specific disease, our chief objects must be in the first and acute stages of the disease to stop the syphilitic process, and to prevent permanent or temporary loss of vision by the closure of the pupil, and adhesions of the iris from an effusion of lymph, with which

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the syphilitic iritis is usually accompanied. The remedy, which the experience of our allopathic brethren has shown to possess specific virtues in this ophthalmia is, as is well known, *mercurius;* and this is the only substance which we know for certain to possess the power of producing iritis and inflammation of the membrane of Descemet. But it so happens that we usually meet with this disease at the period, when from the inflammatory process in the iris, there is imminent danger of a closure of the pupil resulting, an evil which can only be arrested by producing immediate artificial dilatation of that orifice by means of *belladonna* or *hyoscyamus*. But *belladonna* or *hyoscyamus* have not, according to experience, shewn themselves useful in checking the syphilitic process, in which our main resource is still *mercurius;* therefore some departure from our usual homœopathic principles is necessary to meet the peculiarities of this case, and whilst we dilate the pupil by means of one or other of the above narcotics, we must administer *mercurius* internally; and under these circumstances it will be found advantageous to give this metal in doses rather larger than are commonly prescribed; I would not advise going above the 3rd trituration, and think even the 1st trituration in doses of a grain, two or three times daily, or the 1st or 2nd dilution of *merc. corr.*, given as often in drops, by no means too large a dose. As the effects of *belladonna* are in some measure antagonistic to those of *mercurius*, it is a question whether the dilatation had not better be produced by means of *hyoscyamus*, which has little other action on the eye, and which has no antagonistic action to *mercurius*. In the more chronic stages of the iritis, advantage will be derived from the use of *sulphur, hepar, pulsatilla*, and perhaps *nitric acid*. Where condylomata appear in the iris, the last medicine and *thuja* should be borne in mind. When abscesses form in the iris, *sulphur, hepar*, and probably *silicea* may be employed. For the chancrous ulceration that sometimes attacks the cornea, besides *mercurius—hepar, arsenicum*, and *calcarea* should not be forgotten. In cases which have already been overdosed with mercury, *nitric acid, hepar, sulphur, mezereum*, and *dulcamara* will prove useful when otherwise indicated. *Colchicum* may be of service when there is al-

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ready an exudation of lymph, or the inflammation is of a very chronic character.

9. *Ophthalmia scorbutica.*—This disease, one of the external manifestations of a deep seated internal dyscrasia, can scarcely be considered by itself, for our treatment must be mainly directed to the general state of the constitution. There is, however, one medicine which seems from its pathogenesis, and from clinical observations, to be peculiarly suited to the condition of the choroid that obtains in this disease, that remedy is *arsenicum.* Respecting a preparation of this substance, the *arseniate of potash,* Mackenzie says, "Under the influence of this medicine I have had the satisfaction, in a number of instances, to observe the varicose vessels shrink, the blueness become less, the tumour of the sclerotica and choroid fall, and the patient's vision and health improve."—(*Diseases of the Eye,* 2nd Edit. p. 542.) Where otherwise suitable to the general state of the system, advantage may be derived in this disease from *sulphur, calcarea, colchicum, nux,* (*vide.* vol. vi. p. 506,) and *spigelia.*

10. *Ophthalmia a dentitione.*—This unimportant disease scarcely demands any treatment; when the cause (teething) ceases, the disease will decline of its own accord. *Chamomilla, calcarea,* or *sulphur* may be used to hasten its departure. Where a strumous taint exists it may light up an obstinate scrofulous ophthalmia, which will require a special course of treatment.

11. *Opthalmia menstrualis.*—No special directions can be given relative to the treatment of this sympathetic eye disease. The ophthalmia it most nearly resembles is the scorbutic; the hints given for the treatment of that form must consequently be attended to. The following remedies however, which produce inflammatory symptoms on the eye simultaneously with a disturbance of the menstrual functions, deserve attention; *calcarea carbonica, castoreum, magnesia carbonica, nitricum acidum, zincum.*

12. *Ophthalmia hæmorrhoidalis.*—A gouty or rheumatic inflammation of the eye with hæmorrhoidal complication, has often been described under this name, the remedies for which will be found specified in their appropriate places. Of the

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treatment of the true hæmorrhoidal ophthalmia, we know as yet nothing from experience; it bears most resemblance (like the last) to ophthalmia scorbutica, the remedies for which must be consulted in its treatment.

13. *Ophthalmia puerperalis.*—Of the ophthalmiæ I have described under this head, that resulting from deranged lochial or lacteal secretion is alone amenable to ophthalmic treatment; but even then our remedies must be chiefly directed to the restoration of the deranged function on which the disease is dependent. Otherwise this ophthalmia bears most resemblance to rheumatic, rheumatic-scrofulous, or rheumatic-catarrhal ophthalmia, the remedies for which may be consulted in its treatment. The following was most probably a case of the kind.

"Mary Sophia S., aged 15, had come out the day before from a lying-in hospital, with a violent ophthalmia. Lids red, swollen, from between which much pus exuded. Eyes closed and very red. She got *aconite*, which was repeated the two next days. The inflammation and purulent discharge diminished. The third day she could again open her eyes, which were still inflamed. Sometimes blood gushed from the left eye. *China* was given. Eight days afterwards her condition was much improved. No more blood came from the eyes, but still a great deal of mucous matter, especially when she first awoke. *Pulsatilla* was given, and seven days afterwards, *bryonia*. The amelioration went on gradually. Some days afterwards she was seized with a violent cough. She got *chamomilla*. The cough soon went off, and the state of the eyes continued to improve. The dose was repeated on the ninth day. The cure was complete after five week's treatment."—(*Jahrb. der Hom. Klinik.* vol. ii. p. 139.)

14. *Ophthalmia a lactatione.*—This disease usually yields very readily to a cessation from the too prolonged suckling to which it is owing, and a sufficient supply of wholesome food. If any medicine is needed, a few doses of *pulsatilla* or *sulphur* will alone be required.

15, 16. *Ophthalmia morbillosa*, and *scarlatinosa.*—Seldom will these affections require any special attention; the remedies demanded by the more important fever will generally act beneficially on the ophthalmia. If, however, as is too often the case,

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the febrile affection rouses the scrofulous taint in the constitution, we then have often a most obstinate and severe form of scrofulous ophthalmia, requiring the treatment mentioned under that head.

17. *Ophthalmia variolosa.*—As this affection is of little importance when the small-pox is slight, and however grave, must yield in importance to the general symptoms of the severe exanthematous fever, the practitioner's attention will seldom be called specially to it. As judicious homœopathic treatment tends so much to modify the severity of the natural variola, so it may be confidently expected to obviate the danger of the attendant ophthalmia. The strumous ophthalmia that frequently remains after the subsidence of the small-pox, must be treated according to the rules given for that affection. The following seems to have been a case of the sort, cured isopathically.

"A little girl 6 years old, was attacked by the natural small-pox, which followed a regular course. When the pustules had dried up, there remained a violent inflammation of the left eye with great photophobia; frequent lacrymation and shooting pains; so that she was forced always to rest her head upon some hard body and close the eye with her fist. Some doses of *aconite, belladonna, hepar, pulsatilla, sulphur,* had no effect at the end of the week, but to produce a diminution of the inflammation and photophobia. The lacrymation ceased. These remedies however did not prevent the formation of a macula that obstructed vision. A dose of *variolin* $^{2}/_{30}$, ameliorated this state in a fortnight; a second dose, $^{2}/_{18}$, removed the photophobia; and a third, three weeks afterwards, made the vision perfect."—(Dr. H., *Allg. Hom. Ztg.* vol. ii. p. 88.)

18. *Ophthalmia erysipelatosa.*—I have had an opportunity of treating more than one case of this disease, and have found, as might have been expected, the best results from *belladonna* and *rhus.* In the more chronic forms of the disease advantage may be derived from the use of *sulphur, graphites,* and perhaps *arnica* where there is extravasation of blood.

19. *Ophthalmia exanthematica.*—The chief remedies for this form are *sulphur, calcarea, graphites, hepar, rhus, arsenicum, nitric acid, causticum,* and perhaps *bovista* and *lycopodium.* As it is most frequently connected with the scrofulous

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diathesis, that element will have to be attended to in our treatment; but in our selection of a remedy we must be guided in a great measure by the nature and character of the eruption present. The following will illustrate the treatment of this form.

"The 14th November last, the youth, V., aged 11, was brought to me, having his sclerotic red; the eyes sensitive to light, weeping; red pustules on the forehead and chin; swelling of the submaxillary glands; stiff neck; the ears covered with a thin white scaly eruption. After this superficial examination I gave *belladonna* $^{2}/_{30}$, which covered the symptoms pretty well. At the end of the week, no improvement. On a more attentive examination, I learnt that he had never enjoyed good health; that he had always had eruptions on his scalp, ears, and elsewhere; the glands of the neck enlarged; inflammatory affections of the eyes; symptoms of worms; weakness; and especially incontinence of urine day and night, which still persisted, and for which many remedies, among the rest sea baths, had been employed without success. The psoric state was evident here, so I gave *sulphur* $^{2}/_{30}$, which I repeated twice. Four days after the first dose, general eruptions of pustules all over the skin, principally on the body, like what occurs after a lengthened employment of Loëche or Schintznach waters; this exanthema continued for eight days, after which desquamation took place pretty rapidly. From that moment all the symptoms disappeared; first, the bad humour, the ophthalmia, &c., and lastly, the incontinence of urine went off never to return. A dry scabby eruption on the scalp and ear in discrete spots, which remained on the 30th December, yielded to the employment of *rhus*." (Chwit, *Bibl. Hom. de Genève*, vol. iii. p. 68.)

"On the 1st May, I was called in to see the child Mange, affected by blepharophthalmia, and scabs on the face. *Sulphur*, in a fortnight, removed the eruption and restored to health the little patient, who before had done nothing but weep and hide her face from dread of light. One of her elder brothers was treated for the same disease with like success."—(Peschier, *Bibl. Hom. de Genève*, vol. ii. p. 26.)

20. *Ophthalmia senilis*.—This troublesome ophthalmia is, when far advanced, with difficulty amenable to treatment. A case which a short time ago came under my care, in an old woman of seventy, where both eyes were affected, the canthi corroded, and much burning itching pain experienced, resisted

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for a long time the employment of many homœopathic remedies; but was at last cured by *calcarea* 30, in a most satisfactory manner. The disease had not existed long when it came under my care. Other remedies that may prove of use are *sulphur*, *arsenicum*, and perhaps *borax*.

21. *Ophthalmia intermittens.*—As this is merely one or other of the foregoing ophthalmiæ, the symptoms of which have assumed an intermittent type, our remedies must be selected according to the character of the inflammation present. Among the ophthalmic remedies said to be peculiarly suited to the intermittent type, may be mentioned *china*, *chininum*, *arsenicum*, and *silicea*.

22. *Ophthalmia traumatica.*—The great variety which this ophthalmia may present, will necessitate a corresponding variety of treatment. Any foreign body, such as dust, sparks of iron, lime, &c., must be carefully removed; in recent wounds of the cornea with prolapsus of the iris, we must endeavour to replace the parts, which may sometimes be effected with Daviel's spoon. It will often be necessary to commence treatment by a few drops of *aconite*, or compresses containing a weak solution of *arnica* may be applied over the eye, more particularly when the injury is of the nature of a contusion. *Crocus* and *ignatia* have been recommended after surgical operations, and *calendula* may be borne in mind in the case of lacerated wounds. Artificial dilatation of the pupil, by means of *belladonna* or *hyoscyamus*, will often be requisite to prevent adhesions of the iris; and *mercurius* may sometimes be needed to promote absorption of exuded lymph. As the inflammation assumes the chronic form, different remedies will be indicated, according to the tissue affected; and if, by the traumatic cause, some dyscrasic ophthalmia is aroused, that will have to be treated according to its peculiar character.

The following case, with the remarks appended thereto by Dr. Stapf, is interesting in relation to this subject.

"Mrs. K., of St., the mother of three children, had the misfortune in June 1828, whilst striking a light, to get a small angular piece of flint in the left eye. After this was removed, she washed the eye with cold water, and for the first few hours she experienced but little

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pain. But after the lapse of several hours she was affected with violent tearing pains in the head and eye. These affections soon involved the whole organism, but raged most violently in the head and affected eye. A fully developed arthritis ophthalmica [?] had established itself, which a well known adversary to Homœopathy combated with the antiphlogistic weapons of the old school. But in spite of the application of quantities of leeches and other antiphlogistics, the disease increased daily. The physician now called to his aid an accession of wisdom, in the person of a surgeon who was brought in consultation. But the pains continued afterwards as previously in all the departments of the organism. Vision was completely lost, the eye could not be opened on account of the violence of the pains. An acrid serum constantly bedewed the cheek. This patient had passed ten weeks in constant pain and without sleep, when the physician left her with the declaration, that the eye would suppurate away! As after having given this prognosis, he voluntarily withdrew from any further treatment, seeing, that in his opinion, the case lay beyond the sphere of Allopathy; Homœopathy was as usual applied to as a last resource. On the 4th September, 1829, I was called in. Under the constant violent pains all the strength had succumbed, and I was earnestly besought to combat this tormentor as speedily as possible, as no hope was entertained of a restoration of the sight. On account of the swelling of the external and internal parts of the eye and the pains, I could expose but little of the eye; the eyeball appeared much increased in size, varicose, and a leucomatous obscuration of the whole cornea made the prognosis unfavourable. The pupil was very much dilated, and the leucomatous metamorphosis concealed the state of the iris. Aching, forcing-out pain had fixed itself in the forehead and orbit. The right eye was also sympathetically affected, and the patient abandoned herself to the fear that she would lose that one also. As regarded the diet, I found no change necessary, except that I must forbid the coffee with chicory, which she had been allowed to drink twice a day, although it was greatly at variance with the antiphlogistic method to which she was subjected. I at once instilled a drop of *tinct. croci.* 3, into the eye, and a few hours afterwards gave a drop of *tinct. bellad.* 30. The following morning the patient boasted for the first time of having had a few hours sleep on account of the absence of violent pain. The flux of tears and the excessive sensitiveness of the eye were diminished, and a new symptom occurred, which was the fancied

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vision of many colours without opening the eye. Without entering in the fatiguing details of the daily change in the symptoms, I shall merely remark that in the first fourteen days, I gave, guided by the symptoms, *nux vomica*, *euphrasia*, and *spigelia*, with such good results that almost all the inflammatory painful affections were eradicated, and only the vision had not yet approached to a normal state. The leucomatous obscuration of the cornea remained unchanged, and was the occasion of the patient continually seeing a play of colours before the eye. Although Allopathy would now have trusted little to internal remedies, but entirely to topical applications, guided by Homœopathy I knew better, and attacked this leucoma with antipsorics, for this reason, that during the treatment under the former medical man, especially under the action of epispastics, the patient had experienced itching here and there in the skin. After again investigating the symptoms minutely, and finding among them vertigo several times in the day; boring and throbbing in the forehead; aching in the eyes; burning and cutting in the lids; roaring and hissing in the ears; I administered a small drop of *calcarea* 18. Eight days afterwards the whitish gray colour of the leucomatous opacity became clearer and whiter; the itching and burning in the eyes and lids, as well as the giddiness in the head, and the noises in the ears, became more rare and less in degree. I allowed the *calcarea* to act yet eight days undisturbed, after which time nearly the half of the still dilated pupil appeared free from the leucomatous obscuration. I could now see the lens which in colour resembled a commencing glaucoma. A violent mental emotion, along with tempestuous weather, gave fresh impulse to the arthritic affections, which had almost disappeared along with the relief of the head and eye. Under these unfavourable circumstances, I chose another antipsoric weapon, namely, *phosphorus* 30, which not only repulsed the approaching enemy, but also re-established the menstrual flux that had ceased for three months. The progress of the cure grew more perceptible every day. The abnormal appearance of the lens began to go off. The size of the ball, the dilatation of the pupil, the photophobia, diminished; the leucomatous obscuration, which was seated in the deepest layers of the cornea, became daily less; and vision, though weak, began to be restored. After the action of the *phosphorus* was ended, the patient got *silicea* $^{3}/_{30}$, and by the 16th October all the abnormal symptoms disappeared, except a macula close to the edge of the pupil of the size of a millet seed, whence the

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fragment of flint had been extracted. As this spot did not interfere with perfect vision, the arthritis no more betrayed itself, and the patient was unwilling longer to adhere to the homœopathic diet, I discontinued the treatment, advising her to apply to me immediately if she experienced any painful feelings; but up to this date (26th November), she has had no occasion for my aid."—(Schüler, *Archiv*, vol. viii. pt. 3, p. 153.)

"The above interesting observation of Dr. Schüler," writes Dr. Stapf, "induces me to communicate something from my own experience on this subject. The first effect of a foreign body that has got in betwixt the eyeball and its external covering, is always a greater or less amount of inflammation. The albuginea then becomes more or less, often in a great degree reddened; an aching shooting pain spreads over the whole eye; the patient feels as if a foreign body had got into the eye; there is lacrymation, and generally sensitiveness to light. This acute inflammation often passes into a chronic one, whose character, according to the individuality of the patient, is various, and not unfrequently brings about very bad organic changes in the eye, maculæ, ulcers, &c. If the physician is sent for during the first stage of pure acute inflammation, then it suffices in most cases, in order to effect a rapid and radical cure of the inflammation, to give the smallest dose of the 30th dilution of *aconite*, which often removes the affection in a few hours. If the inflammation however, has lasted longer; if the latent psora has developed itself, and the inflammation thus become chronic, then *aconite* does not suffice for its cure, and other remedies are required. The chief of these is *sulphur*, the smallest dose of which usually suffices to remove the whole inflammation with all its consequences in a few days. If, however, the patient shew a marked scrofulous constitution, and the inflammation assumes that character, *calcarea carb.* 30, may be employed with the best results. Other antipsorics than those just named however, may be required, according to circumstances. But still, in the treatment of this chronic stage it is often advisable, before administering the antipsoric, to give a small dose of *aconite*, especially when violent pains and photophobia are present; then the antipsorics remove so much the more easily and certainly the remainder of the disease, which is generally considerable. There may also be cases, where soon after the injury to the eye, the employment of *arnica* (perhaps in alternation with *aconite*) may be useful; my own experience, however, is defective on this point."—(*Ib.* p. 175.)

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The following is a case of traumatic ophthalmia of a different sort.

"A woman, 64 years old, having been stung by a bee, was attacked by ophthalmia, which by the following day had caused a considerable exudation on the cornea. Some days subsequently, the latter was completely covered by a greyish-white macula. After having moderated the inflammation and photophobia by a dose of *belladonna*, I made her take every eight days a dose of *tinct. cannabis*, directing her to bathe the cornea at first every day, then every two or three days with the same tincture. I myself dropped into the eye from time to time, a small quantity of *tinct. cannab. gtt. 5 in aq. destil. 1 oz.* This treatment relieved her speedily, and effected a perfect cure in five weeks."—(Seidel, *Allg. Hom. Ztg.*, vol. i. p. 119.)

(*To be continued.*)

THE EPIDEMIC OF SCARLET FEVER OF 1845 IN DRESDEN.

By Dr. Elb.

From the *Allgemeine Homœopathische Zeitung*, Vol. xxxi. p. 227.

The Scarlet Fever Epidemic of 1845, which raged not only in Dresden and the neighbourhood, but also in other distant parts of Germany, may certainly be classed under the most severe which had appeared for a long time; only a few families were spared by this disease, and many lives fell a sacrifice to it. It is well known that in many families three and four children died of it, and in some cases seven children out of eight; and from this mortality one can form an idea of the severity and malignancy of this fever. Perhaps it is not quite superfluous to remark here, that in 1844 an epidemic of measles prevailed here, which however could not be counted among the very malignant. There appeared in the spring of 1845, a few isolated scarlet fever cases of a slighter character, which was perceived till August. In this month however, the epidemic became of a

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malignant character (which was perhaps partly caused by the extreme heat, sometimes so high as 32^0 in the shade,) which we had in the month of July. Certain it is that from this time many children died of scarlet fever, although also during the whole epidemic slight cases appeared which terminated favourably, perhaps by means of Bell. and Acon., and perhaps also by the "*vis medicatrix naturæ.*" But as this happens in all epidemics, and offers nothing interesting in either a pathological or therapeutic point of view, I confine myself to placing before you the more malignant cases, and the remedies which proved themselves specific in these cases.

The eruption itself began in many cases quite suddenly, without any premonitory symptoms; in other cases it was preceded by febrile symptoms of no definite character for several days: the only thing that was noticed, was that the skin was drier and hotter than usual in fevers, and that Aconite was of no service. In other cases there appeared as premonitory symptoms, headache, bleeding of the nose, sore throat, vomiting, or diarrhœa. Neither the character of the premonitory symptoms nor the exanthema, threw any light on the prognosis. As to the malignancy of the disease, dangerous cases occurred with sparing as well as extensive eruption. Only I remarked this, that those cases were the most dangerous in which the individual papulæ were confluent and more elevated, and frequently these larger spots had not the proper scarlet redness, but a more violet hue. Nor was the intensity of the angina any surer sign of the malignancy of the case, but on the other hand, so much the more certain was the violence of the fever of asthenic character, which usually came on with the first outbreak of the exanthema: the skin was thereby burning hot, partly dry and partly bedewed with sweat; the pulse small, weak, and very frequent (130 to 160): the face puffed; the tongue mostly dry, at first yellow and afterwards brownish coated, the point red, and the papillæ turgid; the lips dry and brown, as in typhus, often covered with sordes; thirst usually great; difficulty of deglutition not always equally great; in some this arose from the swelling of the tonsils, in others from the inflammation of the fauces; in others it only occurred during the exacerbations of the fever,

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which generally happened in the evening; not uncommonly frequent micturition showed itself as an unfavourable sign, and the urine evacuated had an ammoniacal or putrid smell, and was as clear as water. So far the symptoms were common to all the more severe cases; but now we may divide them into two classes, according to the organs most affected, the brain or the lungs. The affections of the brain were accompanied as usual by violent delirium, remittent or continuous insensibility, involuntary flow of urine or stools, which last were mostly pale coloured; the skin, before hot, became cool; the pulse thready; the exanthema sparing and violet; and death took place from paralysis of the brain. The affection of the chest was indicated not only by short, but also laboured respiration; by mucous rattles in the bronchia, and also at times purulent discharge from the nose. In these cases also involuntary discharges occurred in the latter stages; the evacuations were in almost all cases clay-like, as in the jaundice of adults, while the urine was, however, as clear as water. The delirium also was not quite absent, though naturally not so violent as in the cerebral cases: the termination was in paralysis of the lungs.

I have dwelt on the difference of both forms, because on this depended greatly the treatment. In the most cases death ensued on the third, and often only on the fifth day of disease, and in rarer cases even as early as the first day. As sequelæ, hydrops anasarca and ascites, hydrocephalus, glandular swellings, and abscesses, which were successfully treated by the usual remedies.

Before I pass over to the therapeutics, I must add, that in general I did not find the prophylactic power of Belladonna by any means so generally borne out, although cases have come before me in which I gave Bell. as a preventive, and the children to whom I administered it remained free from scarlet fever. But just as often have I found that children have been attacked by it, notwithstanding the use of Belladonna for several weeks, and that this long previous use of the Bell. had not even the power of diminishing the violence of the disease.

On the treatment of the slighter cases I shall not make any further observations, as I have already remarked that I found Acon. and Bell. fully answer the purpose. The reason why the

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Bell. was not, and could not be of any use in the more malignant cases, was because the fever had nothing of a sthenic or inflammatory character, and that the inclination to paralysis was caused by purely nervous weakness, that is to say, by a sinking of the vital powers; and that Aconite and Bell., on the other hand can only be of use in erethistic and inflammatory fever, certainly also in paralysis, but only in such cases as are dependent on congestion. Their power also in feverish complaints, and those of congestion, arises from reduction of the strength, which in the cases mentioned here must be avoided at any price; one must on the contrary endeavour as much as possible to keep up the sinking powers of life; in this consists the great difficulty in the treatment of these cases. The above indications as well as the other phenomena, appear to correspond to the action of Bryon., Acid. phosph., Phosphor., Carb. veg., Acid. muriat., Arsen., Rhus, which are also available in typhus, besides Ammon. carb.; nevertheless all these did nothing, and if some isolated cases did well under their use, still the majority terminated unfavourably; therefore, it is very doubtful whether the few favourable terminations were to be ascribed to the means used, or merely to the help of nature: among the above cited medicines those which appeared most suitable were undoubtedly Rhus and Ammon. Carb. Nevertheless Rhus has no particular specific relation to scarlet fever, for although erysipelatous, phlyctenoid, pustular, scabby and herpetic forms of eruption are among its symptoms, there is none which at all resembles the scarlatinous rash.

The remark of Dr. Kreussler, that the form of scarlatina which was accompanied by violent vascular fever, was specifically met by Rhus, I have not found confirmed in practice; besides it is well known that intense vascular fever subsides on the complete eruption of the exanthema, and before the completion of that process it is hardly possible to allay such a fever. In my opinion, good is only to be expected from Rhus when the scarlatina is complicated with a typhoid state; but then it may be relied on with tolerable certainty. The most was therefore to be expected from *Ammon. carb.*, especially as it had already been exhibited by many with benefit; nevertheless, in

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this year it effected nothing, as every epidemic has its peculiarities, as is shown in that described by Dr. Schrön (*Hygea*, xxi. 1,) in which he gave the Ammon. C. with such good effect; for in the first place, Dr. S. gives the frequency of the pulse as hardly amounting to 130, while in this it reached 164. Further, in his case the deeper redness and the greater extent of the eruption indicated the danger, while in our epidemic these circumstances were of no importance in the prognosis. Finally, in Schrön's cases the paralysis of the brain set in after vomiting and scanty eruption; whereas here it usually began without premonitory symptoms, and could only be recognized by its consequences, namely, the diminished temperature of the surface, the recession of the exanthema, and involuntary evacuations. Of affections of the lungs he makes no mention. These are the chief differences between the two epidemics; and the reason why the medicine found so useful by Schrön was now of no avail. As already said, all the above mentioned medicines failed in being of use. I was obliged to search for others, and found as the most suitable for the chain of symptoms, Calcarea Carbonica and Zincum. We shall now first try to put together from the pure symptoms of Calc. Carb., a picture of disease which offers a great similarity to the above described state. We find thus under Calc.:—

In relation to the eruption.

Symptoms 291, 392, 415. Redness and heat of the face, with puffiness.

417. Small painless papulæ in the face.

418. Miliary eruption in the face.

443. Fine eruption on the neck and chin, with itching.

1364. Red stripes on the shin bone, which consist of miliary papules, with severe itching and burning after rubbing.

1403. Burning in the palms of the hands and soles of the feet.

In relation to the fever.

1502. Difficulty of falling asleep because of too great heat in a cold room.

1555. Unquiet half sleep at night, with dry heat and confusion in the head as in fever.

1585. Frequent pulse.

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Accompanying phenomena.

(*a*) Anginous Affections.

512—21. Shew impediments to deglutition.

528-29-30. Swelling and inflammation of the palate and tonsils.

525—27. Signs of inflammation of the pharynx.

(*b*) Trachea and Lungs.

1025. Loud rattling in the trachea during expectoration, as from much mucus in the chest.

1083. Hot breath, with heat in the mouth.

1069—76. Impediments to respiration.

1109-10. Oppression of the breath.

1023. Mucus in the chest without cough.

(*c*) Mouth and Alimentary Canal.

531—33. Dry tongue.

564—70. Thirst.

817. Stools quite white.

(*d*) Urinary Organs.

871—74-76-78. Urgent desire to urine.

877. Wetting the bed—involuntary flow of urine.

884. Discharge of much watery urine.

895. Fœtid acrid odour of the urine, which is very clear and pale.

(*e*) Nervous Symptoms.

1505—8-10—12. Show involuntary crowding of thoughts, and images before the eyes in sleep.

1544—8-10—12. Indications of delirium.

1562. Distinct delirium in a child.

1435-36-70. Weakness.

If we take together in one view the above symptoms, we find the indications of the scarlet rash quite as distinct as with Belladon., Ammon. carb., and more distinctly than with all other medicines. The angina, also the constant attendant of scarlatina, is here quite distinctly to be recognized. Of the febrile symptoms we have, it is true, no great array, only several times heat at night, restlessness, and quick pulse; yet experience has long ago taught us that Calcarea is administered with success in

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pretty violent fevers, *e.g.* in dentition fevers, it has therefore the "*usus in morbis*" in its favour. Besides it is known that every febrile state gives way, when the medicine administered corresponds to the other morbid state, which is the cause of the fever. Thus far we might already deduce a certain amount of curative power of Calcarea in scarlatina; but what principally recommends its use in this epidemic, are the distinctly pronounced signs of paralysis of the lungs: also the nervous symptoms scarcely ever absent in the graver cases are not wanting in Calcarea, even the character of the fæces and urine, with the peculiar odour of the last, are found in it.

It was, therefore, not unreasonable, considering all these indications, to expect relief from Calcarea; and my expectations were fulfilled in the most brilliant manner, for of all the children to whom I gave Calcarea I did not lose one. At the same time it is clear from what is above said, that Calcarea could only be indicated in the form characterized by affections of the chest and threatened paralysis of the lungs. I gave the same at first only in the graver cases, and obtained always a rapid improvement; afterwards, however, I administered it in all cases without exception from the commencement, and thereby always procured a mild course, at least, during its use there never appeared threatened paralysis of the lungs. The fever, even when it was ever so violent, was moderated with remarkable rapidity, so that usually by the third day it was no more perceptible, only the development of such cerebral symptoms as threatened paralysis of the brain could not be guarded against, and when such shewed themselves I immediately gave up the Calcarea and commenced the treatment to be described further on. I repeated the Calcarea every twenty-four hours, and usually in the dose of one grain of the 3rd or 4th trituration.* It may indeed be asked, why in such severe cases I repeated the dose so seldom? To this I must answer, that I have seen a decidedly better action from the administration of these doses at longer intervals, than from the more frequent repetitions, the development of the healing action of Calcarea takes place for the rest

* We presume our Author means prepared according to the decimal scale. In that case his 4th trit. corresponds to our 2nd.—Eds.

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with tolerable rapidity, as I have often experienced, for in cases of incipient paralysis of the lungs, a state certainly in which immediate help was needful, I have succeeded with one dose of the 3rd trituration in removing the morbid condition: and further, in the case of an infant a year old, the difficulty of swallowing, which came on in the evening during the febrile exacerbation, with such violence as to threaten suffocation, was so relieved in a few minutes by means of Calcarea 4, that the child could drink without inconvenience, although this affection of the organs of deglutition had lasted an hour before my arrival. This state recurred several evenings in succession, but as Calc. was immediately given it never lasted more than ten minutes.

However useful Calc. shewed itself in the one form, still a medicine was wanting to cure the other form, characterized by threatened paralysis of the brain, and having a still more rapid course: here the Zinc was indicated, for in its symptoms we find not only analogy with the scarlet fever as a whole, but also with the particular form in question.

As regards the Eruption.

Symptom 276. Eruption in the face.

297. Severe itching in the knee and redness.

921. Itching between the shoulder blades with eruption.

991. Miliary rash in the bend of the left elbow.

1035. Little red round spots on the hands and fingers.

1231. Pricking itching of the skin, with miliary rash after rubbing.

1232. Itching miliary rash in the knee and elbow joint.

1234-35. Small red papules with itching, which is removed by scratching.

Fever.

157. Feeling of heat in the head and red face.

158. Heat in the head in the evening, with increased warmth in the cheeks.

1266. When itching an almost burning heat comes on in isolated spots.

1358—68. Febrile symptoms, consisting of the hot stage only.

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1357. Describes a febrile paroxysm, accompanied with trembling of the limbs.

1371. Frequent pulse, at times accompanied with increased heat.

Anginous Affections.

370. Piercing pain in both the amygdalæ in swallowing throughout the evening and night.

373. Constricted feeling in the gullet in swallowing.

374. Pain in the throat as if from internal swelling.

376. Pain in the throat on swallowing, with external swelling of the throat and amygdalæ.

Lungs.

807. Tightness of the chest two evenings following, with small frequent pulse.

Mouth and Alimentary Canal.

352. Dryness of the tongue.

390—96. Great thirst.

291. Dry cracked lips.

613. Viscid bright yellow stools.

622. Firm pale coloured stools.

627. Soft stool, easier than usual.

1284. In the morning on waking involuntary evacuation of a soft stool.

Urinary Organs.

673. Scanty pale urine.

666—68. Desire to micturate.

675. Frequent and increased flow of urine of yellow colour.

677. Frequent passing of urine, not copious but very clear.

679. Involuntary flow of urine on blowing the nose.

Nervous Symptoms.

(*a*) Indications of Delirium.

11. Fear of robbers, or frightful figures when waking, resembling feverish delirium.

48. Unconnected ideas.

1310—29. Unquiet sleep with restless dreams and visions.

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(*b*) Indications of Palsy of the Brain.

49. Difficulty of comprehension, and difficult flow of thoughts.
50. Stupefaction and drowsy state of the intellect.
51. Forgetfulness of what had taken place during the day.
52. Great forgetfulness.
55. Feeling of weakness in the head.
217. Fixed expression of the eyes, with absence of mind.

Further in relation to the symptoms connected with the suppressed action of the brain.

263 and 64. Paleness of the face; and 1029. Cool hands.

Also Rademacher gives as the primary effects of Zinc, great sleepiness, and a condition between sleeping and waking; and therefore he exhibits it in delirium. He does not, however, deny its usefulness against sleeplessness in acute diseases of the brain, and on the whole considers that its chief action is affection of the brain. If we compare this compound of symptoms with the first above described form, we find an entire representation of the symptoms of the disease. We see an eruption not unlike the scarlatinous rash pretty distinctly, and not less so a febrile condition, consisting of heat alone with frequent pulse and great thirst; also the impediments to deglutition not merely spasmodic, but depending on swelling of the tonsils; and here are the general grounds which might determine us to the use of Zinc in scarlet fever; what however indicates distinctly the sphere of action of the same, are its effects on the brain. These symptoms are the commencement of paralysis of the brain with all its accompanying phenomena, viz: involuntary evacuations of the fæces and urine, diminished temperature of the surface of the skin, quick pulse, trembling or paralytic condition of the extremities; not to be mistaken, on the other hand, we can find no symptoms from which may be deduced a paralytic affection of the lungs—only oppression. Hence we may conclude that Zinc can only be of use in those cases which are complicated with affection of the brain, besides its effects in analogous cases, for example, in paralytic states of the spinal marrow, are already well known. I have found it necessary to administer the Zinc

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in strong and frequently repeated doses of half a grain to a grain of the first trituration. In the beginning every hour, afterwards from two to three hours, because during the prostration of the central organ of the nervous system the organism is not easily affected by external agents. As we have already seen, both forms have much in common, just the symptoms which we find common to Calc. and Zinc and in so far as these two species differ, so far differ Calc. and Zinc.

But now to give the results of experience as well as theory, I will state here two cases cured by these means.

Oskar Graf, 3 years old, scrofulous but strong, who had formerly suffered from hydrocephalus chronicus, was attacked on the 31st of December with dry burning heat of the body which lasted the whole day. On the 1st of January, after a sleepless night, he complained of headache and pain in the belly, and vomited once, and the scarlet fever rash broke out on that morning, covering in the course of the day the whole body, while the skin became burning hot, with much perspiration, the pulse small and weak and uncountable. The usually lively child lay with its eyes shut, answered unwillingly; its face was puffed; great thirst, it drinks often, but only a little each time; besides that there come on almost every half hour chatterings of the teeth with twitching of the face, (both in this child probably arising from worms,) followed by raving: the whole state was accompanied by great anxiety and short breathing. I ordered Calc. 3, gr. j, in the forenoon. During this day the state of the patient remained substantially the same, except that in the afternoon the heat was less, and the attacks of chattering of the teeth less frequent; in the evening, however, both returned, accompanied with increased restlessness and delirium. During the night of the 2nd of January there was little sleep and much restlessness, at the worst between 12 and 1 o'clock in the morning; involuntary attacks of chattering of the teeth not so frequent. The child appeared less soporous but bored more into the pillows. In the evening the pulse was at least countable, 152, and not so small. The eruption went on well, I had administered another dose of Calcarea in the forenoon. On the 3rd of January, after rather a sleepless and restless night, the child was not better; the attacks of chattering were more violent and more frequent; more boring with the back of the head in the pillow; great oppres-

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sion of the chest with rattling of mucus and want of breath; pulse as yesterday. Calcarea was repeated, and during the day the paroxysms subsided completely; the restlessness diminished; the breathing was no longer so laboured; and in the afternoon there was a short interval of sleep, and there was no increase of fever in the evening. In the night of the 4th of January the restlessness was not great, sleep lasted half an hour at a time; but on the other hand complete consciousness; no sopor; no delirium; no dyspnœa; mucous rattle no longer audible. The rash was going on well. The Calcarea was repeated. In the evening the fever was not increased and the temperature of the surface moderate; the pulse 142, and no longer small. On the 5th of January I found the child lively, sitting up in bed after a quiet night. The threatening symptoms were all gone; the eruption was going off; the temperature little elevated; pulse 115; no involuntary evacuations. The child answered all questions quite rationally; in the evening no febrile exacerbation. I ordered, therefore, no more medicine, and the disease went on without danger through the rest of its course.

Oskar Wagner, an unusually large, flabby, over-fed, scrofulous boy, of 4 years old, was attacked on the night of the 20th of December, with repeated vomitings. On the morning of the 22nd, vomiting had subsided; the child was very restless; the whole body was cool, and the scarlet rash had made its appearance. Calc. Carb. 3, gtt. j. In the evening great heat; in the night much delirium, and two involuntary thin evacuations. On the morning of the 22nd very violent fever; the exanthema completely developed and much elevated; the individual papulæ running together and forming groups. Calc. repeated. Throughout the day delirium; dry brown lips; the state of the tongue could not be ascertained, because the child throughout the whole illness could not be induced to shew it; occasional unconsciousness and delirium; throughout the night uninterrupted raving with great restlessness. On the morning of the 23rd, violent fever with much delirium. Calc. repeated. In the evening the child was quite comatose; pulse collapsed, small, 152; extremities cool. Zinc, trit. 1, gr. j, every two hours. The night was very restless with much delirium; after midnight it was the opinion of the parents that it was more quiet, on which account no medicine was given after 2 o'clock. This so called quietude was however a bad sign, for on the morning of the 24th I found the child

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lying quite motionless; the pulse quite small and uncountable; complete unconsciousness; extremeties ice cold; the rest of the body cool; the skin of the whole body blueish red, except the neighbourhood of the eyes, forehead, and chin, which were white; the exanthema only scanty. Zinc trit. 1, gr. j, was given every two hours; even after the first dose signs of returning consciousness made their appearance. In the evening I found the pulse and the temperature of the skin somewhat raised, and the blueish red colour had disappeared; there was some perspiration, and the night passed over tolerably, with occasional delirium, but also several hours of sleep. On the 25th the child appeared to have more consciousness, recognized its parents and asked for drink; the temperature of the skin somewhat raised; the pulse no longer weak, 140, and for the first time the urine was not passed involuntarily. The Zinc was continued every three hours. On the night of the 26th the child slept quite quietly without delirium; had perfectly recovered consciousness; asked for playthings; temperature of the skin normal; pulse strong, 128; incipient desquamation of the skin. Zinc three times a day. On the 27th the child was as well as circumstances would permit, and recovered completely without further medicine.

The difference between the action of Calcarea and Zinc in this scarlatina epidemic, which was shewn not only by the symptoms of the Materia Medica, but also confirmed by experience, consists shortly in the following:—

Calc. acts more on the organs of the chest; Zinc more on the brain. Calc. diminishes the excessive fever heat, and the frequency of the pulse; Zinc leaves unaffected the frequency of the pulse, which is connected with fever heat, but removes the icy coldness of the skin attendant on sunken vitality, raises the small pulse, and brings the same thereby, when too frequent, back to the normal standard. Calc. can only be given with utility when the delirium is mild, but is on the other hand very useful in violent angina; Zinc is indicated as well in violent delirium, alternating with sopor, as in paralysis of the brain; Calc. on the other hand being useful in incipient paralysis of the lungs. In conclusion I must protest against its being attributed to me, that I would give out Calc. and Zinc as the specific medicines in all malignant cases of scarlatina; only in

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this epidemic were they of such eminent service. Again in another they will doubtless be cast into the shade; but I deemed it right to bring forward this communication, for I consider that the treatment of subsequent epidemics is greatly facilitated by the exact description of those for which specific remedies have already been found.

I may add a few words on the action of Zinc in a morbid state similar to the one here spoken of. The very beneficial action of Zinc in this paralytic state, occurring in scarlet fever, could not fail to lead me to the supposition that it would prove useful in similar cases without the complication of scarlet fever, such as occur frequently in the last stage of hydrocephalus in ill fed children during Dentition. As in such cases nothing should be neglected, I tried the administration of Zinc, and the effects exceeded my expectation, for not alone in isolated cases but in all where I employed Zinc I had the happiness to save the apparently dying child. The Zinc certainly removes the immediate danger to life, yet it does not always suffice for the complete cure of the disease, and after a period of two or three days, when the strength is somewhat restored, it is advisable to alternate it with some other medicine suitable to the symptoms present, on which a rapid recovery generally ensues. At the same time I give the warning, in such cases, not to leave off the Zinc too soon, as thereby a relapse may easily occur. The following case may serve to confirm what I have here stated. It relates to a weak child of nine months old, which suffered from disorders of dentition.

It was an 8 month's child, and its mother had suffered much from grief during her pregnancy. On the 4th of June of this year it had diarrhœa, with heat and distention of abdomen. Merc. 3, gr. j, every three hours. On the 5th it was no better, and in addition vomiting had come on. Chamom. 3, gtt. 1, every three hours, given till the 6th, was without effect. The child had become much weaker, the diarrhœa more watery, great restlessness and coldness of the body, were added to the other symptoms. Veratrum 4, gtt. 1, every two hours. On the 8th the diarrhœa and vomiting were removed, but the child was not any better on that account, and the following

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symptoms presented themselves: sopor; eyes half shut; indifference to all things; the well-known cry occasionally; boring with the head in the pillow; great thirst; pale sunk countenance. Arsenic 6, gtt. 1, every three hours. On the 10th the child appeared better; its countenance was not so sunken; it opened its eyes occasionally, looked at the surrounding objects, and played a little, but cried occasionally; the lips were dry and the thirst great. Arsenic continued. On the 11th I found the child, contrary to my expectations, almost dying; on the evening before the vomiting and diarrhœa had returned; restlessness the whole night; unconsciousness; the child was quite fallen away; pale; the eyes half shut; pupils dilated and quite insensible to light, it appeared neither to see nor hear; the skin of the body ice cold; the hands and feet quite blueish, as after apoplexy; the pulse not to be felt without difficulty; the breathing irregular. I ordered Zinc 1, gr. ½, to be repeated in an hour if the child lived, and then to be repeated every two hours. After the second dose the child was warmer, shewed some life, and occasionally opened its eyes; the vomiting and purging ceased. In the evening the restlessness returned, followed by a state somewhat like that of the morning, which, however, lasted only an hour; during the night much sleep and occasional crying. On the morning of the 12th the child was warm; the eyes half open, but the pupils as immoveable as yesterday; vision seemed extinct; pulse somewhat stronger than yesterday, but still uncountable; breathing regular; abdomen soft; no return of the diarrhœa and vomiting. Zinc 1, gr. ½, and Belladonna 3, gtt. 1, alternately every hour. Throughout the day the child took an interest in many things, looked around, and began to eat: in the night alternate sleeping and crying; a normal stool. On the 13th the child was lively, sat up, shewed hunger; the pupils still dilated but moveable; the same prescription. On the 14th the child was pretty lively in the evening; a short threatening of sopor; slept well in the night; bowels regular, and except great weakness there were no farther morbid appearances present. Zinc and Belladonna were continued for some days, and the child recovered completely in a short time.

I do not take it upon myself here to decide, whether there was here a purely paralytic state of the brain, or effusion had taken place, as I cannot bring forward the pathological proof dissection would afford, still the symptoms would rather indicate

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the latter. In this case there was certainly no help to be expected from the *vis medicatrix naturæ*, and the result is solely to be ascribed to the Zinc, for I never succeeded before in rescuing a child from such a state by means of any other medicines.

CASES OF ASIATIC CHOLERA TREATED AT THE EDINBURGH HOMŒOPATHIC DISPENSARY,

During October and November 1848.

On the 4th of October, the appearance of Cholera in Edinburgh was announced by some of the magnates of the medical profession to the Town Council, and on Saturday the 7th, a meeting of the Acting Committee and Medical Officers of the Homœopathic Dispensary took place, to consider what steps should be taken to meet the emergency. It was resolved to open the Dispensary day and night, and that one of the ordinary Medical Officers should be constantly there to attend all cases that might apply for assistance. Besides the regular staff, consisting of Drs. Russell, Wielobycki, Lynchinski, and Sutherland; Dr. Cockburn, who had been for some time attending the Dispensary, and Dr. Atkin, of Portobello, kindly volunteered their services, which were too gladly accepted. It was further resolved that this opening of the Dispensary should be made known by posting bills through the town, as being the most speedy and effectual way of acquainting the class likely to be the victims of the disease, where aid was to be had. Accordingly the same evening a plentiful supply of bills was printed and distributed over all convenient places, in the old town especially. The next day being Sunday the bills remained undisturbed in their positions, but the following day it was observed that they had vanished as rapidly as they had appeared. On enquiring the cause of this sudden disappearance, it was ascertained that the Lord Provost had ordered the Police to tear them down and to prevent their being replaced by new ones. The alleged grounds of this singular exercise of civic authority were, that a self-constituted Board of Health had expressed an opinion

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that these bills might create a panic and do mischief. Be it observed, that this *soi-disant* Board of Health, consisting of the Presidents of the Colleges of Physicians and Surgeons, and the Lord Provost and Sheriff of the County, assumed its being on the strength that the Cholera did exist in Edinburgh, and although it turned out afterwards that this Board had no legal constitution, yet its formation, abortive as it was, was the most public possible act by which the presence of the Cholera in the place could be made known to its inhabitants. It certainly does seem strange that after raising themselves into ominous altitude on the strength of the Cholera, they should yet forbid the mention of the alarming word! Unless indeed they thought (not without some reason,) that the best chance for Cholera patients was to keep them out of the way of Doctors. Whatever be the explanation of their conduct it did not succeed, for the fact of the Dispensary being open and attendance procurable there soon became known, and we had some of the first and consequently the worst cases to treat.

This deadly epidemic, believed to be one of the most deadly that ever visited Europe, generally selects its first victims from among the most outcast part of the population. So that those who lay themselves out from the first to treat Cholera patients must expect to find them in conditions the most unfavourable for successful treatment of any kind. The patients themselves are generally of exhausted habit of body, dissipated, drunken, ill-fed, ill-covered, ill-lodged, and ill-attended. Frequently we found them lying on the bare floor, with a few old clothes thrown over them, without fire or food, the persons about them often half or whole drunk, careless of everything. Besides, the houses were filthy in the extreme, there was often an open drain on a level with the threshold, full of every abomination. For the civic authorities had taken no effectual steps to cleanse the filthiest town in Europe—at least the parts of Edinburgh where the disease appeared has that reputation. In these circumstances it often became necessary to have patients removed to the Infirmary. This was never done to evade the treatment, if we thought it possible to give our medicines a fair chance; but in almost every case patients so removed were either so utterly

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destitute of the necessaries of life, that unless these were supplied they would have died of want if not of Cholera, or as most frequently happened they were lodgers, and the keeper of the lodging house insisted upon their removal. In such cases we had no option, and the removal was always effected as soon as possible, and generally without our treating the patient at all. We positively affirm that in no one case did we ever send a patient to the Infirmary, however desperate his condition was, who was willing and able to receive our treatment in his own abode. Most of the cases sent to the Infirmary were sent at an early period of the epidemic, and afterwards the generosity of our friends, to whom we take this opportunity of expressing our warmest thanks for their most liberal and efficient aid, as well as for their kind interest and encouragement, enabled us to have a supply of blankets and food for the most needy, and to employ nurses where necessary, so that latterly we have treated almost all the cases in their own houses. As it has been attempted to account for our greater success than that of our Allopathic brethren, by alleging that all the bad cases were sent to the Infirmary, we have thought it right to dwell upon these facts, and as an offset on the other side, it is right to mention that several of our cases were received dying from the hands of other practitioners, as of late greater confidence has sprung up in the treatment by the Homœopathic practitioners, and they are sent for as a last resource after the ordinary drugs have been found unavailing. Of course in such circumstances we can have little chance of being of use. As an illustration we may mention that we attended the husband of a woman who had been nurse in the Allopathic Cholera Hospital, and that when asked why she did not send for one of her old medical friends, she said she would rather see him die unattended than be treated by them. Besides supplying them with blankets when requisite, we generally carried with us some two ounce phials of distilled water as a vehicle for the medicine: we found this a most valuable precaution, for the water and the utensils were both frequently so dirty as to be useless for such a purpose.

From what we have said a general idea of our organization may be formed, and may prove useful to other Dispensaries

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when the Cholera visits their districts. We have but one other point to refer to before entering upon the detail of cases, and that is with regard to reporting them to the authorities. We had applications from various parties; we were first solicited by the Lord Provost, through the medium of an advertisement, and for some time we reported daily to him; then came the Police Surgeon, and we prepared reports for him, but as he neglected sending for them we desisted; then came a letter from the President of the College of Physicians, but as we had by this time found that in many of our cases there had been most unfair means used to turn away the confidence of the patients from us, we thought it more prudent to reserve all our reports for the Board of Health of London, and we have accordingly transmitted them thither with full details. At the same time, when necessary for sanitary purposes, we inform the parochial authorities of localities requiring cleansing, &c.

All we propose in this article, is to give a brief narrative of a considerable number of cases without any comment, reserving for a future opportunity, when we have had more experience and more leisure, any practical inferences respecting the medicines best adapted to the various forms the disease manifests. We are well aware that these narratives will appear meagre and incomplete, but we must remind our readers that it is almost impossible in the hurry, anxiety, and inconvenience incident to the treatment of a malady so rapid in its course, and affecting a class of persons that require their medical attendant to bring everything requisite for treatment with him, being able to supply nothing, to find time to put down such full details of the cases treated as is desirable. The notes of the cases were generally made on the spot, and afterwards entered in the book kept at the Dispensary for the purpose. So, however great the deficiencies may be, yet at least the fidelity and accuracy of the accounts given may be fully relied on. As an illustration of the frightful rapidity and horror of this plague, we may mention the following incident. We were sent for one night about nine o'clock to see a person reported ill of Cholera; we found two beds in the small apartment occupied by the patient. In the one were three people, in the other were two men. To this latter we were

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directed, and an old man, a Frenchman, told us that his son, lying by his side, had gone out to his work as a painter quite well that morning, that he had continued at it till four o'clock in the afternoon, when he returned home and went to bed affected with vomiting and purging and cramps, that he had been over the bed about ten minutes before; after getting these particulars from the father we bent over and spoke to the son, but getting no answer we advanced the light to where he was lying, and to our horror found he was already quite dead.

We have arranged the cases in the following order:—1st. Those which were fatal at the first blow, as it were. 2nd. Those which rallied from the state of true Cholera and afterwards sunk in the typhoid state. 3rd. Cases of recovery from the first invasion of the disease. 4th. Recovery after it had been fully formed. And 5th. Recovery from the typhoid state.

The total number of cases treated at the Dispensary, from the 8th of October until the 6th of December, is 173,* of these—

124 recovered.
48 died.
1 is still under treatment.

173

Giving a mortality of $27\frac{39}{43}$ per cent.

Case I .(1.)†

The first case of Cholera, which was treated Homœopathically towards the end of the attack, was that of A. M., an Irish married woman, who came from Glasgow three days before (the 5th of October), to take refuge in the house of her sister, living in the second floor of a crowded, filthy locality in the West Port. She was

* This number does not represent the total number of applications to the Dispensary, which were 228.

Of these 33 were sent to the Infirmary.
10 went under other medical treatment.
12 were doubtful cases.

Total .. 55+173=228.

† The Arabic numerals correspond to the number of the case in the Dispensary books.

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shocked to find that her sister had died the same day of Cholera, and the husband of the defunct died of it two days afterwards, and was lying unburied in an adjoining dark, small room. Our patient's age was 25, she was of fair complexion, small stature, slender, delicate, and exhausted by nursing her child eighteen months old, and by want of food for the last three or four days, her husband having been out of work for some weeks. She was taken ill at about 4 o'clock on Sunday morning (the 8th of October) with purging and vomiting, got rapidly weak, could not stand nor sit up from vertigo and noise in the ears; took whisky repeatedly and vomited it; was very thirsty, took beer, water, and vomited everything she drank; took also four opium pills between 8 and 9 o'clock, which had been left by an ordinary practitioner for her sister and brother-in-law before their deaths; but the vomiting and purging, with pains and cramps in the legs, at last became alarming. Some of her neighbours, formerly patients of our Dispensary, having observed the notices of our Dispensary being open at all hours, day and night, for receiving application for medical aid during the prevalence of Cholera, sent there, and after breaking open the door, which had been locked by her cousin while she went for the Parish Surgeon, she was seen first about half-past 11, A.M., and found in the utmost destitution and poverty, without any covering or fuel, and she was then in a state of collapse; pulseless, cold and deaf; lying prostrated on the same dirty bed, which bore the marks of the alvine evacuations ejected by the former two patients, who died upon it of Cholera before her; and a naked child 18 months of age, was at the right breast greedily sucking her insensible mother, who was in a stupor from the effects of opium; but she was soon roused by the cramps, which starting from the extremities towards the abdomen, were relieved by vomiting a large quantity of watery, whitish, flocculent liquid, which ran over the head and face of the infant; after vomiting she had hiccough, and drank a large quantity of cold water, which made her sick and vomit again in gushes, and the vomited watery liquid was in a much larger quantity than what she drank; voice husky.

Camph. every five or ten minutes.

In the meantime by threatenings and by force, some blankets were procured from the neighbours, the fire kindled, and hot sand and hot bricks applied round her, and the child sent to the charity workhouse. The cramps were greatly allayed; they became less intense and less frequent; they came on every twenty and thirty minutes, chiefly in

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the feet and in the left leg and the left arm; the gastrocnemii and the sartorii were most violently cramped when she attempted to change her position. The cramps, the leaden coldness and blueness of the extremities, the pulselessness at the wrists, with bluish, cold and flabby tongue and lips, the cold breath, and the dark circles around the sunken, half open, and turned up eyes, continued for more than an hour, during which she vomited three times the same clear watery flocculent fluid, with a frothy liquid at the close of each vomiting and a hiccough. She said also, that a gush of watery, scalding discharge came from her bowels almost each time she vomited, and that she could not make water.

Ars. 3, every quarter of an hour.

She had no cramps for about half an hour, was also warm and perspired profusely under the blankets; the perspiration on the trunk was warm, and on the face and extremities cold; the pulse perceptible, 140 in a minute, weak; the livid hue was gone; the lips, tongue, and fingers became whitish, pale, ensanguined, and warm her voice firmer, louder, and clearer; her breathing easy, 28 times in a minute; but she was still very thirsty. On the whole the case had an appearance of being likely to terminate favourably; even when the Police Surgeon enquired (about half-past 2 o'clock,) the pulse was then ranging between 120 and 140, and she had no cramps nor vomiting nor purging for nearly two hours; but this favourable state was short-lived, slight cramps recurred a little before 4 o'clock, they were chiefly in the thorax with oppression in breathing, and the pulse began to falter.

Cuprum 3, dry on the tongue.

At her own request she got a little gruel, which she vomited, became more thirsty and very restless; very anxious to get up, flung about her arms from breathlessness, which gradually became more and more oppressive, and made her cry repeatedly, "I am dying!" the pulse became again completely extinct; at half-past 4, P.M., respirations from 32 to 38 in a minute, sonorous, laborious, with sighing, gasping, and an exclamation, "I cannot have ease in this world!" The face, lips, and the whole body got cold like ice again; hands and legs paralytic; she became restless, speechless, and could not swallow anything after some brandy and water was given to her; lying insensible; the fingers crooked, their integuments shrivelled, corrugated; the nails dark blue, and the breathing, interrupted by gasping or risus sardonicus, followed by a few futile

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gasps for breath, which were the last of her poor exhausted life. After death, which took place a little before 5 o'clock, P.M., that is, after thirteen hours' illness, the whole body became warm again, and a few post-mortem contractions took place before it cooled.

Case II. (3.)

M. S., a woman, aged 30, living in a miserable, filthy, crowded room, a notorious drunkard, who had been drunk the previous day and night, was seized at 4 o'clock on the morning of the 10th of October, with cramps in the stomach and limbs, and purging and vomiting. She had taken two Opium Pills of 3 grains in each. Her friends having heard of our Dispensary being open, and not knowing where else to find a Doctor, sent there about 8 o'clock. When seen she was cold, pulse imperceptible; there was violent vomiting. She got Camphor, and afterwards Veratrum, Arsenicum, Ipecac., and Cuprum. At 1 o'clock the pulse was perceptible, and there was no vomiting nor purging. She seemed a little better. She sunk rapidly, and died at 5 o'clock, P.M., without the least struggle. So complete was the collapse that it was impossible to say for some time whether she was dead or living.

Case III. (8.)

A woman, aged 33, has been for many years, especially the last two, very intemperate. Was drinking to excess on Monday, and to some extent for the two succeeding days. Four months pregnant. Wretchedly poor, lying on a piece of cloth on the floor and naked, covered merely with a tattered gown. Was seized at 5 last night with vomiting and purging. Had taken porridge for supper, which was returned; the evacuations at first watery, latterly described as bloody. Since morning evacuations less frequent. Cramps began about 7 last night, and were very severe all night; abated since morning. Seen at noon of the 12th of October. Skin of the whole body cold and clammy, the hands and face blue, the features contracted and sharpened, eyes deeply sunk; eyes and mouth surrounded with blue circles; tongue and roof of mouth cold, the former covered with yellowish fur, felt flabby like a piece of raw meat; breath cold; no pulsation could be detected at the wrist, temporal artery, or heart; breathing regular; complained of pain in epigastrium, increased on pressure; great thirst; oppression of the chest; throwing off th

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covering, complained of its weight; vomited about half an hour after she was seen clear water, without smell, and apparently unmixed with mucus; evacuations from the bowels at intervals of half an hour, of a dusky red watery fluid, containing brown and white flocculi; was sensible when bowels were moved, and complained of some heat in ano; no urine passed since the previous evening. Sensible when spoken to, but wandering at times, and talking indistinctly; voice hoarse.

Verat. 3, and Ars. 3.

Medicines repeated at intervals of twenty minutes, hot bricks applied round the body, and arms and legs chafed.

Had three stools, and then an intermission of about two hours. Skin of the extremities slightly warmer, but temperature of the mouth unchanged; restless, and complaining of great oppression at the heart, exclaiming it was bursting, and begging the weight to be taken off her chest; the cramps gradually diminished in strength and frequency. The voice varied much, at one time being clear and distinct, at another hoarse and husky; the blueness of the hands and face diminished, and the eye increased in clearness; the pain in the stomach not felt.

Continue Verat. and Ars.

At half-past 2, took a tablespoonful of thin gruel which was retained. At 3, a stool, the same character. Complaining much of chest and heart oppression. At half-past 3, asked for more gruel which she drank greedily, and the temperature of the thighs and surface of the abdomen sensibly increased; no pain on pressure in the latter; sleeping at times for a few minutes. At a quarter to 4 the respiration became suddenly oppressed and laborious, chest heaving, and at 4 she died.

An interval of a few minutes from the respiration ceasing, there were movements of the right shoulder, it was three or four times twitched forward; there was no struggle or convulsion, the respiration ceasing gradually. The stools and the water vomited had no smell.

The house was most wretched, several openings through the roof, the window stuffed with pieces of cloth, the floor very defective, with an oppressive smell arising through it. The husband had been drinking, he went out a little before the wife's death and returned scarcely able to stand.

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CASE IV. (49.)

P. M., aged 46, a man of intemperate habits, living in a close room, with several other persons of both sexes, in a filthy lane off the Grass Market, had been in his usual health, and had no diarrhœa till 5 o'clock, A.M. of the 20th of October, when he was suddenly seized with vomiting and purging. When seen for the first time at 10 A.M., we found him out of bed standing almost naked on the floor, he said he had risen on account of the violence of the cramps. The surface of the body was quite cold, the tongue cold, the pulse could not be felt, the toes were quite turned in by the cramps, and he complained much of the violent pain in his legs. He was vomiting and purging a watery fluid.

Camphor diffused in water every five minutes.

1 P.M.—A little easier. Continue Camphor.

4 P.M.—No cramps or vomiting or purging; pulse perceptible but very feeble.

Arsen. 3rd dil., every quarter of an hour.

8 P.M.—His face was almost black; pulse gone; very cold; voice scarcely audible. No cramps, vomiting, or purging.—Continue Arsen.

He died at quarter before 10 P. M., seventeen hours after seizure, and twelve hours after first visit.

CASE V. (58.)

R. A., aged 22, a man of sober industrious habits, living in a comfortable room, without feeling unwell took a dose of salts and senna as a precautionary measure, on the morning of the 22nd of October, which operated in the course of the day. At 4 P. M., he was seized with vomiting, purging, and cramps. When seen at half past 7 P. M., the surface of the body was cold and dark blue in colour; the pulse was felt like the finest thread; the jaw was hanging, and the eyes open, glassy, and turned up; the tongue and breath were icy cold; the voice a hollow whisper; there was great thirst, watery vomiting and purging, and violent cramps in legs and arms.

A dose of Camphor every five minutes for forty-five minutes, then Cuprum Acet. 3rd dil., in water, a dose every ten minutes.

9 P. M.—Slight improvement. Continue medicine.

He died half-past 1 A. M. of the following morning, nine hours and a half after seizure, and six hours after first visit.

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Case VI. (64.)

R. A., aged 30, a man of intemperate habits, who had been drinking whisky the previous day, but otherwise in his usual health. He was seized with vomiting and purging and cramps about midnight of the 24th of October, and when seen at 5 o'clock the next morning, he was found standing on the floor roaring with pain. His face was pale and anxious; his lips and breath were quite cold; no pulse could be felt, and he could not move from where he stood from the violence of the cramps. Alvine evacuations watery, what he vomited was tinged with blood.

Camphor to smell, and afterwards Arsenicum, 3rd dil., frequently repeated.

Half-past 8 a. m.—Profuse warm perspiration over the whole body; no vomiting or purging; slight cramps; urine suppressed; great thirst; pulse barely perceptible.

11 a. m.—Countenance cadaverous; very breathless; moaning from pain. Sunk and died at half-past 1 p. m., twenty-five hours ill, and twenty hours under treatment.

Case VII. (72.)

J. M., aged 34. He was seen at 9 a. m. of the 26th, and he was then cold, blue, and pulseless. Complained of cramps in the stomach; there was ineffectual desire to relieve the bowels.

Hydrocyanic Acid, 1st dil., a dose every five minutes.

He got this for half an hour without any perceptible change, and afterwards Arsen. 3rd dil., every quarter of an hour. He sunk gradually and rapidly, and died at 12 o'clock the same day. Only three hours under treatment.

Case VIII. (75.)

Mrs. M., aged 45, had been in good health till last night, when she was affected with diarrhœa; at 6 o'clock of the 29th of October, she was attacked with watery vomiting and purging, and cramps in the limbs. She was first seen at half-past 11 a. m. of the same day, and we found her face sunken, her hands and nails blue and shrivelled; the pulse could not be felt; the voice was barely audible; the tongue and breath were quite cold.

Camphor every five minutes.

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Half-past 1.—No better.

Arsen. 3rd dil., half-hourly.

Half-past 10 p. m.—No better.

Hydrocyanic Acid, 2nd dil., every ten minutes.

Oct. 28th, half-past 3, a. m.—No better. Continue medicine.

8 a. m.—Tongue warmer; no pulse; great thirst; no vomiting for some hours; no purging for one hour; complains much of pain in abdomen.

Oxalic Acid, 3rd dil., a dose half hourly.

Half-past 1 p. m.—One stool since last report. No pulse; great pain in the abdomen; tongue cold.

Arsen. 3rd dil.

Half-past 8 p. m.—Low muttering delirium; no pulse; quite cold; cannot be roused by speaking to her; no vomiting; two stools since last report. Died at half-past 9 p. m.

Case IX. (77.)

E. M., aged 40, a woman of intemperate habits, and who had been drinking much the last few days, was for three days ill of diarrhœa and pain in the side, which had confined her to bed for two days. When seen for the first time, at half-past 9 o'clock p. m. on the 27th October, she was found covered with cold clammy perspiration; the pulse was imperceptible; she complained much of oppression and of heat, and vomited everything she took; she had also watery purging. The tongue was cold, with a white fur upon it; the eyes half open and turned up. Had been treated by an Allopath up to the hour of our visit, who had given pills and creosote and brandy.

Hydrocyanic Acid, 2nd dil., a dose every quarter of an hour.

Half-past 10 p. m.—No vomiting; no other change.

Arsen. 3rd dil.

Died at half-past 11. Two hours under our treatment.

Case X. (85.)

Mrs. F., aged 46, went to bed in her usual health between 9 and 10 p. m., on the 29th of October; felt pain in the head and chilly during the night, and especially between 3 and 4 o'clock the following morning, when the bowels were copiously moved, and she began to vomit with each evacuation of the bowels, which occurred every eight or ten minutes; had also cramps in the legs and pain at epigastrium. When seen first, a little after 6 o'clock of the same

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morning, her face was cold and ghastly, and had a peculiarly melancholy expression; she frequently repeated the words, "What is with me? I cannot live, I cannot live." She was very restless; the pulse languid and intermittent, and the skin ice cold; she complained of pain in the loins.

Secale, 1st dil., every five minutes.

After a little time she was violently cramped in the fingers and toes. She then got Camphor, repeated at short intervals. There was no vomiting for quarter of an hour; pulse became more languid, 76 in a minute, scarcely perceptible; vomited and purged twice during the next quarter of an hour; very restless; sighing and panting for want of breath.

She then got Arsen. 3rd dil.

Quarter past 7 a. m.—Pulse gone; cold clammy perspiration; vomiting of a pale white watery liquid with gurgling in the throat.

Carbo. veg. 3rd trit., alternately with Ipecac. 3rd dil.

9 a. m.—Collapse continues. Vomited once, and bowels not open; fits of excessive restlessness, and cramps occasionally in the fingers and toes. Continue medicine.

12 noon.—Much the same; no vomiting or purging; great thirst; flying pains through the body.

Pulsat. 3rd dil.

3 p. m.—No change. Voice became a whisper. Her words were, "There will never be ease for me in this world."

8 p. m.—Has been quiet and speechless from 5 p. m. Is quite insensible. Bowels twice opened. Died at half-past 8 p. m. of the 30th.

Case XI. (129.)

Mrs. G., aged 66, had been slightly unwell the previous week, and in attendance upon a person ill of Cholera on the previous day. She was taken ill early in the morning of the 11th of November with violent purging of watery fluid, and afterwards with vomiting; had taken brandy without any relief. We saw her for the first time at half-past 8 p. m. of the same day. Her face was pale, and had a peculiar expression. She was very languid, and spoke little; the pulse was 100, feeble; the tongue white and clammy. She had passed very little urine during the day; she complained of cramps in the legs.

Iatropha Curcas, 3rd dil., a dose every hour.

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Oct. 12th, 10 a. m.—She was cold; pulse very weak, 68 in the minute; had passed no urine; vomited incessantly. Tongue white and cold.

Arsen. 3rd dil., a dose every half hour.

12th, half-past 2 p. m.—She was warmer; there had been less vomiting and purging. She was said to have passed urine. Continue medicine.

9 p. m.—Very little purging and vomiting; tongue cold; pulse 60, very small and feeble. The hands are dark blue. Great thirst. Continue Medicine.

13th, 6 a. m.—The medicine had not been given, but she got porter, and whisky and hot water, and had been altogether neglected. She died in the course of the day.

Case XII. (145.)

Mrs. G., Oct. 22.—The mother of this patient (Case XI) died of Cholera. We found this woman, her brother, a lad of 17 years old, and two children lying on a miserable shake-down on the floor. She vomited this afternoon, but felt quite well when she went to bed. About half-past 11 she was seized with sickness and purging, dejections coming from her in a watery stream. There was much pain in back, and dry retching. She had made water about half an hour before. Surface of body warm; hands and face cold and clammy; tongue cold, breath warm; pulse indistinct; great anxiety—often begged us not to leave her. Cramps in the leg. Was seen at 12 p.m.

Camphor, a dose every ten minutes.

15th, half-past 12 a. m.—Pulse more easily felt; dry retching; much thirst. Quarter to 1.—Cramps returning more severely; purging more urgent; great thirst. Temperature of the body as before.

Arsen. 3rd dil. and Verat. 3rd dil.
alternately every quarter of an hour.

7 a. m.—Constant purging and vomiting all night. Complains of pain and oppression at heart. Pulse imperceptible; surface cold; tongue warm, voice hoarse; weight at heart.

Continue Arsen. and Verat.

9 a. m.—No pulse; very cold; vomiting and purging clear water; great heaving of the chest. Expects death. Continue medicine.

Half-past 12 a. m.—No pulse; great oppression at the heart and

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chest. No purging; urinated a little two hours ago. Less vomiting; hands and feet very cold. Continue medicine.

3 p. m.—No pulse; no vomiting nor purging; great oppression of chest; very livid.

Hydrocyanic Acid, 1st dil.

7 p. m.—Found that the patient died at 4 p. m.

Case XIII. (163.)

Mrs. N. aged 33, was in attendance upon a person who died of Cholera, and assisted to dress the body. She was quite well up to 8 o'clock p. m. of the 19th of November. We saw her first at 9 p. m. of the same day, and found her sitting by the fire, and she said she could not lie in bed owing to the pain in the bowels. She had been vomiting and purging for an hour. The skin was hot; the pulse rapid and full; the tongue cool. Complained of great thirst; passed urine in the evening. Face flushed; has drunk some whisky. The stools are thin and bilious.

Camphor, to be followed by Merc. solub. 3rd.

19th, half-past 11 p. m.—Vomiting and purging continue; surface of the body becoming cold.

Veratrum, 3rd dil. every quarter of an hour.

20th, half-past 1 a. m.—Surface cold; face and hands livid; purging clear watery fluid, with white flocculi; grinding of the teeth; pulse scarcely perceptible.

Veratr. 3rd and Arsen. 3rd dil. alternately.

Half-past 6 a. m.—Vomited and purged once since last visit. Skin cold; eyes turned up. Complains of pain in chest; respiration 30 in a minute. Some attacks of hiccough, and spasmodic catching of the breath; she rubs the chest with her hands. There are no cramps; the tongue, lips and breath are very cold.

Cicuta Viros. 3rd dil. and Arsen. 3rd dil.
alternately every quarter of an hour.

9 a. m.—Looks and feels better. No return of hiccough or catching of breath. Tongue cold; pulse perceptible; one watery stool. Continue medicine.

Nov. 20th, 1 p. m.—Pulse gone; skin and breath cold; a clammy sweat on the face; countenance very much altered, very dark grey; voice indistinct; great thirst.

Veratr. 3rd and Arsen. 3rd alternately.

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8 p. m.—There was great oppression of breathing at times, and she tossed about much. No pulse could be felt; the skin was warm and dry; there was no urine. She has purged three times; no vomiting; the eyes are turned up.

Continue Veratr. and Arsen.

21st, half-past 2 a. m.—We found her lying very quietly, and on being asked how she was, she said she was tired. There was less thirst, and there had been only two scanty watery stools, and no vomiting. She was restless; the pulse could not be felt. There was grinding of the teeth, and twitching of the facial muscles; also slight quick spasmodic action of some fibres of the muscles of the calf of the leg. Continue medicine.

9 a. m.—She was much easier. No vomiting; the purging was more fæculent, and the pulse perceptible. Continue medicine.

7 p. m.—She was much worse. Since 6 o'clock the breathing had become oppressed. Constant desire to go to stool without any relief; there was no pulse; the tongue was clammy and cold; the hands and face were discoloured; there was no vomiting, but she complained of pain in the chest. Continue medicine.

9 p. m.—Restless, but feels better; voice stronger; no pulse; her face had a wild expression. Continue Arsen. and Verat. She complains of breathlessness.

Half-past 11 p. m.—The pulse was perceptible; she complained much of shortness of breath; the blood vessels on the inferior half of the eyeball of both eyes were injected with blood; there was no vomiting or purging. She died early the following morning.

The above case may be looked upon as the transition one, as it belongs properly neither to the first or the second group. The cases which follow belong to the second group; viz. those which, although they rallied from the true Cholera, subsequently sunk under the typhoid fever which supervened. We should wish to direct especial attention to this group, as in many of them we certainly did not anticipate a fatal result, and feel at a loss to understand the cause of it.

The following four cases died after passing into the typhoid stage.

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Case XIV. (70.)

R. A. aged 24.—This young woman had been previously in perfect health, and had attended her brother (Case VI) during his last illness in his own house. She returned home the evening of his death, and was taken ill at 10 p. m. the same night. We saw her first at 5 a. m. the following morning of the 25th of October. She was standing on the floor supported by her mother, almost naked. The room was quite dark, and the only light we could procure was from the policeman's lantern who accompanied us up to the room. She was purging and vomiting violently, and throwing her arms wildly about. It was with difficulty we got her into bed. The surface of the body was cold; the pulse was gone; violent cramps in limbs.

Arsenic, 3rd dil., a dose every quarter of an hour.

11 a. m.—She had been sleeping a little, and had vomited and purged only once since 7 a. m. The pulse was imperceptible; the cramps less severe; skin cold; voice quite audible.

Continue Arsen.

2 p. m.—No change. Continue medicine.

7 p. m.—She is still much cramped, but her appearance is improved. The coldness of the surface is not so intense; the breath is warm.

Nux v. 3rd dil. and Arsen. alternately every half hour.

Half past 11 p. m.—No pulse is perceptible; the cramps still continue, though not quite so severe or frequent. She passed her fæces unconsciously; she has been raving much, but when roused speaks sensibly. The tongue is covered with a white fur; she is very thirsty; her eyes are half open and deeply sunk. Continue medicine.

Oct. 26th, 9 a. m.—A little better, more sensible and more animated; no pulse; has had some stools, attended with straining; has had no vomiting; there is pain at the epigastrium and abdomen; there are no cramps, but she is very cold.

Continue Arsen. and Veratr.

1 p. m.—The pulse was perceptible and rapid; there had been two watery brown motions.

Continue Arsen. and Veratr.

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27th, 6 a. m.—She is now warm; there is no vomiting or purging; the pulse is perceptible, and 70 in the minute.

28th, 8 a. m.—Pulse small and weak; heavy expression of face; great oppression of chest, heaving respiration; no vomiting; once or twice ineffectual desire to go to stool.

Phosphorus, 1st dil., a dose every half hour.

Half-past 1 p. m.—No better; dull, stupid; no pulse.

Arsen. 3rd dil., a dose every half hour.

5 p. m.—Eyes fixed and glazed; short heaving respiration; almost total inability to swallow. She died at 7 p. m. of 28th.

Case XV. (100.)

B. S., a healthy looking young woman of 21 years of age, living in a comfortable room, had been quite well till 2 o'clock p. m. of the 2nd November, when she became affected with nausea, for which she got some allopathic drugs, after taking which she began to vomit. She was seen at half-past 11 o'clock a. m. of the 3rd; had been vomiting clear water, and passing watery stools, all the previous night. The surface was cold; the pulse 120 feeble; the tongue red with frothy margin, and warm; there was slight pain at epigastrium on pressure; no pain anywhere else; felt giddy when she rose.

Secale, 3rd dil., a dose every quarter of an hour.

Half-past 2 p. m.—No better; violent vomiting of dingy fluid; cold arms and hands; pulse feebler. Had passed little urine the previous night.

Arsen. 3rd and Verat. 3rd,
a dose every quarter of an hour alternately.

Half-past 3 p. m.—Pulse scarcely perceptible; much vomiting, lips and nose cold, breath warm; complained of the urine being scalding.

Cantharid. 3rd dil. and Arsen. alternately.

5 p. m.—Vomited twice and purged once since last report. Pulse 120 to 132 feeble.

Ipecac. 1st dil., followed by former medicines.

Half-past 7.—Vomited and purged twice; pulse 120; face bluish, cold; tongue cold; no cramps; much pain in epigastrium.

Arsen. 3rd, every quarter of an hour.

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Quarter past 9 p. m.—She had taken cold tea, followed by vomiting, which had continued ever since.

A dose of Ipecac. 1st dil.,
followed by Arsen. 3rd and Canth. 3rd alternately.

Quarter to 12 p. m.—No vomiting since last report. Purged once; catching pain in the precordial region when she breathes deeply; very thirsty, the more she drinks the worse is the thirst.

Cuprum, 6th, one dose, and Arsen. and Canth. as before.

Nov. 4th, quarter past 7 a. m.—Had cramps about 3 o'clock in the morning in the calves of the legs and wrists; vomited three times and purged twice; so thirsty that she drank all the water in the bottle applied to her feet; pulse 112 weak. She looks better, and the voice is stronger; occasional cramps in the wrist.

Cuprum, 6th, one dose,
afterwards Arsen. and Veratr. alternately.

Half-past 9 a. m.—Pulse 100; tongue and skin warmer; stools darker, more fæculent; great thirst.

Continue Arsen. and Veratr.

3 p. m.—Pulse 108; vomited three times a green watery fluid; bowels twice moved; complains of burning in the throat; no urine.

Canth. 3rd and Arsen. 3rd alternately.

8 p. m.—One copious brown stool; pulse 90, wiry; great thirst; cramp in the leg.

One dose of Cupr. Acct. 3rd,
and afterwards Arsen. and Veratr. every half hour.

Nov. 5th, 10 a. m.—Much better; skin and breath and tongue warm; slept several times for a short time; has had much ineffectual desire to make water.

Canth. 3rd and Arsen. 3rd, alternately every half hour.

11 a. m.—Pulse 88, stronger; purging a little brown water; less thirst.

Arsen. 3rd, half hourly.

Nov. 6th, 1 a. m.—Sound asleep, quite warm, and pulse natural. Continue medicine.

Half-past 11 a. m.—Bowels were moved two or three times, and the evacuations were reported to be dark. The tongue is dark brown; pulse 88, strong. Complains of much general uneasiness; no urine has been passed. Ordered a little arrow-root.

Tereb. 3rd dil. hourly.

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Half-past 11 p. m.—The tongue is dry and red; pulse 88; great general pain complained of; bowels once moved; inflammation of the eye.

Continue Tereb.

Nov. 7th, half-past 9 p. m.—Bowels only once moved to day, the evacuation dark and thin; some urine passed; face flushed; tongue red; breathing oppressed. She had got up and gone into the kitchen, along a stone floor, and had eaten a part of an apple.

Bellad. 3rd dil., a dose every hour.

8th, half-past 9 p. m.—Little change; had passed urine three times.

Arsen. 3rd and Bell. 3rd alternately, hourly.

Nov. 9th, noon.—Very delirious; blood coming from the mouth; tongue red; great thirst; pulse jerking, feeble, about 80.

Continue Bellad. 3rd dil.

7 p. m.—Much tossing: tongue and lips dry and bleeding; eyes staring; hands cold; pulse slow.

Arsen. 3rd dil.

9 p. m.—Laborious breathing; bluish, speechless; pulse 75; seems insensible.

Laches. 6th and Arsen. 3rd alternately every half hour.

10th, 8 a. m.—Hands and arms cold; breathing laborious; lips and teeth covered with black sordes; passed a very restless night; no purging or vomiting; cannot speak, but is sensible when spoken to.

Bell. 3rd dil.

She died at 6 a. m. of the following morning.

Case XVI. (108.)

G. W. aged 47, a smith.—This man has had bowel complaint during the day for three days, but able to be at work. Sat up through the night of 3rd November with his daughter, who died of Cholera. At 3 a. m. November 4th the bowel complaint became worse; went to his work at 7 a. m., taking for breakfast a piece of dry bread only; felt sick on the road and took a glass of brandy, which he vomited, and the vomiting continued. We first saw him at 9 a. m. His tongue, skin, and breath were cold; hands and nose livid; eyes sunk, and surrounded with a dark circle; expression ghastly; voice husky, speech altered and indistinct; pulse 140

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weak. He was still anxious to go out to make arrangements about the funeral of his daughter.

Arsenic, 3rd dil. every quarter of an hour.

2 p. m.—He was in bed. Severe cramps in the legs and arms; vomited five times and purged seven times since last visit, dejections consisted of a large quantity of colourless fluid, containing flocculi; pulse 120.

Continue Arsen.

Half-past 5 p. m.—Vomited twice and purged once, fluid from bowels as before; cramps less severe; skin cold and clammy; voice stronger; pulse very weak, indistinct.

Continue Arsen.

Half-past 9 p. m.—Skin warm and moist; no purging, vomiting, nor cramps; great thirst; pulse 88, full but weak. Took about 7 p. m. a cup full of strong tea without milk, and eat a little bread—vomited neither. Voice much stronger, though his general appearance continues as before; eyes sunk, half open; tongue furred, yellow, rather cold.

Continue Arsen. every half hour.

5th Nov. quarter past 12 a. m.—Bowels not moved; no vomiting; is restless, cannot fall asleep; pulse 100 weak; features contracted and hands shrivelled.

Continue Arsen.

Half-past 9 a. m.—Bowels moved soon after last visit, open since every quarter to half hour, stools watery of a dirty brick colour, small in quantity; tenesmus, and ineffectual desire to urinate; craving for food; countenance cadaverous; feet, hands, and genitals blue, cold and shrivelled; face and lips cold; tongue furred and cold; breath warm; pulse about 100, very weak and scarcely perceptible; less thirst.

Nux vom. 3rd dil.

10 a. m.—In the same state.

Mer. sol. 3rd dil. and Canthar. 3rd dil.
alternately every half hour.

11 a. m.—He took half a teacupful of bread and milk; felt fatigued and exhausted; respirations 32; pulse 100, more distinct.

Merc. cor. 3rd and Arsen. 3rd dil. alternately.

12 noon.—No improvement; breathless; whole body cold; pulse could not be felt at left wrist, very indistinct at the right. Continue medicine.

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4 p. m.—Has been repeatedly seen, but no change; took arrow-root and milk twice; was perfectly sensible till within ten minutes of his death. He was excited and wept when his daughter's body was removed from the house at half-past 4 p. m.

He died at 8 p. m. 5th November.

Case XVII. (136.)

J. H. aged 38.—Intemperate habits. He was drinking to excess yesterday; was seized at 10 last night with vomiting and bowel complaint. We saw him first at half-past 7 a. m. 13th November. Watery purging through the night, none since 9 a. m.; urinated about an hour ago; severe cramps in legs, arms, hands, and side; body warm; feet, hands, and face cold and livid; pulse 106, small, weak, and indistinct; voice hoarse; great thirst.

Tinct. Camph. every five minutes.

10 a. m.—Cramps in legs very severe; in other respects the same.

Verat. 3rd dil. and Cupr. 3rd dil.
alternately every quarter of an hour.

4 p. m.—Severe cramps in his legs, and frequent vomiting; voice low and hoarse.

Continue Verat.

14th, 9 a. m.—Vomiting continues every few minutes; bowel complaint abated; no urine since yesterday afternoon; great thirst and hiccough; voice stronger; pulse 76, small.

Arsen. 3rd dil. and Nux vom. 3rd dil.
alternately every half hour.

10 p. m.—Pulse 100, small; vomiting continues; tongue covered with white fur, warm; no pain at epigastrium; slight cramps in the legs continue; no urine passed.

Canthar. 3rd dil. every half hour.

15th, 9 a. m.—Slept well; no urine passed; very little vomiting.

Nux vom. 1st dil. every half hour.

12 noon—Vomiting ceased; frequent ineffectual inclination to urinate.

Digital. 3rd dil. every half hour.

9 p. m.—Still no urine passed; one abundant bloody stool.

Hellebor. 6th dil. every half hour.

16th, 10 a. m.—No change.

10 p. m.—Still no urine passed.

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17th, half past 8 a. m.—Speaking indistinctly, he complains of pain in his chest—it sounds clear on percussion; respirations 30; pulse 68; tongue dry; slight strabismus; no urine passed; no pain or fulness over the pubis; some difficulty in swallowing; hands cold, shrivelled, livid.

Stramon. 9 dil. every quarter of an hour.

3 p. m.—No improvement.

Laches. 6th dil. every quarter of an hour.

9 p. m.—He died a few minutes before this visit on 17th November.

We now pass from this dreary region of death to cases of recovery, and the ten cases which immediately follow constitute what we may call the Camphor group, as that remedy was mainly, if not solely, instrumental in rescuing all these patients.

Case XVIII. (2.)

Mrs. R. aged 43, previously in good health, was taken ill on the 7th of October with cramps, &c. in the limbs, and vomiting. She was seen by an Allopathic physician on the 8th, and ordered laudanum. When seen at 8 o'clock, p. m. of the 9th, there was watery purging and much sickness.

Veratr. 3rd dil., a dose every half hour.

12 o'clock same night.—Her face is changed, being dark and sunken, the lips livid. She has fainted several times since last visit. Severe cramps in legs and stomach; the pulse is small and quick.

Camphor, a dose every few minutes.

After four or five doses she fell asleep.

10th, 10 a. m.—Is quite well, except slight headache and great exhaustion.

Case XIX. (57.)

N. G. aged 21, a woman of intemperate habits. When walking in the street to-night at half-past 11, she was suddenly seized with severe cramps in the abdomen and legs. She would have fallen had she not been supported and led into the house. We saw her first at 12 p. m. on the 21st October. Her abdomen was much swelled, she had severe cramps in the legs, shivering and coldness all over the body. Frequent muttering delirium, tossing about in the bed;

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complains much of cold. Great desire to vomit, little ejected; pulse slow and weak.

Tinct. Camphor, in water every quarter of an hour.

22nd, 1 a. m.—Much better.

Verat. 3rd dil. every half hour.

At the visit during the day, 22nd October, found she was quite recovered.

Case XX. (114.)

Mrs. T. aged 23, subject to dyspeptic attacks. She awoke this morning, 4th November, about 6 a. m. with vertigo, noise in her ears, nausea and pain in the epigastrium. We first saw her at 7 a. m. same day. She has vomited (three times in an hour) a large quantity of a greenish watery liquid. She complains of pain in the stomach and head. Skin cold, pulse 120, irregular; painful dry retchings, no purging.

Tinct. Camphor, every ten minutes.

1 p. m.—No vomiting, occasional pains in her stomach and through her head. Taken no food, rather thirsty.

Continue Camph. every half hour till relieved.

5th Nov. noon.—Says she is better; has some weight and pain in epigastrium, and feels a little nausea.

Continue Camph.

6th Nov. 2. p. m.—She is sitting up, and is quite well.

Case XXI. (117.)

Mrs. T. aged 24. Has had a cold for several weeks, but been out every day visiting her husband, who is in the infirmary, labouring under Phthisis. Is in circumstances of great poverty and destitution, living chiefly on tea, which she takes twice a day. She was last night attending her uncle, whom she left dying of Cholera between 10 and 11 p. m. She states that at that time she was seized with tremor over the whole body, which continues with chilliness, vertigo, and noise in the head. She took whisky and pepper an hour ago, and has been sick and retching frequently. During the last hour and a half she has had three copious, offensive, brownish liquid stools. We first saw her a little after midnight, 6th November. She was then sitting up in bed, wrapped in blankets, her teeth chattering, rigors, and anxiously inquiring whether she would live;

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her face, nose, lips, and tongue were cold; skin dry, cold; she began to retch during visit; pulse 108, feeble.

Tinct. Camph. every ten minutes.

2 p. m.—Slept a little, is squeamish.

Arsen. 3rd dil. every half-hour.

To have sago from the Dispensary.

7th Nov. noon.—Sitting up by the fire side, quite well.

Case XXII. (138.)

This case of recovery from the incipient stage finds its proper place here, although Camphor was not the remedy.

J. N. a girl aged 22.—We first saw her at 2 p. m. November 13th. She was taken ill suddenly last night with vomiting of brown and slimy matter and violent pain in the legs, with much shivering. Tongue warm; complains of pain in right side. Pulse 120, small and weak.

Arsen. 3rd dil., every half hour.

14th Nov. 9 a. m.—Better, no vomiting or pain; pulse 70; tongue clean, no thirst.

Continue Arsen.

2 p.m.—Continues free from pain; feels comfortable and well.

Case XXIII. (142.)

Mrs. C. aged 50.—Unwell for a week past. Has been in attendance on a woman who died of Cholera this morning, November 13th. She got Tinct. of Camph. We were sent for at 9 p. m. She had violent empty vomiting; pulse 120, small; much pain in epigastrium and abdomen; no purging.

Acon. 3rd dil. Merc. cor. 1st dil. alternately every hour.

14th Nov. 9 a. m.—Much better; no vomiting; pulse natural.

Continue Merc. cor.

10 p. m.—Continues better. To have a supply of sago.

16th November, noon. She continues quite well.

Case XXIV. (146.)

E. M. a girl aged 21. A stranger and given shelter in the house where she is. She states that she took spirits during the day on account of pain in the epigastrium, and felt tolerably well till about 6 p. m. when, after taking some tea, she began to vomit; has since

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vomited repeatedly a brown watery liquid. She had severe pain in the stomach and through the head, was taciturn, fainted before she was put to bed, and had cramps in the abdominal muscles. The muscular contractions were irregular, and confined chiefly to the left side of the abdominal parietes. We first saw her at half-past 11 p. m. 15th November. She was lying quietly on her back, but soon began to toss about, kick, and strike with her arms, and roll her head from side to side, sobbing. She bent herself forward involuntarily with a scream, and then fell powerless. The abdominal muscles on the left side were raised and hard, swelled on that side as in pregnancy; sound, on percussion, hollow. She has had several paroxysms of a similar nature since 6 this evening. She says she has no pain except head ache during the paroxysm. Her skin is cold and dry; pulse 92.

Tinct. Camph. every ten minutes.

16th Nov. noon.—Is better; sitting up dressed.

6 p. m.—Is up, cheerful, and quite well.

Case XXV. (162.)

M. L. a girl aged 9. Nine cases of Cholera have occurred in the flat where this patient lives; both her mother and sister had it. We saw her first at half-past 8 p. m. November 19th. She was suddenly seized about an hour ago with violent pain in the abdomen and empty retching, chattering of the teeth, coldness of surface; anxious, uneasy expression of face; restless; voice feeble and moaning; pulse 130; no purging, very great thirst, coldness of breath.

Tinct. of Camph. every five minutes.

Half-past 10 p. m.—After five or six doses she fell asleep. Found her asleep. Pulse 90; expression improved; respiration natural; passed urine.

Continue Camph.

20th Nov. 7 a. m.—She has slept calmly since last visit. Pulse 100; aspect natural.

9 a. m.—Much the same.

Bellad. 3rd dil. every two hours.

9 p. m.—Sleeping; no stool; urinated.

21st Nov. 9 a. m.—Slept well, looks better, and seems quite well.

22nd Nov.—Continuing well.

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Case XXVI. (171.)

C. P. a woman aged 27. Her father has been ill of Cholera, and she has attended him for the last two days; during this time she has taken scarcely any food and has had no rest. While sitting at the fireside last night, about 10 o'clock, she fainted and was put to bed. She felt cold and had some brandy and water; after this she shook and her teeth chattered. Vomiting began about 11 p. m. She had cramps, severe pain in the epigastrium, and pains over the whole body, which made her cry out and be restless. She was first seen at half-past 2 a. m., November 21st. She was roaring from cramps all over the body, which made her retch; eyes wide open, expression restless. Complained of coldness in her bowels; face, lips and hands cold and pale; tongue warm; pulse 104, unsteady.

Tinct. Camph. every quarter of an hour.

9 a. m.—Fell asleep after taking medicine; slept till 8 a. m. Pulse 100; no vomiting or purging; great general pain; no urine passed.

4 p. m.—Found in a deep sleep; pulse 96, hard; perspiration, warm on the chest, cold on the forehead; no urine passed.

Continue Camph.

22nd November, 9 a. m.—Was up, sitting by the fire; complains of general uneasiness; pulse quick.

Nux vom. 3rd dil. every two hours.

23rd November, 9 a. m.—Sitting up; complains much of giddiness; perspired freely through the night; bowels costive; pulse 62.

Continue Camph. occasionally.

1 p. m.—Doing well; urine and bowels natural.

25th Nov. 3 p. m.—Continuing quite well.

Case XXVII. (67.)

A woman, aged 48. Had diarrhœa three weeks ago, for eleven days, but has been in good health since. Took dinner at 2 p. m. after which her bowels were moved once, and she was directly afterwards seized with vomiting, first watery fluid, and then her dinner. Seen first at 4 p. m. October 24, when she was cramped in the legs and toes; was in bed, roaring furiously from pain in the stomach, and vomiting a large quantity of whitish liquid, with painful retchings. After the vomiting had ceased, the pain in the stomach became excruciating, followed by the same train of symptoms; pulse slow

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and faint; skin cold and clammy; hands and feet cramped. Camph. every now and then was given. After an interval of a quarter of an hour she vomited the white characteristic cholera liquid once more, then became cheerful, wiped her face, and exclaimed, "Now I am better;" was very thirsty. Camph. now and then till quite warm. Seen at 9 p. m.; was better, except occasionally cramped in the tongue and eyelids. Visited next day; quite well.

The following fourteen cases (all but the first) recovered from fully formed cholera.

Case XXVIII.* (62.)

E. G. a woman aged 35. Habits temperate; previous health good. Was quite well last night. She was taken ill at 8 this morning, 23rd October, with vomiting and purging. We saw her first at 3 p. m. the same day. Surface of the body cold; an expression of terror on her face; tongue and breath cold; no pulse; moaning from cramps; complained much of pain at breast. She had three or four doses of Arsenic, 3rd dil. without any benefit.

5 p. m.—Acid Hydrocyanic, 3rd dil. every five minutes.

In about half an hour she exclaimed, "God be thanked, my heart is getting better." Pulse perceptible, surface warmer.

Arsen. 3 dil. every quarter of an hour.

8 p. m.—Vomited and purged once; no cramps; complains much of pain in sides and back; surface warm, and perspiring; very thirsty.

Continue Arsenic.

24th October, 6 a. m.—Soreness of body, especially of abdomen; was easier from 12 to 3. Pulse not perceptible.

Continue Arsenic.

Half-past 8 a. m.—In the same state.

Continue Arsen.

3 p. m.—Pulse 120; vomited once; tongue cold; no cramps.

Continue Arsen.

* This a case of only partial recovery, for she afterwards died in the Infirmary, and of course does not appear among the recoveries in the table; but as it is interesting for various reasons, we have thought it advisable to include it in our reported cases. She was removed at the express desire of the lodging house keeper, and probably suffered in consequence of the removal.

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5 p. m.—Stools dark red, with a fæculent smell; complains much of thirst and pain in the abdomen.

Merc. cor. 2nd dil. half-hourly.

9 p. m.—Pulse 90; great pain in abdomen. Being a lodger merely, and not comfortably attended to, at the request of her friends she was sent to the Infirmary.

Case XXIX. (79.)

Mrs. McD., aged 28, married nine years, has no family, of hæmorrhagic diathesis. She has been weakened by too frequent and too copious catamenia. At the end of the last catamenial period, three days ago, diarrhœa came on, which continues. She began to vomit this morning, and continued to do so till 6, p. m., when uterine hæmorrhage commenced; she got very weak and took brandy at 7, p. m., which was instantly vomited. We saw her first on 28th October, at half-past 8, p. m., she was sitting in bed, melancholy and afraid of instant death; pulse 128, small; skin excessively cold, with cold perspiration on the nose and forehead. Complains of being very sick; cold, particularly in the bowels, and thirsty; urine suppressed since last night; feels very weak, and says she cannot breathe when lying, and cramps come on in legs. She is sallow and ghastly in appearance.

Secale, 1st dil., every few minutes,
To be followed in half an hour by Verat. 3rd dil.,
every quarter of an hour.

12, p. m.—She has had only one attack of vomiting along with purging without cramps.

To have her feet in warm bath. Continue Verat.

29th, 8, a. m.—Much better; no vomiting or purging since midnight; felt sick at 4, a. m., and took a few doses of medicine; afterwards fell asleep and perspired freely; pulse, when lying, 92; is irresistibly thirsty.

Secale every half-hour.

12, noon.—Better; no vomiting or purging.

9, p. m.—Has perspired almost the whole day; skin warm; pulse 80, firm and full; no purging or vomiting; had some slight cramps in the legs twice since last visit. Continue.

30th, 11, a. m.—Much better; bowels not moved.

Continue Secale.

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31st, 6, p. m.—Better; bowels not moved.

Nov. 2nd, 10, p. m.—Says she is now quite well.

Case XXX. (81.)

Mrs. McG. aged 37. Health reported previously good. Two days ago washed the clothes of a person who had Cholera, and lived in the house facing her own door in the same passage. She felt sick and chilly ever since; took salts and senna yesterday morning; the bowels have been loose since; took whisky to-day and vomited it immediately; vomiting has continued since. We saw her first at 2, p. m., October 29th; she was lying on the floor; her face dark; eyes sunk; complains of being cold and sore over the whole body; pulse 128; skin dry, warm; headache; stools watery; no cramps.

Bellad. 3 dil. every half hour.

9, p. m.—No sickness, vomiting or purging since the last visit; profuse warm perspiration over the whole body; pulse 100.

30th, noon.—Better; perspired the whole night; bowels not moved.

31st, 6, p. m.—Quite well and is up.

Case XXXI. (83.)

M. D., a woman of 23 years of age, and was seen first in the house whence her mother had been removed to the Infirmary suffering from Cholera, of which she died. Another woman died of Cholera in the same flat. She was seen first at 1, p. m., of the 29th of October, the expression of countenance dejected; face of a bluish colour and cold; frequent retching; copious brownish stools; pulse 128, weak; feels very weak and chilly.

Arsen. 3rd dil. every hour.

Oct. 30th, half-past 10, a. m.—After four doses of Arsen., began to perspire; bowels only twice moved since last visit; pulse 100.

To continue Arsen. every two hours.

Oct. 31st, 5, p. m.—Pulse 92, soft; bowels not moved. Was ordered sago, and to continue medicine.

Nov. 1st.—Found her up and quite well.

Case XXXII. (106.)

Widow S., aged 48; she has been in constant attendance on her children, six of whom have had Cholera, and four died in the Infirmary. For the last two days she has been unwell, and the catamenia

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after a lapse of six weeks have returned. She began to vomit at 10 this morning, and had great pain in the hypogastrium and excessive catamenial discharge. We saw her first November 4th, at 3, p.m. Her hands are cold; features shrivelled, looking very miserable; pulse slow and weak; frequent retching, and vomiting of everything taken.

Secale every quarter of an hour.

Nov. 5th, 9, a. m.—No vomiting; perspired last night; great thirst; urinated a little for the first time for twenty-four hours; pulse 92, stronger.

Nov. 6th, noon.—Has been out seeing a friend; says she is well but weak.

8th, 2, p.m.—Quite well.

Case XXXIII. (123.)

J. R., aged 27; is pregnant, at the seventh month; she was in good health till two days ago, when she felt general indisposition. To-day, November 9th, she was seized with cramps in the hands and feet; nausea and vomiting; an inclination to purge, but cannot effect any evacuation. We saw her first at 7 p. m., pulse scarcely perceptible; strong tendency to coldness of the surface; cold hands and feet; burning pain at the epigastrium.

Tinct. Camph. occasionally.

Half-past 11 p. m.—Pulse perceptible; skin of natural temperature; complains of sickness.

Arsen., 3rd dil., every half hour.

10th, 8 a. m.—Slept badly; very cold through the night; no sickness or purging; soreness of the legs and bowels; temperature of the skin natural; complains of shivering; passed urine at 5 this morning; frequent ineffectual desire to relieve bowels; pulse distinct though weak.

Nux vom., 3rd dil., hourly.

Half-past 3 p.m.—Cramps in the feet and legs; thirst, as before; skin warm; pulse perceptible.

Continue Nux.

11th Nov. 8 a. m.—Cramps in the calves of the legs and hands through the night; no vomiting or purging; passed no urine; desire to relieve bowels gone; skin and tongue natural; pulse pretty full.

Cupr., 3rd dil., hourly,

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12th, 10 a.m.—Much pain in legs; vomiting of bloody fluid; pulse, 120 weak.

Canthar., 3rd dil.

5 p.m.—Much pain in lower part of bowels, increased on pressure; vomiting of bloody fluid continues; pain in arms; bowels not moved.

Secale, 3rd dil.

13th, 7 a.m.—Vomiting continues at intervals; no passage of fæces or urine; pain in bowels as before.

Continue Secale.

Half-past 2 p.m.—Found asleep, roused with difficulty; vomited twice since last visit; had frequent desire for micturition; no pains except on right side of abdomen.

To have warm water enema.

Canth., 3rd dil., every two hours.

Acon., 3rd dil., now and then.

14th, noon.—Secale every hour.

15th, noon.—Bowels opened yesterday; bloody vomiting ceased; last night urinated.

2 p.m.—Better.

Continue Secale.

15th, 7 p.m.—No vomiting; says she is better; skin warm, moist; pulse 88; more cheerful; has taken some food.

Continue Secale.

16th, noon.—Sitting up; still some nausea.

21st, noon.—Continues well.

Case XXXIV. (135.)

Mrs. B., aged 32, a widow. Was drinking to excess on Saturday last; yesterday at 6 a.m., began to vomit, first bilious matter, then whatever taken. We saw her first at 5 a.m., November 13th. Skin warm, except hands and arms which are cold; colour natural; bowels costive for two days; pain in chest and palpitation of the heart; tongue warm; burning in stomach; no cramps; vomiting very urgent; great thirst. Has had salts and brandy; pulse about 90, small and indistinct.

Tinct. Camph. every ten minutes.

6 a.m.—No change.

Verat., 3rd dil.; Arsen., 3rd dil., alternately every half hour.

1 p.m.—Constant watery vomiting; no cramps; pulse 120. Continue medicine.

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8 p. m.—Vomiting continues; urgent thirst.

Continue Verat.

14th Nov. 1 a. m.—Constant vomiting; contrary to orders has been getting tea and spirits.

Half-past 9 a. m.—Vomiting continues, of water with dark flocculi; pulse 120, small; ineffectual desire to urinate; very giddy when she tries to rise; much pain in epigastrium.

Nux vom., 1st dil., half hourly.

5 p. m.—Rather better. Continue medicine.

Half-past 9 p. m.—No vomiting; pulse 112; tolerably strong.

15th, 9 a. m.—Better; has taken castor oil; pulse 80, urinating.

Continue Nux. To have arrow-root.

Noon.—Pulse good; bowels open; dejections black.

17th, half-past 8 a. m.—Vomited three times during the night; feels better.

18th.—Complaining of pain in stomach and flatulence; pulse 80; skin warm, soft; bowels costive.

Tinct. Camph., occasionally.

21st.—Is up and quite well.

Case XXXV. (154.)

F. R. aged 27.—Delicate and subject to diarrhœa. She has been three days under the action of allopathic remedies. We saw her first, November 16th, 11 a. m. She was lying on her right side; countenance pale, haggard, and dejected; pain in the head, limbs, and abdomen, below umbilicus; purging and vomiting white watery fluid; pulse 126, weak; skin cold; tongue furred; great thirst.

Tinct. Camph. half hourly.

3 p. m.—Vomiting ceased, is sick; bowels opened twice; pain in the abdomen; pulse 100.

Merc. sol. 3rd every hour.

11 p. m.—Much better; vomited and purged only once; pains in abdomen less frequent and severe.

Continue Merc.

17th, 11 a. m.—No purging nor vomiting; pulse 80; skin warm; perspired through the night.

Continue Merc.

18th.—Slept well; no pain; tongue cleaning.

19th.—Is quite well.

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Case XXXVI. (156.)

Mrs. R. aged 30.—Pregnant in 6th month. She has had diarrhœa for three days, worse and accompanied by vomiting during the night; pain in the hypogastrium, and below the knees. We saw her first November 17th, 7 p. m.—Pulse 128 weak; skin dry, cold; lips blue, cold; husky voice; very thirsty.

Merc. sol. 3rd every hour.

Nov. 18th, 9 a. m.—Slept four or five hours; no motion through the night, six since 6 this morning; skin cold; pulse 100 when sitting, when lying 92; thirst.

Continue Merc.

19th, half-past 10 a. m.—Sitting up in bed; bowels not moved since yesterday.

Continue Merc.

20th, 11 a. m.—Is up, and says she is well.

21st.—Continuing well.

Case XXXVII. (157.)

W. C. aged 56.—He has had diarrhœa for three days. Since 5 o'clock last night has been vomiting and purging; cramps since 4 this morning. Has had brandy and four opium pills, productive of no benefit. We saw him first Nov. 18th, half past 2 p. m.—He was lying on his back speechless; pulse 108; skin warm and dry; lower jaw hanging down; occasional starting; when roused spoke in a whisper and asked for drink; frequent purging and vomiting of watery fluid.

Tinct. Camph. now and then, Merc. sol. 3rd every hour.

Nov. 19th, 10 a. m.—No vomiting, purging, nor cramps since 10 last night; slept pretty well; no urine passed since yesterday; skin warm; pulse 96 feeble; drowsy, wakes occasionally with desire to vomit.

Continue Camph. and Merc.

20th, half-past 6 a. m.—Rested well all night; urinated through the night; skin natural; great thirst; feels better.

Continue Camph. and Merc.

21st, 9 a. m.—Was dressed and feels well.

Case XXXVIII. (169.)

Mrs. C. aged 45.—Exhausted by attending on her husband, who has been ill of Cholera, and want of food. She has had trembling

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of the body and chattering of the teeth all day, with purging, watery dejections passing from her bowels in gushes; feels very sick; has a desire to be down; has passed no urine during the day. We saw her first at 10 p. m.—Skin cold; pulse 112 weak, with marked Choleric expression of countenance.

Tinct. Camph. every now and then,
Merc. sol. 3rd dil. at bed time.

Nov. 19th, 10 a. m.—Much better, is up; no purging during the night; slept a little; much headache; pulse 92 firm.

20th, half-past 6 a. m.—Reported quite well. She was out when visit was paid.

Case XXXIX. (164.)

A. R. aged 10.—He has been confined to bed for more than six months with morbus coxarius, and is much emaciated; subject to diarrhœa for some months. This morning frequent purging and vomiting. We first saw him 20th November, at 1 p. m.—Skin cold; eyes sunk; dark sallow countenance; eyes turned up, half shut when apparently asleep; purging and vomiting watery flocculent liquid; breathing languid; pulse 120 weak.

Tinct. Camph. now and then, Merc. sol. 3rd dil. every hour.

21st noon.—Much better; bowels moved only once.

Continue Camph. and Merc. sol.

22nd.—Took some food and beer when thirsty—began to vomit and purge.

23rd.—Vomiting and purging continue; nearly pulseless.

Continue Camph. and Merc. sol.

24th.—Free from pain in haunch; eyes turned up; speechless.

Continue Merc.

25th.—No vomiting and purging; exhausted and thirsty; pulse getting stronger.

26th.—No vomiting; bowels not moved for two days.

Continue Merc.

27th.—Has taken some food; bowels not moved; pulse 84 full; begins to cry again from pain in the hip.

Case XL. (176.)

M. A., a woman, aged 45.—Her only Child died of Cholera last night. She is of intemperate habits, and has been drinking to excess for a day or two, and has had bowel complaint for a few days.

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Between 3 and 4 this morning began to vomit. We first saw her at half-past 9 p. m. 22nd November.—She had frequent vomiting of a clear watery fluid; purging, stools reported as consisting of brownish fluid mixed with blood; urinated half an hour ago; frequent cramps in feet and hands; pulse 74; face cold; extremities at times cold; countenance dusky, expressive of great anxiety; smells strongly of spirits.

Tinct. Camphor every quarter of an hour.

23rd, half-past 8 a. m.—Pulse 120 small; vomited once and no purging since last visit; skin warm; she has been very restless through the night, passed a good deal of wind; urinated abundantly this morning; great thirst; complains much of weakness.

Continue Camph.

12 noon.—Vomiting a good deal for the last two hours; complains of soreness over the stomach and bowels; extremities cold.

Arsen. 3rd dil. every hour.

8 p. m.—General heat good; cramps continue in legs.

Continue Arsen.

25th, 10 a. m.—Bowels regular; pulse natural; urinating freely; sick and vomiting when she moves.

Ipecac. 3 dil. hourly.

26th, 2 p. m.—Found sitting up drinking tea; says she is quite well.

The following case occurred in Portobello.

Case XLI. (16.)

A girl, aged 13, was seen at 1 o'clock p. m. on the 29th of October. No previous bowel complaint. Passed no urine since last night. At 4 this morning seized with vomiting and purging of white fluid every few minutes, and cramps in legs and arms.

First seen at 1 p. m.—Surface of the body cold; face livid; eyes deeply sunk, surrounded with dark circles; tongue pale, cold and flabby; breath cold; voice hoarse and querulous; expression anxious; quite pulseless; restless; vomiting clear watery fluid; evacuations described white and fœtid; complains of cutting pain in right side catching breath. Epigastrium painful on pressure.

Camph. at intervals of five minutes.

In ten minutes pulse quite perceptible; tongue and lips very cold; no vomiting or purging.

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1-20.—Vomited once; much pain in epigastrium.

Cupr. 3rd.

1-40.—Pain abated; vomited once.

Continue alternately with Verat.

2-45.—Vomited once; burning pain in belly, and desire to sleep.

Arsen. 3rd.

3.—Some cramps in hands; pain catching breath; pulse very feeble.

Continue Arsen. every quarter of an hour.

3-10.—Pain in bowels increased.

Cupr. 3rd.

3-25.—Pain relieved; once vomiting.

Arsen. 3rd.

5-45.—Has had three or four attacks of vomiting; pulse small, rapid; tongue and skin warmer; urgent thirst; burning heat in stomach; moaning.

Continue Arsen. 3rd.

30th.—Restless through night; great thirst; vomiting continues; skin and tongue warm; pulse 120 small; bowels once moved, reported very fœtid, ineffectual desire to relieve bowels.

Continue Arsen. 3rd.

2 p. m.—One copious fœtid stool; passed a little urine; skin warm; complains of hunger and has no pain.

5 p. m.—Pulse 120; continues free from pain.

Continue Arsen. 3rd.

taken in a tablespoonful of gruel every second hour.

1st Nov.—Much better.

The following is the only case of recovery from the typhoid stage. It was one of our earliest cases, and being seen by all of us very frequently, there was not so accurate a report kept by any one of us as we could desire. It was looked upon as quite hopeless.

CASE XLII. (6.)

Mrs. L., aged 35, seized with vomiting, and purging, and cramps in the arms and legs, at 4 o'clock, p. m. of 10th October; seen at 6 p. m. She had violent convulsive fits, lasting from five to ten minutes, with fixed eyeballs, clenching of the jaws, and slight foaming at the mouth. Her pulse was irregular, varying every few

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minutes from 104 to 68 beats per minute. Abdomen exceedingly tender.

Acon. and Nux v. alternately every quarter of an hour.

9 same evening.—No convulsions or cramps; abdomen still tender; only one stool; no vomiting; pulse 100 weak, regular. Continued to improve until the 12th, when she seemed convalescent. On the night of the 12th she went about the house, and ate potatoes.

At 12 p. m. was seized with violent cramps in the limbs and pain in the abdomen. She was seen at half-past 1 a. m. and found cold, and purging and vomiting.

Got Nux v. and Verat.—and fell asleep.

When seen at 5 a. m. she was in a state of perfect collapse, and not expected to live above a few hours.

She was ordered Arsen.

On the 14th at 4 a. m. the upper part of the body was quite cold; there was no purging and little vomiting; no pulse; and hiccough.

Secale and Verat. alternately.

At 10 a. m., same day, the pulse was just perceptible; tongue and breath not quite so cold. She was seen from this time by one of the Medical Officers every three or four hours for several succeeding days, and got chiefly

Arsenicum and Veratrum.

The symptoms gradually abated, but for several days the weakness was so great that she was not expected to recover. She gradually got better, and when seen on the 23rd of November was quite well. She passed through the true typhoid stage.

ESSAYS ON GENERAL PATHOLOGY,

By William Henderson, M.D.,

Professor of Medicine and General Pathology in the University of Edinburgh.

(*Continued from Vol. VI. p.* 478.)

While the increase of the fibrine, or spontaneously coagulating element of the liquor sanguinis is a constant occurrence in acute inflammations of a certain extent and intensity, and while there appear good grounds for concluding that the increase is

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due to the blood discs being dissolved with more than ordinary rapidity, or in greater number than usual, it is not certain whether the increase of the fibrine occurs in the vessels of the inflamed part, or in those of other parts of the system. No experiments or observations yet made enable us to determine this point. Gendrin, indeed, remarked that the blood returned by a vein leading from an inflamed hand presented no more of the ordinary inflammatory appearance than did that which was drawn from the corresponding vessel of the opposite arm, which was free from disease; but there was no attempt to ascertain the relative proportions of the fibrine in the two specimens of blood, and the mere aspect of the fluid, or of the clot, does not satisfactorily indicate the amount of the fibrine. Dr. Alison, if I mistake not, made an observation of an opposite kind, on the appearance of the blood taken from an inflamed part compared with that which was furnished by another region of the body in the same person: at all events, Dr. Williams has done so, (*Principles of Medicine,*) and by the alleged fact, that "blood drawn directly from an inflamed part is more buffed than that drawn from a distant part," a circumstance which he has observed "even in blood drawn by cupping, on a part inflamed by the previous application of a blister," supports his opinion that the "change in the blood is altogether produced in the blood-vessels in and near the inflamed parts." The appearance of the buffy coat is, however, neither a sufficient ground for this conclusion of itself, nor an important addition to any other grounds that may be adduced to sustain it. Many incidental circumstances may affect the buffy coat, so as even to cause that portion of blood which possesses the smaller amount of fibrine to exhibit a more buffed appearance than that which contains the larger quantity. Actual observation, or experiment, then, appears to be wanting on the subject; but I think that there are certain considerations which render it more probable that the change in the blood takes place throughout the circulating system rather than in the inflamed part itself.

If it be admitted that the blood discs contain the fibrine, which, by dissolving as they gradually attain maturity, and as influenced by the forces which act upon them, they yield in

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a certain regulated proportion in the healthy state to the liquor sanguinis, we should more readily assign an unwonted activity of this process to an excitement which pervades the whole body, and which is so strongly evinced by the phenomena of inflammatory fever, than to a local disease in which there is no evidence of the exercise of vital powers of unusual vigour, but rather the reverse. If we regard the slower coagulation of blood drawn in that stage of the inflammatory fever which is distinguished specially by excitement of the nervous system—shown by its remarkable resistance of agents which commonly produce exhaustion and faintness—as due to the presence and operation of a force in preternatural activity throughout the body, we can more readily comprehend how the cause of unusual rapidity in the changes which are proper to the blood should consist of the increased vigour of the same, or of some other, agent, which in ordinary circumstances is, in all parts of the body, engaged in producing some measure of the same changes—than that it should consist of an agency which, in the part inflamed, is engaged in a process of nutrition which evinces plastic powers of a grade inferior to those of the same part in health—competent to the production of only the simpler anatomical tissues, and even these of an inferior quality. Nor are those febrile diseases without their share of interest on the point in question, which are distinguished by an indisposition on the part of the blood discs to dissolve, and consequently to decrease while furnishing fibrine to the liquor sanguinis. In such examples it is a *general* condition, not a local, which suspends or retards the customary process; and even when considerable local inflammation is present in some of those diseases (enough to have caused in other circumstances inflammatory fever and increase of the fibrine,) and characterized to all appearance by the ordinary phenomena of inflammation—as in scarlatina and small-pox—it fails to give rise to an increase of the fibrine. The *general* condition is wanting, apparently, on which that increase must depend, until, at least, so much inflammation is superadded as to produce some small measure of that influence elsewhere, which does not appear to reside in an inflamed part itself.

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From all that has been said of the circumstances in which an increase of fibrine occurs, it appears to come under the *third* of the propositions stated at the commencement of these essays, that which affirms that some morbid conditions of the blood spring from antecedent morbid actions in the solids, and do not constitute the essence of the disease which exists. Such, however, does not appear to be the opinion of all who have devoted themselves to organic chemistry, and this is one of the instances in which chemists appear to have mistaken the proper relation in which chemical changes stand to morbid action. Thus Mulder, while describing the circumstances in which the two oxides of protein occur in the circulating blood, and the fibrine of inflammatory blood consists of these oxides, affirms that when they are in excess in the blood inflammation occurs. The inflammation is therefore regarded as a consequence of the excess of fibrine, and not as its cause. The same doctrine is maintained in the following terms, in a note to *Simon's Animal Chemistry*:—

"Respiration may be regarded as a true oxidation of the blood, or rather of the protein; and an inflammation, in which the blood contains a greater quantity of binoxide and tritoxide of protein than in the healthy state, this body becomes more thoroughly oxidized. Hence it occurs that, in the acceleration of the act of respiration, in fevers, for example, inflammation so easily supervenes after any violent or sustained efforts. Every paroxysm of fever must necessarily cause the formation of a greater quantity of oxidized protein in the system, and every augmentation in the amount of oxidized protein must produce inflammation, which may in its turn determine fever. Hence also it happens that stimulating food and drinks, which quicken the respiration, or cold air, which introduces more oxygen into the lungs, often give the first impulse to the development of inflammation in the organism. The buffy coat is formed when the oxides of protein predominate in the blood; when they accumulate in any particular part of the system, local inflammation is the result." (Vol. i. p. 13.)

This language is sufficiently plain, but the affirmations it contains are not only destitute of proof, but are contradicted by such knowledge as we have in any measure related to the sub-

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ject. Fevers, which are said to create a greater quantity of oxidized protein in the system, by the acceleration of the respiratory acts which occurs in them, so far from being distinguished by any tendency to an excess of this oxidized protein, are actually characterized by a decrease in the whole mass of the fibrine; and so little are they the sources of an excessive amount of oxygen in the blood, that they are distinguished frequently by effecting a smaller amount of change in the air admitted into the lungs than is proper to the state of health, a circumstance which is probably due to a decrease in the salts of the blood of fevers, for a certain amount of saline substances appears to have an important influence on the absorption of oxygen by the blood. Then, as to the excess of the oxides of protein exciting the local inflammations, there cannot be a doubt that these inflammations are sometimes fairly begun, and are sensible, by the local symptoms which they produce, both to the physician and the patient, before the fibrine has become increased in quantity; and if we have proof of this fact only *sometimes*, it is because analyses of the blood are seldom made in the course of ordinary practice, and because the subjects of inflammation are rarely admitted into hospitals, where experiments of the kind are more commonly performed, at an early stage of their disease. On one occasion I had an opportunity of getting the blood analysed at a very early period of pleurisy. The man who was affected with this disease had been taken ill somewhat suddenly not many hours before I saw him for the first time. He had a moderate amount of fever, and an acute stitch in the left side of the chest, towards its lower part and lateral aspect, where a dry friction-sound was distinctly audible. He was bled from the arm; the blood presented no buffy coat, and was found to contain an increased proportion of albumen, but an amount of fibrine within the ordinary quantity. Owing to the increase of albumen the serum had a specific gravity of 1038. If the entire absence of the buffy coat could be regarded as a proof that the fibrine was not increased, examples would be of common occurrence of the ascertained existence of local inflammation before the increase of the fibrine—but for reasons already given implicit reliance cannot be placed on that test. Andral, in

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treating of this subject—the increase of the fibrine in relation to the commencement of the inflammation—says, that he could cite many cases of persons having been bled a day or two before the occurrence of inflammation, and then after it had begun, in which the blood taken before the inflammation presented the ordinary conditions of health, while that which was taken after was found to have the fibrine increased. No doubt the interval of a day or two between the first blood-letting and the commencement of the inflammation may have been sufficient to have allowed the increase to happen, and therefore little importance may be due to such instances in determining the subject in question. The sudden occurrence of inflammations in consequence of a local injury, in the midst of perfect health, are examples more in point, and appear to be much more rationally explained by the operation of the exciting cause, the injury to the part which becomes the seat of disease, than by the supposition of an effect first being produced on the function of respiration, and consequently on the oxidation, &c., of the fibrine, and through these on the injured part. Reflection, and experience in so far as it goes, appear to be equally opposed to the doctrine that the excess of the oxides of protein precedes, and causes, local inflammation, while no grounds that will bear examination have been adduced to establish its truth. Indeed, I have been able to discover no other foundation for the doctrine than the hypothetical statements quoted above, and the theory into which they are woven.

While so much importance has been attached to the increase of oxides of protein in the production of local inflammation, it is not to be wondered at that the treatment of inflammation should be regarded as having its proper aim when directed to the reduction of the quantity of the fibrine; the latter mistake is the natural consequence of the former. In the same note in the work of Simon from which I have already quoted, the following sentences occur:—

"Now inflammation must be combated by endeavouring to diminish the quantity of the tritoxide of protein, and to hinder its formation in the lungs. Venesection proves antiphlogistic by directly diminishing the tritoxide of protein; increased secretion of the alimentary canal

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indirectly produces the same effect by accelerating the change of substance in the body, and consequently also the consumption of a greater quantity of protein and its oxides."

In the works of British physicians we do not find so strong an opinion expressed on the importance of lessening the amount of fibrine as a means of subduing local inflammation. There is, as yet, a greater inclination among them to ascribe the principal advantages of blood-letting to its effect on the force of the action of the heart, and on the "tone" of the arteries, either directly or through the medium of the nervous system. Still, since chemical researches on the blood have established the fact of so constant and considerable an increase in the proportion of the fibrine in the liquor sanguinis being characteristic of inflammation, a tendency may be perceived among them to regard the decrease of it as a proper object, or an important effect, of remedial measures, and that not merely as an indication and consequence of the decline of the local inflammation, but as of itself being conducive to recovery.

To illustrate this tendency among Allopathic physicians, to regard the reduction of the fibrine as an object of treatment in the cure of acute inflammation, I may refer to one of the most recent works by an author belonging to that class. (*Principles of Medicine, &c.*, by C. J. B. Williams, M.D.)

"According to the views of Dumas and Liebig, subsisting chiefly on saccharine, amylaceous, or gelatinous articles of food, must reduce the fibrine and albumen of the blood; and such food is found by experience to be the best in inflammatory diseases, in which excess of fibrine is a chief element."

And after stating that bodily exercise reduces the fibrine, and may be advantageously employed in sthenic plethora, and scrofulous hyperinosis (excess of fibrine), but is inadmissable in inflammatory diseases, he adds:—

"Neither can we suggest any practical mode of lessening the fibrine by lowering the function of respiration, on which its supply seems to depend, unless narcotics, which impair many organic functions, have some action of this kind. The known utility of opium, aconite, &c., in rheumatism and low forms of inflammation, in which

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excess of fibrine is a constant element, makes this matter deserving of some research."

And in the sentence which immediately follows these observations he appears to convey his impression that the advantage sometimes noticed to attend the use of Cod Liver Oil in consumption is due to the fibrine, which in that disease is often raised to the proportion characteristic of inflammation, and is doubtless due to the presence of inflammation, being lessened—

"Simon mentions one case of phthisis long treated with Cod Liver Oil, in which the fibrine in the blood was reduced in a remarkable degree."—(P. 132.)

Again, in adverting to large blood-lettings in established inflammations with inflammatory fever, he enumerates among the beneficial results of this practice a diminution of "the exciting and too fibrinous condition of the blood;" and in regard to antimony it is suggested that some of its good effects may be due to "a chemical deoxidating influence attaching to the protoxide of the metal;" and mercury, among its other virtues, is surmised to be serviceable in inflammation "by changing the condition of the blood, by a diminution of the fibrine and white corpuscles, the increase of which is much concerned in contributing to the changes of inflammation." A single additional reference may suffice to show the direction in which the opinions of Allopathic practitioners are inclining in accordance with the chemical hypotheses of the day. Andral, in alluding to the employment of revulsives, such as blisters, in the treatment of inflammations, asks if they may not also have the effect of ameliorating the state of the blood by the fibrinous exudations which they produce—or prove injurious by creating a new inflammation, and thus augmenting the superabundance of fibrine.

Before views such as those which have been quoted, or referred to above, were advanced, we should have expected that some evidence would have been given to render it probable that the increase of the fibrine in the liquor sanguinis, or its existence in the form of tritoxide of protein, is really the cause of any bad effects, and consequently a proper object of treatment simply as

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such. If such evidence could be adduced, if it were proven that the increase of the fibrine was either the cause of local inflammation, or the source of any important consequences that increased the danger or obstinacy of inflammatory diseases, the operation of remedies that had the power of withdrawing or lessening a *materies morbi,* as fibrine would in either case be, that excited or kept up by its presence the disease to be combated, would be a serious advantage on the side of Allopathic practice; for homœopathic remedies can produce no directly chemical results, but operate entirely through their influence on the morbid conditions of the solids. If the employment of the drugs, to which reference has been made above, in large doses capable of producing the chemical consequences ascribed to them, would be inadmissable in connection with homœopathic remedies, it might still be a question whether we should not have recourse to blood-letting along with our remedies if it could remove, or lessen, in the direct manner ascribed to it, a *material* obstacle to the speedy cure of the malady. Such would be the natural train of reflection in an *a priori* consideration of the subject—apart from the ample experience that exists of the singularly efficient action of small doses of homœopathic remedies in the cure of the most acute and extensive inflammations—remedies which, simple and singlehanded, by reaching at once the source of all the complicated evils, by beginning at the right end, while rectifying what is wrong throw a flood of light on the whole pathological process, and expose the futility of all the cumbrous hypotheses that are employed to link together pathology and the common therapeutics. But waiving the homœopathic remedies, and the lesson they teach respecting the proper and primary object of curative treatment in inflam mations, I proceed to inquire if there be reasons for making the superabundant fibrine the special object of treatment of any kind.

I have already commented on the hypothesis, which holds it to be the exciting cause of the local inflammation, and I need not say any more regarding that speculation. It has been regarded as injurious in two other respects: as the cause of the inflammatory fever, and as the reason of the plastic exudations which

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are thrown out by inflamed tissues. In either of these capacities if it were found actually to play the part assigned to it, it might be a question whether means should not be used to lessen the superabundance of the fibrine, in addition to such as are capable of eventually subduing the inflammation. But there is no sufficient reason for believing that the excess of fibrine acts in either of the capacities assigned to it. Inflammatory fever begins before the fibrine has sensibly increased; it is often by no means remarkably intense though the fibrine is abundant; it is sometimes very slight, as in subacute rheumatism, though the fibrine is considerably increased; and it may be materially moderated, for a time at least, by means which do not lessen the proportion of the fibrine. This last effect is witnessed as a consequence of blood-letting, which often diminishes the force and frequency of the pulse, and moderates the heat and restlessness of the febrile condition, while it does not lessen the extent or activity of the inflammation itself or the excess of the fibrine. We have the testimony of Andral, Becquerel, and Rodier to the fact that blood-letting does not affect the proportion of the fibrine; that unless the inflammation itself be modified or subdued, the fibrine does not decrease by any amount of blood-letting. But it is a common observation, that the general symptoms which compose the phenomena of inflammatory fever do become mitigated from time to time as the blood-letting is repeated, and continue modified as long as the immediate influence of the evacuation remains. And besides, after the inflammation is subdued, during the period of convalescence, when the inflammatory fever has vanished, a certain excess of fibrine remains for a time. (Andral). These considerations tend to deprive the superabundant fibrine of any share—any *important* share at least—in the maintenance of the inflammatory fever; while in opposition to the conclusion to which they point, a single fact cannot be adduced in support of the hypothesis under review. Instead of facts on the subject, those who maintain this doctrine can merely suggest that the inflammatory blood is more stimulating because richer in fibrine, whereas the truth is there is no more fibrine in the blood of inflammation than in that of health; nay, there is often less when inflammation occurs

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in anemic persons, the difference, in so far as the quantity of fibrine is concerned, between healthy and inflammatory blood consisting merely in the place which the fibrine occupies—the quantity of it being greater than usual in the liquor sanguinis, and less in the globular portion of the blood. That such a change of place can make the blood more stimulating might be admitted if it were ascertained that fibrine is a diffusible stimulant, like alcohol, which produces many of the most characteristic symptoms of inflammatory fever; for by being in greater quantity in the liquor sanguinis, a stronger solution of it would thus come into direct contact with the living solids. While no one will place fibrine among diffusible stimulants, in plain terms, it is evidently ranked with the most powerful of them when made the cause of inflammatory fever, and when the increase of inflammatory fever which follows the reception of animal food into the stomach is ascribed to the augmentation it affords to the fibrine of the blood, and not to the irritation it produces in the digestive organs by not being digested, or not digested with the customary facility, during the disturbed condition of the system; an occurrence which happens in other fevers besides the inflammatory, with a similar effect in increasing the febrile symptoms, though never suspected of doing so in consequence of augmenting the fibrine.

In regard to the other evil supposed to result from the state of the fibrine, if we were obliged to regard the effusions of plastic matter in inflammation as an escape of the liquor sanguinis with all its ingredients in the proportions which they possess while in the vessels, it would necessarily follow that in inflammation these effusions would abound more in organizable matter in proportion to the increase which the fibrine had undergone. But we are not required to regard the effusions of inflammation as due to any such merely mechanical process. We find proofs of this opinion in the facts that inflammatory effusions are not rich in fibrine in proportion to the quantity of this material in the liquor sanguinis; that the effusion is sometimes of a serous character with scarcely a trace of fibrine, while there is a marked excess of it in the liquor sanguinis; and sometimes consists almost entirely of that substance to the

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exclusion of the serum, or water containing salts and albumen, which forms ninety-nine per cent., at least, of the liquor sanguinis, even in those specimens of blood which contain the largest excess of fibrine in solution. The former of these occurrences is amply illustrated in acute rheumatism, confined to the external parts; and the latter is not less so in many cases of acute pericarditis and pleurisy. The most satisfactory examples are furnished by pericarditis, in the course of which the existence of fibrinous effusion can be determined by auscultation, while percussion proves that no corresponding quantity of fluid is simultaneously poured out. And when such cases are fatal the absence of fluid is ascertained by ocular inspection, at the same time that every part of the serous surface is beheld covered with massive layers of fibrine. The nature of the effusions that occur, the proportion in which the elements of the liquor sanguinis appear in them, would seem to be determined by some influence exercised by the living and diseased tissues, which is subject to diversity in different degrees of the inflammatory action, in different tissues of the body, and in different kinds of inflammation. And that such influence may give rise to any of the effusions, serous or fibrinous, or both in various proportions, that are characteristic of inflammation, independently of an excess of fibrine being present in the liquor sanguinis, is proved by what happens frequently in chronic inflammation, when no such excess of fibrine exists.

It would appear then, that the remarkable change in the blood which is so characteristic of inflammation, is not the cause of the inflammatory fever, and is not the reason why plastic matter frequently abounds in inflammatory effusions; and consequently that that change is not a proper object of treatment with the view of subduing the local disease, lessening the inflammatory fever, or restraining the effusion of organizable matter from the inflamed tissues. Whatever importance may be attached by the chemical physicians to the means they suppose to be capable of lessening the excess of the fibrine, it would appear that such means do not, and cannot, produce any of the benefits which may follow their employment by reducing the quantity of that substance, and that the doctrines maintained

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regarding the supposed operation of such means are based on unsound views of the relations in which the morbid conditions of the blood and of the tissues stand to one another. That blood-letting, purgatives, mercury, opium, and antimony, are capable of curing a proportion of inflammatory diseases may be freely admitted; but that they do so by lessening the inflammatory state of the blood, previous to their effect on the inflamed parts themselves, is destitute of all proof, and inconsistent with the relation of cause and effect subsisting between the local inflammation and the phenomena which attend it; so that no reason exists for the adoption of the supposed chemical remedies, considered as such, in the treatment of inflammation; and those who employ remedies which, owing to the smallness of the doses in which they are given, cannot be supposed to have any chemical action with the exception of what follows as the natural consequence of their beneficial influence on the part primarily disordered, have no occasion to abandon these remedies on account of the alleged more rational therapeutic theories of the chemists, any more than on account of the comparative success of the two methods of treatment.

(*To be continued.*)

Case of Apoplexy combined with epileptic alternations, taking place in a patient whose kidneys had for a length of time secreted oxalate of lime. *By* DR. SUTHERLAND.

MR. F. aged 28, a tall young man, of fair complexion, bald in the head, spare habit of body, and sedentary occupation in a public office, consulted me eight months ago. He stated that four years previously he had received an injury on the left side of the head from a horse, the animal having put out its fore foot, which (probably) struck him on the anterior portion of the left parietal bone. He felt stunned by the blow, but no immediate symptoms of an urgent nature took place. From about that time he began to feel occasional heat of the head

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and frontal and vertical headaches. At the time he consulted me, his pulse was feeble and irritable, by no means indicating general plethora, and I was led by these, and certain other symptoms indicating diseased nervous action, to examine his urine. I found it abundantly loaded with oxalate of lime, which continued, and resisted every treatment pursued for eight months.

The kidney affection, coupled with the head symptoms and previous history of the case, were sufficient to induce me to express to the relations of this patient an anticipation of both cerebral and renal organic disease existing. The patient's own fears were confined to apoplexy.

As might be anticipated, Mr. F. derived little or no benefit from homœopathic treatment.

In the month of March, Mr. F. was taken ill suddenly during breakfast. On arriving at his residence I found him to be labouring under premonitory symptoms of apoplexy, as indicated by deficient memory, paleness, and sudden sinking of the strength, and there had been a peculiar running of his words into each other noticed by his friends. Reaction took place afterwards, with full pulse. These symptoms went off in a week under the administration of aconite and belladonna.

On 15th August, whilst engaged in shaking fruit from a tree, Mr. F. was seized with apoplexy; he was in a friend's garden, a mile removed from his own house. A respectable allopathic practitioner was immediately summoned, who bled the patient copiously, and had him removed to his own house (the patient's). Two hours after the seizure, when I arrived, I found the patient in a perfect state of coma, jaws locked, pale face, stertorous breathing, hemiplegia, and with incontinence of urine, and profuse perspiration. In a few minutes quick breathing, accompanied by convulsive struggles of the left side, during which the patient frequently put his left hand to the left temple, followed, and continued three minutes, then succeeded five minutes of simple coma as before. These periods of alternate coma and convulsion occupied respectively five and three minutes, with little variation, until 2 A.M. of the 16th

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when both coma and convulsion severally occupied longer periods of time, and the face had become flushed. Belladonna had been used up to this time, with cold water to the head, which was shaved. At this stage, Opium was had recourse to, and at 5 A.M. during which interval no material change had taken place, Lachesis was prescribed, and ice was procured in lieu of the cold water.

The convulsive fits continued to occur periodically until 11 A.M. At twenty minutes past 11 the patient breathed his last.

On the 17th, permission having been obtained to examine the body, the following conditions of the brain and kidneys were observed.

On removing the calvarium, which was remarkably thin in both plates and diploe, a large quantity of bloody serum escaped; the dura mater was easily removed, that membrane having little or no adhesion to either internal surface of the skull or to the brain. The arachnoid vessels were completely congested. On removing the brain it was apparently larger than natural, but no means of weighing it were at hand. On cutting into the the substance it was found to be exceedingly tough and considerably hardened, and numerous points of blood followed the division made by the scalpel. The right ventricle contained a few drachms of bloody serum, the parietes of the ventricle were smooth, glistening, and hardened. On cutting into the left ventricle the clot became visible. The ventricle contained a large handful of coagulated blood, and the ventricle itself appeared to occupy nearly half the left hemisphere of the brain. The parietes of the left ventricle were, almost throughout, one mass of soft veins, the surface being converted into a pulpy shreddy mass, easily broken down between the fingers, and probably the produce of several years' diseased action. Towards the commissura magna the surface again appeared indurated and glistening. The cerebellum presented the appearance of congestion also, but to a lesser degree, nor was there so much toughness throughout its texture.

The right kidney on being removed appeared rather enlarged and exceedingly soft and flabby, and on cutting into it numerous

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spots, like hepatized lung, presented themselves; these, on being pressed between the finger and thumb, were spongy, and emitted a sound like that of an emphysematous body when subjected to similar pressure. The left kidney, together with similar morbid appearances, presented throughout its whole external surface an irregular granulated appearance, quite distinct from the usual smooth surface of the organ, and somewhat resembling the mammillary appearance of hæmatite. These granula, on being cut into, did not present the appearance of tuberculous matter; the renal capsules were atrophied. The spleen, uncommonly small, appeared to have been suffering from organic disease, being exceedingly soft, and much resembling hepatized lung, with minute granulations throughout its whole internal structure.

REVIEW.

ELEMENTS OF HOMŒOPATHIC PRACTICE OF PHYSIC, by JOSEPH LAURIE, M.D. (*Second notice.*)

IN a late number of this Journal we adverted to the first part of Dr. Laurie's *Elements of Practice of Physic;* and we now propose to enter upon the second. It would have been an excellent and valuable specimen of a class of works which general practitioners like to see—as in the sphere of their professional activity the largest proportion of cases, independent of accouchment practice, is undoubtedly that consisting of women and children—had the author not been niggardly in supplying the profession with the data on obstetric subjects, which either his own observation or that of others afford. Judging from the size of the work which he has presented to the scientific world, we expected to find therein an elucidation to some extent of a few, if not all, the mysteries, and many important phases of mental and physical existence of the other sex; we are very sorry that there is absolutely nothing in this part that throws

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light, or is an improvement on the therapeutics of the diseases of women. We would have really not taken notice of it at all, but for the amount of adherents to the modern school of medicine, and for the growing contempt and dehiscence from the old customs in the practice of midwifery, which so widely separate one from the other in the present day. Throughout the whole part devoted to the afflictions of women, there is displayed a delight in repeating the saws of midwives and old wives in different ages, and which have not hitherto found admission into any of the modern systematic writings on the subject. But let us consider this part of the work more minutely.

The author opens it by *Chlorosis*, attributing it in one page to amenorrhœa about the age of fourteen, and in the next (page 650) to some disorder in the functions of the stomach and lungs rather than to those of the reproductive system. Such an uncertainty and contradiction must be the result not of thought or observation, but of the variety and complexity of morbid phenomena which are present at the time of growth and development of a young girl before the age of maturity. Hamilton (*On Purgatives*) argued erroneously, that chlorosis is the result of constipation, forgetting altogether, that early and sometimes congenital deficiency of vital energies does not permit the reproductive system to be entirely or at all developed; thus producing serious disorders in the digestive, respiratory, nervous, and circulating apparatus, much in the same manner as some anomalies in the process of dentition, during the time of the growth and development of children are often productive of atrophy, dyspnœa, and other affections. It must, therefore, not be forgotten, that at the time of puberty the development of the ovaries takes place, exercising an extraordinary power over the entire female economy; and that the ovaries become centres, from which synergetic influences radiate to every part of the system: new emotions arise in the mind, affection, pudency, and desire for the first time agitate the heart of the virgin; the whole mechanism of expression is informed with a new spirit; the eyes, hair, lips, voice, gestures, and carriage are all transformed;

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awkwardness and disproportion are often metamorphosed into dignity and grace. The ovaries modify the processes of nutrition, and excite that harmonious and plastic power, by which the breasts are made fit to give suck, the womb to bear, and the bones of the pelvis to enlarge at puberty for the purposes of parturition. But the more immediate function of the ovaries is menstruation; it is dependent on their periodical excitement, and the escape of mature ovules from the graafian vesicles—the secretion of the catamenial fluid being secondary to the ovarian phenomena. This modern theory of menstruation is considered as definitely proved. Fallopius, as early as the middle of the sixteenth century, the great physiologist Harvey in his work on the generation of animals (1651, Oxford), De Graaf in 1668, Kerkringius in 1672, have considered menstruation strictly as a function of the uterus without any special reference to the ovaries, although they had seen the human ovule descending through the Fallopian tube towards the uterus. However, in the year 1797, Cruickshank, and John Power in his essay, *On the Female Economy*, published in 1821, arrived at the conclusion, then stated distinctly for the first time, that at every menstrual period an ovule reaches maturity in the ovarium, and is discharged from it during the flow of the catamenia, that the catamenial secretion was excited in the uterus by the condition of the ovaries, and the menstrual fluid is an imperfect, an abortive attempt at the formation of the deciduous membrane preparatory to the reception of the abortive ovule; that the ovarian stimulus, when the ovum is unimpregnated, not being sufficient in ordinary cases to excite the secretion of lymph, stops short at the menstruous secretion; that, in certain cases of dysmenorrhœa, the ovarian stimulus is greater than usual, and that then the false dysmenorrhœal membrane is formed, being analogous to the outer shell of the infecund ovum in birds. This theory has been proved by observations of Baer in 1827, by Lee in 1831, by Girdwood, Negrier, Gendrin, Raciborski and Bischoff; and others have followed with their testimony to the truth of the observation that one or more ovules escape from the graafian vesicles at each catamenial period,

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though not without exceptions, particularly in cases where the ovarian action of menstruation is incomplete, and where it excites the catamenial flow without being sufficient to cast off an ovule. But the ovules may be shed also in the intervals between the catamenial periods, without any uterine discharge; such ovules are either immature like those of childhood, or they may escape from the ovaria without a sufficient degree of ovarian excitement to set up the catamenial flow, being in this the antithesis of those other cases in which there is the uterine secretion without the extrusion of an ovule from the ovary. The catamenial fluid is probably intended as an envelope for the ovule or ovules escaping from the ovarium, as the ovoid dysmenorrhœal membrane and the ovule proper are discharged separately. Recently we had an opportunity of finding that a large mass of coagulable lymph was ejected three months after marriage, at the time of the expected catamenia, and a rudiment of an embryo followed it. Menstruation then is an ovarian rather than uterine function; it is the parturition of the ovule, as pregnancy is the parturition of the ovum; the former being performed by the peristaltic action of the Fallopian tubes, in the latter the tubal portion of the parturient canal being excited to act in a reflex manner by the ovary. The secretion from the internal surface of the uterus is only secondary, as in the absence of the ovaries there is no catamenial discharge; but, when the uterus was wanting, the periodical pains and excitement of menstruation have occurred regularly in women, in whom the ovaries were present. The organs then, primarily concerned in menstruation being the *ovaries,* and the catamenia being merely the effect and not the essential part of their function, we perceive clearly, that many of the disorders of menstruation are referrible not to the uterus or any portion of the parturient canal, but to the ovaries; thus, amenorrhœa and amenorrhœal sterility is the absence of the periodic ovarian excitement and maturition of the ovules. It is only by bringing the ovaria into that condition, which admits of their periodic excitement and extrusion of ovules, that we can cure amenorrhœa, and not by painting the

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inner surface of the uterus with nitrate of silver as some have recommended, or by injecting a solution of ammonia at the risk of thus producing internal inflammation.

The chlorotic state of constitution of delicate, feeble, and undeveloped young females, where the circulation and nervous power are inadequately exerted to perfect the organization of their body, in consequence of which the evolution of the ovaries and of puberty is delayed, may arise from the exsanguined state of all the parenchymatous tissues, and from want of the constitutional vigour by which the several organs are brought into action; and like all anæmic cases may be caused by deprivation of food, light, clothing, wholesome atmosphere, or by some great mistakes in the physical education of the female youth, if not by hæmorrhage or any undue secretion; it may exist by itself, and then is more amenable than in complications with leucorrhœa, amenorrhœa, hæmatemesis, or hæmoptysis from engorgement, or from chronic derangement of digestion and nutrition; the latter affords ample scope and reward to judicious, persevering, and observant treatment; it may also be complicated with fits of hysteria, of chorea and epilepsy, after a long continued painful affection of the head from functional affection of the cerebrum; but they, as well as the œdema of the face and of extremities, the palpitation of the heart and the syncope, or in rarer cases, ascites with an icteric hue of the surface of the skin, often of many months and years continuance, eventually are completely lost provided puberty and menstruation are fully established.

But the ovaries may be deficient congenitally, or structurally diseased—and the history of such cases is not at all encouraging. *Amenorrhœa* is then unavoidably permanent. There is never good health, but proneness to irritability and excitement, or to torpor and depression. Also the uterus or its cervix may be wanting; its os may be impervious; the vagina may be entirely absent or imperfect, its walls adherent or plugged up with solid growth; or the vagina occluded by imperforate hymen. All these deficiencies and malformations absolutely require a most careful local examination, with the object of removing, if possible,

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any mechanical impediment by practicable means, particularly if every measure for the invigoration of the general health has fairly and long been employed without benefit. Moreover, exclusive of organic deficiencies, the uterus may be *congested*, as in indolent and plethoric women, who indulge in the luxuries of the table and soft beds. *Aconite, Belladonna, Bryonia, and Mercurius*, with proper regimen, are curative in these cases. In delicate and spare women the menstruation may be suppressed in consequence of some mental agitation and distress, as well as by cold; the majority of their symptoms being not inflammatory, their treatment requires some of that genuine and incommunicable tact, which the practitioner can alone acquire by long and accurate personal observation; the pains are rarely fixed, they shift rapidly from the abdomen to the head, from the head to the chest or heart, producing hysteria and syncope, and again return to the intestinal canal. The amenorrhœa, if *chronic*, is characterized by vertigo, diffused and obstinate headaches, nausea, muscæ volitantes, and dilated pupils, with involuntary twitchings of the eyelids and muscles of the face, susceptibility to cold, causing shudderings; often by constipation from weakened muscular power, flabbiness of the muscles, and occasionally rapid emaciation, with abundant limpid urine, dyspnœa, palpitation of the heart, threatening phthisis, with organic diseases of some abdominal viscera, and dropsy, which may destroy life. The uterus in some cases is enlarged, the os and cervix hard, uneven and tender to pressure, and obstinate amenorrhœa is present; *mercurius* ensures here a decided and permanent benefit.

In *Dysmenorrhœa*, the greater portion of the pain consists of ovarialgia; the deep seated lumbar pain is decidedly ovarian and not uterine. Many women, and particularly of the better classes, suffer so much lumbar pain at each menstrual period that it resembles a monthly attack of ovaritis. Uterine disturbance must be considered as a secondary condition, viz: an aggravated symptom of ovarian excitement in painful menstruation. The bearing-down pain, of which they complain so much from the pubes downwards to the knees, seemed to be a tenesmus of the os and cervix uteri, particularly in those who have borne

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children, and in whom the os and cervix have been developed; it is analogous to the tenesmus of the sphincter ani, or of the bladder, and to similar affections of the pharynx, larynx, and cardia, producing globus hystericus, or phagiasmus, laryngismus, and cardialgia in the affections of the respiratory and digestive tubes. The hysterical and epileptic convulsions which are common in some serious disorders of the ovarian function, must be excited by the ovarian irritation chiefly, where there is no uterine disturbance. In young girls, who are liable to convulsive attacks, they occur on the first appearance of catamenia; and in confirmed epileptics they are always most violent and prolonged during the accession of the periods, though in some they cease immediately on the uterine secretion having appeared. Thus in the pathology of menstruation the first place must be given to the ovaries, both in the intervals and during the periods themselves.

Dr. Laurie, under the article of dysmenorrhœa, enumerates some remedies, and assures us that they are of invaluable assistance; we have found, however, its cure exceedingly difficult, and its existence, when protracted, to be followed by malignant diseases, and structural changes in the uterus, thickening and induration of the os and cervix in particular, which in cancerous diathesis becomes tedious and fatal. Dysmenorrhœa prevails among women of irritable temperament and strumous constitution; in spare habits of body it is *irritable* or *neuralgic*, preceded for two or four days by sharp pains in one or both mammæ, and attended by darting pain in the uterus and vagina, extending to the uterine appendages, and by lumbar pains running down the sacrum to the groins, and from the hips down to the knees, resembling the throes of the first stage of labour; there is always a slight febrile excitement with tightness of the head, lasting for the first day or two in incipient cases, but in the inveterate ones, these sufferings continue during the whole time of the catamenial period with an intensity depending much upon the nature of the secretion, and upon the rigidity of the structures and the nervous susceptibility of the patient; nutrition becomes imperfect, as is evident from the paleness of the general

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surface, from the emaciation, and loss of physical strength. Leucorrhœa then supervenes and menstruation is suppressed, the mammæ almost disappear, and the uterus becomes torpid often for years. In *plethoric* women, to the above uterine and ovarian sufferings are added, flushing of the face; full and quick pulse; a sense of weight in the pelvis; rigors, often with delirium, which are relieved, after many abortive attempts, by the expulsion of a small concrete clot, or a detached portion of membrane. Where there is a simple congestion of the uterus and its appendages, as characterized by weight in the pelvis; bearing-down pain of prolapsus; frequent tenesmus of the vesica or rectum, thus denoting an *enlargement* of the organ, but without any inflammatory symptoms; the pulse being weak and quick; the skin moist; and general exhaustion, with œdematous legs and shrivelled mammæ; the paroxysm of pains occur as in labour, till a mass of condensed or laminated coagulum with portions of membrane, or a membrane moulded to the cavity of the uterus enclosing a large coagulum, like spurious abortion, is ejected from the uterus; in such cases we have found *secale* and *bryonia*, *nux vomica* and *sepia* of benefit; whereas in simple dysmenorrhœa there is no interval of ease till the membrane is expelled in a larger proportion. The occurrence of these discharges is owing to a morbid condition of the mucous lining of the whole generative canal in the latter, but to that of both the mucous and the muscular tissue in the former. The irritation also may proceed from some foreign matter included within the walls of the uterus or within its cavity, which if prolonged induces inflammation of the organ; but not so much by any hitherto known specifics, or any mode of treatment, is this peculiarity of the female reproductive system cured, as by marriage, child-bearing, and natural and permanent cessation of the catamenial function. Often the ill-advised use of emenagogues (aloes and steel), given with the intention of compelling menstruation, aids in developing the congestion by augmenting the quantity of blood in the uterus, which remaining stationary, every successive period is accompanied with an increase of congestion, till at length this form of disease is fully established;

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guajacum, antimonium and *hydrocyanic acid,* and *mercurius* and *pulsatilla,* with other intermediate specifics, are useful here. In inflammatory congestion of the *cervix* and *fundus uteri,* there is almost constant beating of the heart with attacks of dyspnœa, and a feeling of a ball in the præcordia; evidently sympathetic to the condition of the organ, as, on examining per vaginam, these symptoms are instantly reproduced when the uterus is pressed up; pruritus is often here present; *bryonia, prunus, ars., mercurius,* and other specifics, administered constitutionally, and *hydrocyanic* lotion locally, are of service. The remedies should not be discontinued till the volume of the uterus is lessened. But there are so many different forms of dysmenorrhœa, that we hope our author will in future bestow his attention at least to some of those occurring most frequently, and favour the profession with the results of his own observation and practice in these affections, which should not be looked upon as either trivial or incurable; their closer investigation will enable Dr. Laurie to arrive at some practical inference, of which this article in his present work is wholly destitute.

Menorrhagia, or profuse menstruation, as to amount and frequency may be without or attended with direct loss of blood from the uterine arteries, constituting *metrorrhagia;* the latter may be *active* as in plethoric and robust, requiring *sabina* and *china,* or *passive,* as in originally delicate, hysteric, feeble, pallid, and exhausted women, (*secale* and *arsenious acid*); it may also be *congestive,* generally met with in both the robust and slender at the middle and more advanced periods of life, (*bryonia* and *mercurius,* then *aurum, lachesis,* and *nux vom.,*) and particularly at the time of the cessation of the catamenial and reproductive functions. Malignant changes do, though rarely, develope themselves from this variety; and whatever may be the cause of it, so long as the discharge, even if it be profuse, is not separable into serum and crassamentum, menstruation only exists, and is salutary, if not lasting inordinately; but if the secretory function is altogether or partially superseded by gushes of blood and coagula, lasting for ten or twelve days, with an interval of a few hours only of rest and ease, menstruation is then morbid.

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Married women are particularly subject to the latter if they are weakened by child-bearing, by lactation, or by leucorrhœa, and young and single ones to the former. In every case the immunity of the patient from an organic uterine disease will be satisfactorily ascertained by vaginal examination, whether there be polypus, a submucous tumour, or so much increased bulk of the uterus as to render the existence of organic lesion highly probable; and to prevent the accession of the symptoms of exhaustion taking place, as well described by Dr. Marshall Hall, in his *Essay on the evils of Blood-letting*, we must select proper specifics from among *secale, crocus, sabina, cinnam., during the attacks;* but *during the intervals, laurocerasus, phosph.* and *china,* or *arsen., silic.,* and *sulphuric acid,* with *tabac., assafet., bryonia,* and other intermediate auxiliary remedies, according to the indications present. In *spasmodic* menorrhagia, accompanied with nausea, *ipecac.* and *coccul.,* with syncope, *bryon.,* with flatulence, (assafœtida injection and) cold water sponging of the loins and pudenda are of benefit. Cough with hæmoptysis during menorrhagia yields to *plumbum.*

Leucorrhœa in young people produces amenorrhœa, chlorosis, and emaciation, with their numerous evils, terminating in dropsy and phthisis. The different forms of eruption about the face and forehead, we have observed to be in connection with *chronic* leucorrhœa of a muco-purulent type; but the muco-purulent or purulent secretion may result as well from a cancerous or submucous tumour, and from a peculiar form of leucorrhœa, somewhat allied to *hydrometra,* the pus having accumulated in the uterine cavity to four or six ounces, comes away by gushes, as if from an abscess; and where the discharge is white, creamy, it is characteristic of an *inflammation of the glands in the interior of the cervix,* the cervix on pressure being tender, but the adjacent parts quite sound; whereas in ordinary cases, where there is only hyperæmia or simple vascular injection of the secretory membrane of the vagina, the discharge, though increased in quantity, is of a transparent mucus (*mercurius, laches., silica, stannum* in severe cases; and *sepia, nux. vom., calc. carb., alum., zinc, pulsat.,* in milder cases). In a chronic

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inflammatory form, where the secretion is purulent, smarting, and fetid, with flushes of heat, pain in the loins and hypogastrium, and perspiration every night, *merc. corros.*; if the countenance is sickly, ghastly, *secale, arsen.*, with tepid water enemata night and morning.

Above therapeutical measures, properly so called, hygiene must be placed; it is the hygienic state which engenders the diathesis—which provokes the paroxysms of *hysteria*. The whole armament of medicines is therefore powerless, if the physical and moral conditions are not adapted to the indications existing. As hygiene can of itself alone produce hysteria, so it can of itself cure it, and in this point most authors agree, that hygienic, including moral, measures are more beneficial than drugs; hence it is that hysteria is a rebellious affection under all circumstances, and particularly so in the hospitals, where the patients are placed under conditions so unfavourable to cure. No heed is to be taken of practitioners who vaunt their success in the treatment of hysteria by the sole application of medicines. The specifics named by Dr. Laurie (p. 656) do indeed moderate and render the accessions less frequent, but they are generally of no avail against the diathesis. To modify the constitution and habits of an individual can be the office of no drug whatever; in hygiene alone resides such a power. Without entering into the detail of precepts of our author's article on this point, we shall wind up the fundamental part of the treatment of hysteria in this one plain axiom: to remove the individual from the existing causes of the disease, causes, among which may figure indolence, effeminacy, a blank in the affections, distaste for life, perversion of ideas, violent passions, hatred and love, anger and fright, sorrow, ennui, misfortunes, abuses of pleasures, unemployed energy; in short whatever, by depressing or exalting innervation, terminates by effecting a change in its tone, in its power of reaction. Hysteria often seizes young women of a sanguine and robust constitution, frequently in the absence of every organic or functional lesion of the genital organs: it is sometimes produced secondarily, as a lesion of the blood and of several of the viscera; but it is often primary, and the result of a nervous diathesis, or special neuropathy—a dis-

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order of the nervous system, the nature of which is unknown, determined frequently by a moral cause, or by a physical cause of a very variable seat. Its diversified features and protean forms derive their character rather from several morbid phenomena than from any special symptoms. Its paroxysms are commonly associated with sensitive and convulsive phenomena, to which are often added disorders of the understanding, being often latent and concealed under the guise of certain other maladies; it is one of the most refractory diseases, and most liable to relapses. Its suspension, long or short, must not be confounded with its radical cure. Its treatment consists in the removal of complications, and in remedying the neuropathy. Hysteria being almost always the result of hygienic errors, it is in the measures dictated by hygiene that we must seek for the means of radically curing the disease. *During the attack*, ice-cold water sprinkled on the face and neck, and *camphor, hyoscyamus, hydrocyanic acid, opium, belladonna*, in a little ice-cold water, given to swallow, besides the cold water enema, will avert the danger of impending hysteria.

While scarcely necessarily profuse on many points relative to "pregnancy," it is not less striking, that the whole subject on healthy and morbid, as well as on complicated and artificial "parturition" (page 687), about which volumes and valuable treatises have recently been written both in Europe and America, the author has, without apology, wound up to four pages, which he makes the medical public believe to be the essence of this so vast and most important branch of the obstetric science. The author's ignorance of obstetric literature is unpardonable, not so much because he does not mention the numerous varieties of complex, preternatural, laborious, or artificial labour, or because he has overlooked miliary, scarlet, typhus, or other puerperal fevers, and specific contagion, as well as phlegmasia dolens, hydrops ascites, tumours complicated with pregnancy, extra-uterine conception, and various diseases and consequences of the puerperal state, the successful treatment of which requires experience and large practice; but because even the few assumptions and remarks he has made are quite contrary to the general observations of practical accou-

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cheurs, the notions Dr. Laurie advocates being obsolete or fictitious, completely perverted and absurd; thus, he asserts, that there is less freedom from pain in labour and from danger among the women of "civilized life" than "among savages;" that tedious and "protracted labour is more prone to happen when the female is of a slender form," and though he justly reprobates ptisans and stimulants being administered to parturient women, (page 689,) he, however, gives no proof to support his statement; and considers "constipation to be ordained for the wisest purposes and attended with the most beneficial results;" he condemns "the use of aperients as they bring on puerperal fever," (page 693), and "after five days confinement" he insists that "the room" should be "dark," (page 695). Such loose, vague, and confused statements, quite alien to the practice post-partum in this country at the present day will surprise every reader; indeed, the author would be better to quit this subject entirely, as it demands personal observation, which he cannot make without practising it; for he must know that there is a time for everything in the delivery room; that there is a time for light and darkness, for cold and heat, and even stimulants, as well as for lighter and stronger, more nourshing food, according to the peculiar condition of the mind and body of the parturient woman. Had Dr. Laurie had but a few years of regular hospital or private midwifery practice, he would undoubtedly have found that a greater proportion of lingering and protracted labour occurs among stout, short-necked, robust women, with powerful muscular development. Though partial palsy after delivery, may be a result of pressure on the portion of the great sciatic which passes over the sacro-iliac synchondrosis, we must, however, consider that each of the great contractile efforts of labour has an exhausting effect, and when more severe, or continued longer than usual, every returning pain is then a distinct shock; one effect of this shock is in a degree to paralyze the rectum and bladder—hence ischuria, which is very common for some days after a severe labour, and in rare cases, the atony of the vesical nerves becomes chronic. The rectum is similarly and even more constantly affected after labour, more as a result of nervous shock than of physical injury; much in the same

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manner as excessive sexual excitement produces inactivity of the rectum and bladder, and as these organs are among the first to be affected in *tabes dorsalis*. Such facts illustrate the effects of parturient excitement upon the spinal nervous system of the other organs of the pelvis; and if it is proper and imperative to relieve the bladder by the catheter, to avert danger from the great distention and often consequent inflammation with tendency to gangrene which ensue, when retention of urine occurs, we cannot consider constipation to be "attended with most beneficial results," (p. 693). Without a knowledge of the excitomotory action of the pelvic viscera, no comprehensive or successful view can be taken of the pathology and therapeutics of the state of females after parturition.

The *perspiration*, which invariably occurs sooner or later after labour, is as important a phenomenon as the lactation and lochia which follow it, and its suppression is followed by most dangerous metastases; the "after-pains," the overdistention of mammæ with milk, the cramps and spasmodic contractions of the os uteri, are rapidly relieved by a general warm sweat, altogether different from hydrosis, a dangerous disease, originating in flooding, in uterine phlebitis or in intestinal ulceration, and often attended with diarrhœa, which, as well as constipation, must predispose the subjects of it to the puerperal fevers: it finds its remedy in *laches.*, *bryonia*, *valerian*, *pulsat.*, *china*, according to the indications. In spite of the higher cultivation of the obstetric science there occur now more deaths among the peasant women and those of lower ranks, because they pay too little respect to the puerperal perspiration, and too soon return to their domestic duties. The more successful treatment of the frightful forms of puerperal fevers, which occur in a damp autumn, whether in their sporadic or epidemic nature, will depend greatly upon the nature of the *perspiration*.

The "leucorrhœa" and "falling off of the hair" which occur in delicate women of abortive diathesis, will be remedied by *secale*, *graph.*, *nux vom.*, *china*, *phosph.*, with continence prolonged for months, and cold douche to the loins, general cold bathing, and above all a pure atmosphere.

The next article on "Obstacles to Suckling," would be more

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instructive, had Dr. Laurie enforced attention to the practical value of the microscope, with the view of detecting pathological changes of milk, and discerning cases where the propriety or impropriety of lactation, on account of the health of the mother or child may be under consideration. The microscope reveals to us at once deviations from the normal condition of milk, and those pathological changes which have as yet been observed, are a certain colostric condition and admixture with pus. The distribution of the tubes, blood-vessels, absorbents, glandules, follicles, and epithelial cells of the mammary glands are naturally calculated to elaborate from the blood, a fluid with saccharine, oleaginous and albuminous elements admirably suited for animal nourishment; but the presence or absence of *colostrum* in the milk, as described by Donné, Hassall, Mandl, and Asherson, will materially affect the operation of suckling, because these colostric bodies which are similar to the compound granular bodies, or those formations which Gluge denominates *inflammation globules*, which Vogel calls *granular cells*, and Henle *exudation corpuscles*, and which are seen in cerebral softenings and inflammatory products of various organs, (which, however, are considered by Reinhardt as transformation of the epithelial cells of the mammary ducts—as the result of disintegration or a retrogressive metamorphosis—), may be in abundance, or more or less deficient. These colostric bodies are present from the earliest months of pregnancy; they are larger, more numerous, and of a deeper yellow colour prior to delivery and during the child-bed, and in passing through various changes towards their disappearance, which takes place from ten days to three weeks after delivery, the superfluous epithelium which is converted into the granular or colostric bodies, and thence into masses of agglomerated fatty granules is at last broken up and absorbed, and the milk possesses its normal character. Though these colostric bodies are always present in the milk until perfect convalescence from child-bed; it, however, sometimes happens that the milk is never altogether free from its colostric character, and then both the mother and the child suffer. It is apt to take place in cases of returning catamenia, and in simple congestion of one breast, while the other is performing its proper

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function—the milk in the congested mamma becoming viscid and colostrous; but this is also known to happen if the suckling mother be attacked with typhus, when there is no congestion of the breasts, on the contrary they are pendulous and almost empty; or if she be severely suffering from dyspepsia and general debility—the infant often immediately refuses the breast, and if not so, it becomes pale, soft, fretful, suffers from violent abdominal pains, vomiting and diarrhœa. The infant should be permitted to drink only from the healthy breast, should the other be congested, using in the meantime proper means to relieve the tension and prevent the formation of an abscess, as pus corpuscles, according to Donné's observation (*Cours de Microscopie*), may mix with the milk in the lactiferous ducts, which then becomes unwholesome and unsafe for the child. The less regular margin, the spotted and opaque appearance of the pus corpuscles, compared with the clear border, spherical form, and pellucid aspect of the real milk globules is a diagnostic mark in such cases, and the use of chemical tests under the microscope will decide as to the morbid admixture, for, while real milk globules are soluble in æther, and are unaffected by a caustic alkali, the latter at once dissolves the pus corpuscles, leaving the milk globules untouched; and should any blood globules happen to be present, they may be disposed of by the addition of acetic acid, without interfering either with the pus or the milk.

At the conclusion of one year from the birth of the infant, the secretion of the mammæ is invariably found colostric even in the healthiest women; the microscope enables us therefore to distinguish between instances of real inability to nurse and of sheer disinclination to do so; it also enables us to decide when the child should be weaned, and to guard against the choice of a substitute in a state of pregnancy, as in this as well as in cases of long continued suckling, the colostric characters of the milk are distinctly apparent; the child should then be weaned, otherwise the vital energies of the mother become exhausted, so as to entail a train of the most disastrous consequences on her own constitution, inducing severe functional disorders or incurable lesions of the most important organs,

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more especially of the brain and uterus; she becomes pale, thin, feeble, dyspeptic, affected with psoriasis, or troubled with headache, vertigo, blindness, anorexia, pains in the back, general debility, lowness of spirits, sinking feelings, leucorrhœal discharges, menstruating every two or three weeks, and menorrhagia; and it is easily to perceive, that an offspring reared from an exhausted body must, like the plants of a worn-out soil, pine away a sickly and delicate existence; that so soon as the fountain becomes impure, from being either overdrawn or altered by pregnancy or otherwise, the most deleterious effects are produced even on the healthiest children, and are soon displayed in their meagre bodies, pale countenances and flabbiness, inability to walk, as well as in vomitings, purgings, cryings, spasms, or convulsions; and subsequently these victims drag out a miserable life, or perish before the first epidemic or accidental illness with which they are assailed; for, in addition to the colostric bodies, the most important change is in the reappearance of large oleaginous globules, and in the excessive agglutination of all the bodies together. Neither the healthful nor unhealthful aspect of the nurse in every instance, can warrant more than a guess as to the quality of her milk; and the naked eye cannot inform us satisfactorily of the poverty or richness of the milk; by the microscope alone we distinguish the former, by the sparing number and small size of the milk globules compared with the quantity of the serum in which they float, and the latter by the larger size and number of the globules—for external appearances are often deceptive. If the milk be poor the rules of dietetics should be consulted, and mild vegetable and farinaceous food and soups, namely, the aliments which will supply abundance of fatty and albuminous principles, should be resorted to, while well diluted farinaceous food will prevent the congestion in the breasts, which tends to an increase of its serous or watery part; moreover, the due attention to the regularity and frequency with which the breasts are given by weakly or unproductive nurses, and the amount of additional supplementary supplies which may be necessary for the infant at the different stages during lactation, with the influence of

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exercise and mode of life as well as natural incitements to caution, and motives to self-denial, are topics of interest as to successful lactation; and in addition to the general considerations which ought to guide us in the choice or rejection of a nurse, as the presence or absence of scrofula, syphilis, cancerous, scorbutic or rheumatic diathesis, phthisis, or insanity, the microscopical examination of the milk is the surest and easiest method of testing its suitableness, especially when there is some ground for doubt: and Dr. Laurie will certainly find it of use, if ever called upon to decide on this and other points relative to lactation, such as "disinclination of the infant," "suppression," "deterioration and discolouration of milk," and others, contained in the article on "Obstacles to Suckling," most unsatisfactorily drawn up by him, as it does not contain any of the most recent physiological opinions in reference to this important function in the female economy. Perhaps an additional supplement may hereafter supply this desideratum.

What we have stated above answers in a great measure many points contained in the third part of Dr. Laurie's work, which is devoted to the "Treatment of Infants and Children," and consists of "introductory remarks," and "treatment after birth," under the following heads:—asphyxia; swelling of the head; navel rupture in infants; expulsion of meconium; and a few assertions regarding suckling and the choice of a nurse, sleeplessness, and exercise. In this, as well as in the remaining portion of the work, "Diseases of Infancy," there are points with regard to which the office of the critic might be exercised with some severity; more especially is the author open to censure when he leaves his proper science and enters the domain of popularity. But the fault for which he is, above all, blameworthy, is an obvious carelessness in distinguishing facts from mere suppositions, and actual observations from loose conjectures. We ask, however, why "soap must on *no account* be used" to clean the new-born infants? (p. 716.) And we question "asphyxia" (p. 717), and "lock-jaw of infants" (p. 752), being the result of the "umbilical cord being too tightly tied." We cannot conceive the object in preparing an eight ounces

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solution, viz: 57,000 drops with one grain of *tartarus emeticus*, of which the author recommends "a few drops to be dropped into the mouth of the child every quarter of an hour;" suppose ten drops on an average to be given at a time, the solution would last for ninety-six hours, or four days, as if we could wait possibly even two hours with any hope of resuscitating the infant born in a state of asphyxia; however, in half an hour, if unsuccessful, he recommends *opium* nearly in the same manner as the former, and then *cinchona*. We would ask also the number of infants on record reanimated in this manner. The management of suspended animation in new-born children is a subject so well understood, and the principles upon which it should be conducted are now so clearly recognized, that some practical details in a work like this, especially such as relate to the use of the *stethoscope* and of *artificial respiration*, would be of great value to a physician in medico-legal questions. We have seen many infants restored to animation in whom respiration was for a long time suspended, yet we never saw a single instance where the slightest symptoms of vitality could be produced if the heart's pulsations had ceased to be audible when the child was born. The different external appearances such children present are regulated by the extent and kind of lesion the vital functions have sustained before and during labour; but setting aside physiological considerations, and looking solely to practice, some of these cases present a state closely approaching to syncope, as there seems to be a failure or deficiency of the vital principle, others appear totally different, and would seem to be the result of great cerebral congestion or apoplexy. The former, and weakly delicate infants, revive by supporting the temperature of their bodies by artificial means; and the latter, who are often premature births, are restored by sprinkling cold water over the thorax and face, and artificial respiration: often some blood allowed to flow from the fœtal end of the funis after its division, is speedily followed by signs of increased sensibility.

Dr. Laurie is also at variance with the universal belief of the cause of jaundice during the first nine days of the child's life; he attributes it erroneously (p. 719—750), to be the effect "of

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administering laxatives to the infants immediately after birth;" the physiological knowledge of fœtal circulation explains the secret; the respiration being chiefly abdominal, and the umbilical cord not being tied too soon, but only after its pulsation has entirely ceased, thus prevents the retrogression of blood and congestion in the system of the vena portæ, which, as well as the influences of the atmospheric changes, often occasions jaundice.

The researches and observations of Billard, at the Hospice des Enfans-trouvés, of Smellie, Frank, Paletta, Naegele and other authors, agree as to the changes which take place in the infant's skin for the first month after birth; the process of the exfoliation of the cuticle in particular should prevent the child being carried out so soon as Dr. Laurie recommends (p. 730); neither deformity, nor squinting, or bent legs, can be the result of "nursing the children from one breast," or of "assisting them to walk," (*ibid.*) without constitutional causes. And as to the ophthalmia neonatorum, he is completely mistaken in attributing it to "strong light," or any "neglect" of the attendants, as it may take place during the utero-gestation. A very remarkable case is related by Mr. Walker, (Manchester), of an infant, in whom this disease had run through its entire course before birth. "The cornea of one eye had completely sloughed; the eye-ball had sunk, and, of course, not the slightest vision existed. More than one half of the other eye was opaque; through the remaining transparent portion, a part of the pupil can be discerned, and the iris and cornea appeared almost in contact."—*Lancet*, Feb. 8th, 1840. (Braithwaite, vol. i.) During unhealthy states of the atmosphere, and at times when there prevails a disposition to puerperal fever, cases of purulent ophthalmia are observed to be more frequent, and to be very slow in recovery. We have seen an extensive ulceration in the conjunctiva of the upper eyelid, and on some occasions the mouth affected with aphthæ, treated beneficially with *mercur. sol.* and *chamomilla*, and removal to another ward or house if possible.

Besides the "crusta lactea," we searched in vain for the treat-

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ment of other cutaneous diseases, (not to speak of congenital inflammation of the skin, which terminates by warm ablutions in a complete resolution or desquamation,) which are followed by morbid secretion, ulceration, or other changes in the organization of the part affected, and become often aggravated at the time of teething and after weaning.

The remainder of the articles contained in the work are scattered without order; the distinction between "spasmodic asthma," (p. 737,) and "larygismus stridulus," (p. 762,) is not made out clear enough, and the treatment of both being the same, there would not seem any necessity for separating them at such a distance from each other. The monstrous array of remedies for "diarrhœa of infants," must be no small source of confusion, as well as of repulsion in the mind of a tyro.

Dr. Laurie gives a very imperfect idea of the affection which he calls "induration of the cellular tissue," or "erysipelas infantum" (?) (p. 751,) when, strictly speaking, there is no induration of the cellular tissue in the disease designated by this title, or "scleroma" of modern authors, erroneously so called, as the term implies the idea of a transformation of the cellular tissue, which does not really exist. According to the observations and investigations of Dugés, Denis, Andry, Breschet, Chevreul, Billard, Underwood, and others, who have minutely studied this disease with reference to its seat, its invasion, and its progress, all the children that were the subjects of their study, were of the age of one to eight days, some were just born and appeared to have brought this disease with them from the womb; and they found that this disease is nothing else than simple œdema, analogous to the œdema of adults; it should be distinguished from induration of the adipose tissue; it is more common in winter than in summer; it may be either local or general; its predisposing causes being—the natural feebleness of the child, a state of general and congenital plethora, a superabundance of venous blood in the cellular tissue, and a dry state of the skin before the exfoliation of the epidermis; and its immediate causes being—an obstruction in the course of the blood, resulting from its quantity in the circulating system; its engorge-

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ment in the cellular tissue, to which it furnishes too much materials for secretion; and the action of external agents on the skin, which, without condensing the serous fluid, as has been asserted, are yet capable of suspending the cutaneous transpiration, and thus favour the accumulation of serosity in the cellular tissue. When the serous congestion is carried to a high degree, and the œdema general, all the parts where there exists cellular tissue undergo a disturbance in the functions which they discharge; thus the glottis becoming œdematous at the same time that the lungs are the seat of congestion, the cry of the infant is generally painful, acute, and smothered; and the slowness of the circulation easily explains the coldness of the limbs, and the state of debility into which the patient falls. The therapeutic indications are to relieve the general plethora if present, and to establish cutaneous perspiration; the camphorated oil of chamomile, with the use of warm woollen garments next to the skin, caused the rapid disappearance of the œdema at the Hospice des Enfans Trouvés, of Paris; and we have found *bryonia*, with bathing the children in a warm infusion of *chamomile flowers*, followed by *tr. of sulphur*, of benefit.

The great mortality in hydrocephalus makes a medical man, when called upon to attend such a case, almost sceptical of being able to do any good, particularly so if not called in when the first appearance of the disease commences; and the only benefit we have seen from the known remedies was produced during the stage of incubation. Of course some recoveries are cited as having taken place even after the convulsions have occurred, but these results are anomalies that we have never witnessed. Unfortunately for suffering humanity a medical man is scarcely ever summoned until pretty considerable mischief has taken place in the brain, and often only after the little patient has been put through an ordeal of domestic remedies, which of course only prove detrimental instead of beneficial, and most likely at a time when all professional assistance will prove abortive. However, the author treats all its forms with apparent confidence in his success.

We have been led to notice this portion of the work at greater length than we originally intended; but the subject is interest-

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ing; and we cannot conclude without the remark, that it is vain to hope for any rational or satisfactory work on the treatment of the diseases peculiar to women and children, till we are further and better acquainted with both their physiology and pathology. To these two subjects we would specially direct the attention of our younger readers, as a field in which organic chemistry and microscopic research have yet much to yield. We are also convinced, that although our knowledge of diseases may be based on facts most ably condensed, yet, that it will often fail to produce a practical, useful impression without the abridged detail of carefully recorded cases.

ILLUSTRATIONS OF THE FRAUD AND FOLLY OF HOMŒOPATHY, by JONATHAN TOOGOOD, *Extra-Licentiate of the Royal College of Physicians, &c.* London, John Churchill, 1848.

THIS is a rabid tirade against Homœopathy, which the indignant author seems to have studied in *Wood's Homœopathy Unmasked, Fraser's Magazine,* and a certain lecture delivered by a certain Mr. Stewart, on "Medical Delusions;" but such is the blindness of the worthy Extra-Licentiate's zeal, he cannot even quote his authorities correctly, but would have us believe that Dr. Wood has written, "a billion*th* of seconds [*i. e.* the 6th dilution] have not elapsed since the creation of the world." He transcribes Dr. Wood's exact and admirable translation from Hahnemann's R. A. M. L. about the drosera and the hooping-cough, improving drosera into *domera,* and giving as the work whence the translation is made, "*Hahnemann,* Nov., oy., p. 306," which is a slight improvement on Dr. Wood's "Nov. org." Apropos of Dr. Madden's work on *Homœopathy and Medical Reform,* which our author has become acquainted with through the aforesaid Mr. Stewart's lecture, he gives as a piece of intelligence, which Dr. Madden will doubtless be as surprised to learn as we were; "I am told," says this finder of mare's nests, "that this gentleman (Dr. Madden) has seen the error of his ways, and I must say that it would have been but candid, to have renounced them publicly. When a man has

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adopted erroneous principles, and published his belief, with a view to the conversion of others, the best reparation he can make to society, is to make his recantation of his error as public as he hoped to do by his faith." Immediately before penning this exquisite specimen of grammar and sense, Dr. Toogood is lost in amazement at the "lamentable display of ignorance by a homœopath," who it seems asked how to spell a word of two syllables in the presence of two witnesses, one of whom was no other than our friend Toogood—is this not rather too good?

We had thought that the article that appeared in a recent number of *Fraser's Magazine* was the very worst that had been or could be penned on Homœopathy, but Dr. Toogood's silly pamphlet shews us we were premature in our judgment. We shall not say more out of pity to the author's venerable years, for we judge him to have attained the extreme verge of human life promised to the devoted consumers of Parr's Life Pills, from the following sentence: "I have witnessed the birth, progress, and death of Perkins's tractors, animal magnetism," &c., this latter science in its modern form is now seventy-six years old, so we may from that date have some faint notion of the excessive antiquity of Dr. Toogood, who, we fear, is far too old to learn, or to profit by any reproof we may administer to him.

HOMŒOPATHIC INTELLIGENCE.

A short account of the Cholera in Petersburg, taken from the medical and non-medical correspondents of Dr. Griesselich.

The number of the victims is very great, and varies according to the different reports. They would have been much more numerous but for the number of fugitives. All accounts agree that Veratrum has been the most useful medicine. All others have been of less service, Ipecacuanha and Camphor of little or none. In one account Tobacco and Iatropha were also recommended. Arsenicum has not exhibited any marked effects. Veratrum has obtained such a fame, that, to use the words of one writer, all the Allopathic apothecaries and physicians ran "as if mad" to the Homœopathic apothecaries' shops for this medicine. The Allopathic

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treatment was quite fruitless, and the most divers remedies were of no avail; yet various reports speak in favour of strong friction. Acidum Phosphoricum all agree was of great use in the Cholerine; the Diarrhœa disappeared rapidly; but as soon as vomiting commenced it was found useless. All agree that this Cholera Diarrhœa must be taken at the beginning.—(*Hygea*, vol. xxiv. p. 52.)

Therapeutic notes on the Cholera in Germany.

From Magdeburg, Dr. Rummel reports the following.

Of *Camphor*, the action was found, as usual, favourable at the commencement, but not after the vomiting and purging had attained any great height.

Ipecacuanha was particularly indicated at the commencement in slighter cases, and when there was hysterical excitement present.

Veratrum alb. 1, 3, 6, 30 was given every 10, 15, 30, or 60 minutes, till the cessation of the evacuations, the re-appearance or rising of the pulse, or the diminution of the coldness showed a remission of the violence of the disease: it was certainly the chief remedy in the fully developed form of the disease. It was given either alone or alternated, according to circumstances, with *Arsen.*, *Ipec.* or *Cuprum.*

Iatropha Curcas, 4 and 30, proved serviceable at Riga in two cases in which Veratrum was indicated but did no good. It was not much used here, and seemed more useful in the diarrhœa than in the vomiting.

Arsenic appears to be closely related to Veratrum in curative power, and to complete its action, especially where there is burning pain in the epigastric and hepatic regions, great prostration of strength and oppression of the chest. It was mostly given in the 6th and 30th dilutions.

Cuprum has been praised by some, and by others given without effect. I saw good effects from it in the spasmodic form when there was diarrhœa and more particularly violent pains in the limbs. Dr. Ruth saw little use from it alone, but good when alternated with Hyoscyamus in the cramps after the cessation of the evacuations.

Phosphorus, 3 and 4, was found useful in the premonitory diarrhœa.

Phosphoric acid, 3 and 20, which was very useful in the epidemic of 1832, was not always sufficient this year, though given undiluted, as recommended by Lobethal. It appeared more efficacious when alternated with Hyoscyamus.

Carbo vegetabilis was formerly useful in the oppression of the chest which succeeds the more violent symptoms and in the subsequent comatose state.

Secale cornutum seems worthy of attention in continued evacuations, apoplectic symptoms and cyanosis. Formerly it was efficacious in fruitless efforts to vomit.

Cantharides. Excellent in long continued suppression of the secretion of urine with or without desire to pass it.

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Aconite, which was administered by a physician here even at the beginning of the disease, appears an indispensable remedy in violent excitement which often succeeds the attack. A few doses calmed it, and completely superseded the doubtful bloodletting. Along with it were used cold applications to the head.

Colocynth was useful in abdominal pains with rumbling, and scanty or no evacuations.

Ferrum seems to be a medicine very deserving of attention in the long continued diarrhœa which succeeds the Cholera, or comes on during its prevalence without the patient being attacked by real Cholera.—(*Allgemeine Hom. Zeitung*, vol. xxxv. p. 321.)

The Cholera in Riga.

From Riga, Dr. James Lembke communicates the following in a letter to Dr. Rummel.

Camphorated Spirit was found, as usual, useful at the commencement when cramps predominated.

Iatropha, 4, relieved only the excessive copiousness of the evacuations from the bowels; but the diarrhœa was not removed, and the cramps seemed even to be aggravated. *Secale* 4 given then did no good. *Cuprum met.* 5, however, was of service when there were present cramps, the characteristic diarrhœa, slight or no vomiting, cold sweat, hoarseness, blue lips and nails, thirst, no urine, cold extremities, pulse still perceptible, moderate oppression of chest, face and tongue cold, and skin shrivelled. In one case in which all symptoms had improved under *Hydrocyanic acid* 2, but spasms set in, *Cupr.* 5 was of speedy service.

Arsenic 3 and *Veratrum* 3 were only useful as long as the cramps were absent or slight; but when they became stronger, then *Cuprum* was in its place. But when, in addition, there came on pulselessness, cold sweats, puckered skin, sunken eyes with blue circles, blue lips and nails, oppression of breathing, and the diarrhœa and cramps subsided, then we had recourse to *Laurocerasus*, *Carbo*, and *Hydrocyanic acid*. *Laurocer.* 2 and 1, had no effect. *Carbo veget.* 30 and 6, appeared useful when the pulse was still perceptible, the skin still warm, and still some urine secreted, with hoarseness, blueish lips and rings below eyes, sunk eyes, oppression of breathing, excessive weakness, and the characteristic diarrhœa. *Hydrocyanic acid* had very good effects in the worst cases of the asphyctic form; in some it prolonged for twenty-eight hours the life that seemed threatening to be extinguished every minute. It was given every quarter hour, or one or two hours. I regret that I did not give it more frequently and in the 1st dilution, as I attribute the favourable result, in several cases which recovered, to the relations having administered very often *Hydroc. ac.* 2, which was left with them.

Charcoal pills were sold here in the apothecaries' shops, as prophylactic. (*Allgem. Hom. Zeitung*. vol. 36, p. 1.)

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Treatment of Cholera at Bucharest.

The Cholera has subsided a little, but has not ceased its ravages. I have enquired after the most effectual remedies for this fatal malady, and think it may perhaps be acceptable if I communicate them to you.

The following treatment has proved the most successful. At the beginning of the attack (the symptoms of which are giddiness and inclination to vomit, uneasiness and spasms), one part of camphor dissolved in twenty parts of spirits of wine, two drops in a spoonful of water taken every five or ten minutes, almost in every case stopped the progress of the malady: But should, after two hours, no effect be perceived, give every quarter of an hour one drop of veratrum album, *solutio tertia*, in a spoonful of water; and at longer intervals when the graver symptoms (vomiting, diarrhœa, low pulse, coldness of the extremities, change of voice) begin to subside. The body must always be rubbed with warm rum, but never with camphor. When the spasms are very violent, arsenic or carbo vegetabilis will prove very beneficial. Bleeding in sanguine persons cannot be injurious; but to think that bleeding is a general remedy is a fatal error, as all the persons who died of the Cholera have been bled. I hope and pray that no one in England may have need of the above mentioned remedies.—(*Jewish Intelligence*, October, 1848, p. 326.)

Homœopathic Dispensaries.

An account of the number of patients who have been relieved at the different Homœopathic Dispensaries throughout the country will give some notion of the favour with which our system is regarded by the poorer classes of the community. We purpose publishing occasionally statistics of the various Dispensaries, and shall feel obliged by their medical officers forwarding them to us.

Birmingham Homœopathic Dispensary.

The report of this dispensary has reached us, and we are glad to observe that the funds are in a flourishing state. It was opened in May, 1847. The number of patients treated is not stated, but is said in the report to have been great. The patients are of two classes—gratuitous and subscribing patients; the latter pay two shillings and sixpence per month or six shillings per quarter, and it is to them apparently that the flourishing state of the society's funds is chiefly owing, as the annual subscriptions do not amount to much. The medical officers are Dr. Fearon, Mr. Lawrence, and Mr. Parsons. An attempt is being made to get up a Homœopathic hospital in Birmingham.

Dublin Homœopathic Institution and Dispensary.

We know nothing further of this dispensary than that Dr. Goodshaw is the medical officer, and that the average weekly number of applicants is about 60.

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EDINBURGH HOMŒOPATHIC DISPENSARY.

The following table shews the number treated at this Dispensary from December 1847, to November 1848, inclusive, with the different localities whence the patients came.

1847 to 1848.	Edinburgh	Leith	Fifeshire	Newhaven	Musselburgh, &c.	Roslin	Portobello	Glasgow	Biggar	Linlithgow	Tranent	Prestonpans	Pathhead	Direlton	Dundee	Stirling	Perth	Stowe	Corstorphine	Peebles	Broxburn	Morayshire	Roxburgh	Falkirk	Airdrie	Dunfermline	Selkirk	Borrowstoneness	Lauder	Cockburnspath	Galashields	Pennycuik	Polmont	Hawick	Ayrshire	Dunbar	Berwick	Total.
December ..	45	5		3	2																																55
January	102	4	2						1																												109
February	126	17	1				2			1																											147
March	104	25				2															1	1															133
April	79	16	1					1			2	1	1										1	1													103
May	79	28	1											1																							109
June.....	120	25	15	2		1	1	1				1	1		1									1	1	1											171
July	124	24	1	2	4	2		1								1																					159
August	121	28	6	2	2			1	2								2										1										165
September ..	97	24	1	1														2	1									1	1	1	1						130
October	242	10	1	1										1					1													1	1	1	1	1	1	262
November ..	271	11	2				1			1					1	1																					288
Total ..	1510	217	31	11	8	5	4	4	3	2	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1831

We have elsewhere given an account of the establishment, &c., of this Dispensary.

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Brighton Homœopathic Dispensary.

This was opened in March 1845, and from that time up to the 1st November, 1848, 1698 patients have been treated. The physician is Dr. Madden. It has hitherto been supported by subscribing patients. We understand a dispensary will shortly be opened on a more extensive scale by Dr. Madden in conjunction with Messrs. Cobbe and Wardroper, which will be entirely free.

Liverpool Homœopathic Dispensary.

The total number of cases treated at this Dispensary since its opening up to the 1st November last, is 17,582. The medical officers are Dr. Drysdale, Dr. Hilbers, and Mr. Moore.

Leeds Homœopathic Dispensary.

The report just published by the Committee of this Dispensary contains the following statement:—

Admitted.		*Treated.*	
		Cured.....	1353
1st and 2nd year....	850	Relieved	402
3rd year	931	Uncured	191
4th year	756	Died	48
		Under treatment ..	543
Total....	2537		2537

The funds are in such a flourishing state that a Surgeon has been engaged at a salary of £60 per annum. Dr. Irvine is the physician.

West London Homœopathic Dispensary.

This, which is one of the first established Homœopathic Dispensaries in England, was organized anew in June 1848, for the free admission of all poor applicants. Special measures have been adopted by a Committee, in connexion with it, to afford prompt aid in the event of the prevalence of the cholera, and printed directions for its general treatment and prophylaxis have been given to every patient. The number of applicants from June to the 1st of December 1848 is 786. The medical officers are Dr. Dudgeon and Mr. Engall. One day in the week is devoted to the treatment of diseases of the eye and ear, another to that of the diseases peculiar to females.

Manchester Homœopathic Dispensary.

We have frequently had occasion to commend the activity shewn by the medical officers of this dispensary. We have received the following statement relative to it.

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No. of patients received to the end of 1847	9938
From 1st Jan. to 1st Nov. 1848	2789
No. of out-patients who have been prescribed for from 1st Jan. to 1st Nov. 1848	16,907
No. of home-patients during the same period	236
No. of visits paid to home-patients during the same period	1568

The medical officers are in hopes of being able to establish a small number of beds for the reception of acute cases in connexion with the Dispensary.

Northumberland and Newcastle Homœopathic Dispensary.

The total number of patients treated at this Institution since its opening in May, 1844, is 2211. We have already given some details respecting it.

Norwich Homœopathic Dispensary.

A Dispensary has just been opened in this town for gratuitous relief to poor patients, under the medical charge of Mr. Hale.

Portobello Homœopathic Dispensary.

Opened by Dr. Atkin on the 20th June, 1848, since which time until November, 351 patients have been treated.

Torquay Homœopathic Dispensary.

This Dispensary, which we noticed in last No., has afforded relief to 236 patients since its establishment in March last.

Homœopathy in France.

"Academy of Medicine. Meeting of October 17. Mr. Royercollard in the Chair.—Homœopathy.—The Minister of Public Instruction requested to be informed of the opinion of the Academy with regard to a circumstance which had recently occurred in the Hospital St. André at Bordeaux, where a physician, Dr. Léon Marchaud, openly practised homœopathy. Messrs. Chomel,—Andral and Griéneau De Mussey, were named by the Academy to inquire into and report upon the matter."—*Medical Times*, Nov. 4, 1848.

OBITUARY.

Dr. GRIESSELICH.

We are grieved to have to record the death of this distinguished individual, which occurred whilst on the march with the army to Schleswig Holstein. He occupied the situation of staff-surgeon to the 8th batallion,

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and the immediate cause of his untimely fate was a fall from his horse, on the 23rd of August, whilst riding from Altona to Hamburgh. The fall occasioned fracture of the skull in three places, and he died on the 31st of August, never having recovered consciousness. Dr. Griesselich early distinguished himself for his bold opposition to some of the dogmas of our illustrious master, and might be considered the head of the Homœopathic Specific School, as it is called in opposition to those who assume the title of pure Hahnemannians. In consequence of the melancholy death of its talented editor, the publisher of the *Hygea* has announced that the publication of that Journal will be suspended for a time.

Dr. J. J. MOLIN.

Homœopathy has just lost one of its most worthy representatives. Dr. Molin, President of the Société de Médecine Homœopathique, was carried off on the 3rd September last, by acute cancer of the mouth, in the 51st year of his age. This terrible malady, against which, with very rare exceptions, science is still impotent, had several times alarmed our colleague, and especially during the latter months of last year. Too expert a practitioner to be deceived respecting the serious nature of the symptoms he experienced, Dr. Molin made his diagnosis with the tranquillity and resignation of a man deeply imbued with religion, but also with the most unshaken confidence in the remedies of the new system. And in truth the first attack was subdued, and for some months his health improved. But this was only temporary. In May a suspicious tumour appeared on the sides of the inferior maxilla, and after an exploring incision, enormous vegetations appeared and excessive suppuration was established; the cancerous diathesis and the want of nourishment, which was prevented by the mechanical obstacle presented by the carcinomatous excrescences soon exhausted his strength, paralysed all attempts at reaction, and precipitated the fatal catastrophe. Dr. Molin presided at the Society for the last time on the 27th April.

Jean Jacques Molin, born at Annecy, (Savoy), the 13th June, 1797, studied at the Lyceum of Grenoble. At 16, he became a volunteer under the command of his father, and made the campaigns of 1813 and 1814; having been wounded in battle he was appointed sub-lieutenant. On the return of the Bourbons he was put on half-pay. During the hundred days, he joined the sacred batallion, made the campaign of 1815, and was appointed lieutenant. When the Bourbons again returned he left the army and chose the medical profession. Accepted *Officier de Santé* at the Parisian Academy, he practised under that title until 1829, when he took his degree of M.D. at the faculty of Strasburgh, after an inaugural dissertation "*On Intermittent Fevers.*" Appointed medical inspector of the thermal springs of Luxeuil, (Haute Saône,) on the 21st October, 1831, he occupied that post until 1836, when he resigned in order to practise homœopathically in Paris. During his inspectorship he published a work

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on the Springs, in reference to their chemical and therapeutical properties, and in consequence of this work he was elected (30th March, 1833,) corresponding member of the *Société des Sciences Physiques, chimiques et arts agricoles et industriels de Paris*, and afterwards, on the 22nd August, 1833, corresponding member of the *Société des Sciences, Agriculture et Arts* of the department of the Lower Rhine, which held its meetings in Strasburgh. Since 1830 he studied and practised Homœopathy. He was elected member of the *Société Homœopathique Gallicane*, assembled at Lyons in 1832. During his stay at Luxeuil he made numerous converts in the neighbourhood and spread the knowledge of Homœopathy, especially at Besançon. He came to Paris in 1836, to follow the practice of Hahnemann, thereby abandoning the brilliant position he had raised himself to. During 1840 he published the *Journal de la Doctrine Hahnemannienne*, 2 vols. On the 11th December, 1841, he was elected member of the Spanish Medical Institute; on the 18th November, 1847, member of the Brazilian Homœopathic Medical Academy. He was twice elected secretary of the *Société de Médecine Homœopathique*, and twice president.

Several of the works of our lamented colleague have appeared in the *Bulletin*, and they are distinguished by great sagacity of observation, and enlightened judgment. We may mention his studies on some preparations of gold; on the Buonafa; on utero-vaginal discharges; and his polemical writings on the ultra-infinitesimals.—*Bulletin de la Soc. de Méd. Hom.* September, 1848.

CLINICAL RETROSPECT.

Under this title we purpose furnishing from time to time abstracts of the most interesting cases recorded in the pages of our foreign contemporaries.

Dropsy.

A man about 57 years old, stout and robust, had in former years led an irregular life and been much exposed to inclement weather, whereby his feet had been several times frozen, and painful phagedenic ulcers had formed upon his ankles. He had been treated for many years in Rome, and his case at last declared hopelesss by his allopathic attendants. On the 5th May, 1842, he had the following symptoms: dyspnœa—the least exertion produces suffocative symptoms with profuse cold sweat; asthmatic cough, with much thick salt expectoration; feet swollen, covered with many varices and scales like a carp's, and two large phagedenic ulcers that secreted much yellow watery fluid; pulse intermitting. He got at that time, *acon.*, *bell.*, *calc. c.*, *bry.*, *sulph.*, *staph.*, and *sil.* His asthmatic symptoms soon went off, but the ulcers and scales on the legs remained, to which he applied of his own accord a drying ointment that soon closed the ulcers; but this was soon followed by a return of the

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asthma, which however he was always able to subdue by *acon.*, *ars.*, and *phos.* On the 5th Dec. 1844, after some unusual work, whereby he perspired and caught cold, he awoke in the night with violent stitches in the chest, which took away his breath; violent continued cough with frothy bloody expectoration. In the morning, Dr. W. found him sitting up in bed, almost breathless; incapable of moving; and the blood oozing out of his mouth; dark red swollen face; staring eyes; violent fever; dry hot skin; much thirst; strong, intermitting, inflammatory pulse. Six globules of *aconite* were mixed with half a glass of water, and a spoonful given every two hours. Half-an-hour after the first dose he felt great relief, and by the evening he could lie down, and the sputa were but slightly tinged with blood. This remedy was continued till the morning of the 8th, then *phosphorus* 12 until the 12th, and on the 13th Dec. he was able to do his business, no symptom remaining but the intermitting pulse. On the 28th Jan. 1845, after getting wet through in an open carriage, he had an attack of asthma with suppression of urine. In eight days he was completely anasarcous, and in a few more days he had hydrops universalis. The pulse was scarcely perceptible, intermitting, trembling, and the least motion brought on a suffocative fit; the abdomen was full of water; the legs and thighs swollen, blue and cold; the small ulcers that had reappeared latterly had dried up; in 24 hours he only passed about two spoonfuls of dirty fetid urine; and the pains had almost disappeared amid the dropsical swelling. *Ars.*, *zinc. met.*,* *am. carb.*, *aur. mur.*, *cannab.*, and *prunus spinosa* had no effect in ten days, and the disease increased every hour. On the 15th March he got *natr. mur.* 12 every six hours, which caused greater activity in the renal secretion, but this only lasted till the 17th. A few doses of *cobalt. fossile* produced more activity in the feet, they begun to get warm and broke; some sleep returned; but the chief disease remained unaltered, indeed the abdomen, thighs and legs, and also the hands, increased in size. The 22nd March he got *colch. acet.* 3 in water every six hours, with excellent effect: after the first dose the urine flowed better, and increased daily, the quantity passed in 24 hours was about four quarts, it became clear, it was formerly cloudy. This remedy was continued alternately with *natr. mur.* till the 26th April, by which time the dropsy was cured. The legs had regained their normal size; the eruption was almost gone; the ulcers alone remained, that had been formed by the breaking of the skin of the legs; they were healed

* "*Zinc. met.*," says Dr. Wahle, "is one of the best remedies in dropsical affections, especially when the patient complains of pain or uneasiness in the renal regions. With *aur. mur.* 6, I cured in the winter of 1840-41, an old woman of 72, who had been for a year affected with general dropsy. In the dropsy curable by *aur. mur.* fine clear urine is secreted after its administration, whereas in that curable by *prunus spinosa* a cloudy and ammoniacal urine follows its employment."

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however by *sil.* 12, *sulph.* 12, *ars.* 12, *kreos.* 3, except that on the right tendo achillis there remained open an horizontal stripe of a quarter of an inch broad and two inches long, which was cured in four weeks by *tellur.* 6 and *kreos.* 3; and he now enjoys better health than he has had for many years. (Wahle, *N. Archiv.* iii., pt. 1, p. 25.)

A woman of 45, liable to bilious affections and headaches, still menstruating, was after an attack of bilious vomiting, affected with ascites and anasarca, at the same time anorexia, bitter taste, pressure in the epigaster as from something hard, pain in the hepatic region, increased by the touch, constipation and scanty dark urine. *China* 200 relieved the pains and caused diarrhœa with marked benefit; the watery infiltration subsided gradually, and in fourteen days all traces of it were gone. (Nehrer, *Ib.*, p. 76.)

Intermittent Fever.

A peasant, 33 years old, had already had twelve attacks of tertian ague, for which he had taken nothing but a few brisk purgatives. The fit came on regularly in the morning, with some thirst and rigor, followed by violent heat and excessive thirst, vertigo and stupefaction, ending in profuse sweat, without thirst. After the fit he felt exhausted and weak. Appetite pretty good, but he looked ill. Complexion yellowish. The feet, especially about the ankles, were swollen and doughy. The abdomen was also somewhat tumid. Colicky pains frequently occurred. The urinary secretion considerably diminished. He slept ill, and perspired at night uncommonly. A few drops of the 2nd (centesimal) dilution of *arsenic* night and morning sufficed to cure him completely. (Watzke, *Œst. Zeitsch. für Hom.* ii. p. 513.)

A boy, aged 7, had had two attacks of ague in two successive days. About 4 p.m. he became silent and melancholy, and began to shiver, asked frequently to drink, and was obliged to lie down. After lying about half an hour in a sort of stupefied slumber, his body became hot, and he complained of violent headache, at the same time almost he began to perspire. The perspiration had a disgusting odour and lasted all night. There was thirst during the hot and sweating stages. Pain in the chest, short cough, sadness, weariness, unhealthy look, frequent thirst, were the morbid phenomena in the intervals. The patient got a few globules of the 1st (centesimal) dilution of *arsenic*, before and after the fit, and in the morning fasting. The next day at the time for the attack only sweat and sleep occurred. No more attacks after that.—Watzke, *ib.* p. 514.

A woman, aged 49, had had three attacks of quartan ague. Dull headache and pressure in the stomach occurred in the fit. She had no rigor. Although she herself felt icy cold, she was hot to the touch. The hot stage was violent and long continued, followed by anxiety and restlessness.

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She had no perspiration, either after the heat or during sleep at night. No appetite in the interval. Her sleep was disturbed by headache. She had no thirst either during or when free from the fever. She got a dose of the 1st (centesimal) dilution of *arsenic* every four hours, and had no recurrence of the ague.—Watzke, *ib.*

A man, aged 35, ill for nearly three years with ague and its consequences, suppressed by quinine or purgatives for a week or a fortnight at a time, and once for even six weeks; it had returned for some time every third or fourth day. At last, after the lapse of more than two years, he got some drops that cured the fever, but not the patient. The fever ceased, but the patient got dropsical legs, tension and dull pain under the ribs, he looked ill, had no strength, and could not work. For three weeks past he has had regularly every fourth day at 3 p.m. a rigor, commencing at the head and back and soon involving the whole body, at the same time thirst and headache. He loses all power of thinking. He feels as if he should lose his senses. The joints become stiff and excessively sensitive, as if the muscles were forcibly compressed and kneaded together. The rigor continues with these symptoms four or five hours. It is followed neither by heat nor sweat. In the intervals he complains of weariness, has a white tongue, little appetite, much thirst. The hypochondriac region is much distended and painful. The legs are heavy, and become swollen and doughy from standing or walking. He got six doses of *nux vomica*, 1st (decimal) trituration, one night and morning. A fortnight afterwards the patient announced that the attack did not return, that he felt well and strong, and able to do his work.—Watzke, *ib.* p. 515.

A boy, aged 8, had a double tertian ague. The fits commenced with slight rigor, followed by much heat, with little thirst, and afterwards profuse sweat. In the interval he had no appetite, sometimes vomited watery mucus, and had usually during the day several diarrhœic stools. He was always drowsy, slept much during the day, when he raved frequently. *China* and *arsenic* were given without any result. After one dose of the 1st (decimal) trituration of *nux vomica*, the fever was permanently cured, and all the other morbid phenomena ceased with it.—Watzke, *ib.* p. 516.

A man, aged 38, had for four weeks had a quotidian fever. About noon he has some thirst and rigor, followed by heat with increase of thirst, great anxiety and headache, afterwards moderate perspiration. He has besides, dry short cough with burning in the chest (both increased during the rigor and heat), anorexia, constipation, he feels weak and powerless. He got some of the 1st (decimal) trituration of *nux vomica*, with instructions to take a dose every evening. He was seen some months afterwards, when he reported that after the first dose he had had only one more severe fit, and in a few days had regained his health perfectly.—Watzke, *ib.*

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A servant aged 35 had had six attacks of tertian fever. The fits commence at 11 A.M. with short cough, thirst, and rigor. The subsequent heat is great, the thirst increased during it. Perspiration profuse and long continued. After the fit is over she feels quite well and can do her work. She has great desire for beer. Since the last attack an herpetic eruption has formed on the lips, round the mouth. After taking night and morning a dose of the first (decimal) trituration of *nux vomica*, she had only one more slight fit.—Watzke, *ib.* p. 517.

A peasant woman aged 48 had suppressed an ague after the second fit by means of brandy. Thereafter she had almost constant headache, sleeplessness, excessive weakness, anorexia with greatly increased thirst and frequent eructation. Although the ague returned a fortnight afterwards, the above symptoms diminished but little during the intervals. The type was tertian; it commenced at 10 P.M. with violent rigor. After this had continued for about 2 hours with violent thirst and pain in the chest, there followed a hot stage of an hour's duration, with headache, and lastly profuse sweat. During the hot and sweating stages, little thirst. Four doses of *quinine*, each of a quarter of a grain, taken in the morning, fasting, sufficed to remove the fever and restore the patient to perfect health.—Watzke, *ib.*

The wife of a shoemaker, aged 31, pregnant six months, had been subject to ague for a week. The fit comes on every third day at 10 A.M. The rigor lasts some hours. Sweat occurs simultaneously with the hot stage. The thirst is slight, both during the rigor and heat. There accompany the fit, tearing in the feet (betwixt the cold and hot stages), dry short cough,(mostly in the cold stage), nausea and desire to vomit (chiefly in the hot stage.) In the intervals nothing particular is complained of but powerlessness and feeling of weight, and drawing pains in the limbs. *China* and *Ipecacuanha*, both in the first dilution, gave no relief in the course of ten days. On the contrary, the fits came earlier, and the symptoms, especially the rigor and thirst, increased, as also the powerlessness. At the same time the feet began to swell about the ankles. She now got night and morning, of a trituration of 3 grains of *quinine* with a drachm of milk sugar, as much as would lie on the point of a knife. She had two more slight fits, after which her health was permanently re-established.—Watzke, *ib.* p. 518.

A servant girl aged 19, not yet menstruated, had suffered for three months from ague. Large doses of *quinine*, taken after the first fit, had only made it cease for a fortnight. The fits came every third day; rigor with thirst for two hours, at the same time oppression of the chest and frequent loose short cough. Slight heat. Perspiration still slighter, often none at all. No complaints in the intervals except diminished appetite. After taking *ignatia* 2 (decimal), night and morning, the fits

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ceased, the appetite became better, and she was only a few times reminded of the former ague by feeling uncommonly fatigued at the usual time of attack.—Watzke, *ib.* p. 519.

A girl aged 14 had for two successive days an attack of ague in the afternoon. Rigor severe, with thirst, lasting about an hour; thereafter, for several hours, heat with thirst, and confusion and shooting in the head; copious perspiration without thirst. In the intervals, great weariness of the limbs, sickly appearance, anorexia, increased thirst. The second fit was worse than the first. After taking the 1st (decimal) dilution of *ipecacuanha* every four hours during the interval, the patient had the two next days slighter attacks. From the third day onwards she was and still continues perfectly well.—Watzke, *ib.*

A boy aged 5 had been ill two months. Every afternoon regularly, at 5, he begins to shiver, the limbs become cold, the nails and lips blue, and he wishes to go to bed. After hardly half-an-hour he has heat and some sweat, and desires to get up again. No thirst during the fit. Besides an uncommonly large abdomen and pale bloated face, he shews no morbid symptoms during the intervals. The appetite is scarcely diminished. He got every three hours a dose of the 1st (decimal) trituration of *ipecacuanha.* He had only one attack next day, and after that he remained quite well.—Watzke, *ib.* p. 519.

A man aged 50 had for three weeks suffered from tertian ague. The attack consisted of rigor with thirst, great heat, moderate perspiration. During the hot and sweating stages, little thirst. Along with the rigor occurred confusion of the head and dull headache, which increased so much during the heat as completely to stupefy the patient. In the intervals, anorexia, pressure in the stomach, little and disturbed sleep. After one dose of the 1st (decimal) trituration of *ipecacuanha* the fits ceased for ever, and the other ailments disappeared at the same time.—Watzke, *ib.* p. 520.

A clergyman, aged 30, had had ague three months. After the third fit he got a decoction of bark, when the ague ceased for a month. He waited till he had had several fits, and then repeated the medicine. The fever ceased again, but this time only for a fortnight. He had had three more fits when he applied to Homœopathy. The fit (tertian) came on with rigor and thirst, and was followed by great heat, with violent pressive headache, especially in the temples, and moderate perspiration. The hot and sweating stages were accompanied by little thirst. Little appetite, yellow furred tongue, and bitter taste, were complained of in the intervals. He got the 1st (decimal) trituration of *ipecacuanha*, a dose night and morning. The next fit did not come on, and in a few days he was quite well, and had no relapse.—Watzke, *ib.*

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A man aged 60, of stout make and cheerful disposition, had incurred an attack of ague by eating too much fat meat. The fits had the quartan type, and he had already had two of them; they were characterized by rigor without thirst, heat with thirst and dull headache, and very moderate sweat. In the interval he only complained of bad appetite and great drowsiness. He got the 1st (decimal) dilution of *pulsatilla* every four hours, and had no more fits except a slight threatening on the third day. —Watzke, *ib.* p. 521.

A robust woman of 30, who for long had enjoyed undisturbed health, gets after partaking of sausages, the following day, shivering, nausea, disgust, inclination to vomit. She does not vomit; but in the evening has icy coldness of the limbs, blue lips and nails; the violence of the rigor causes her to get out of bed. After an hour and a half she has dry heat with thirst, dull headache, great restlessness, tossing about in bed. At last she falls asleep, and awakes bathed in sweat. After the heat had come on she took about every three hours the 1st (decimal) dilution of *pulsatilla.* The following day, when she continued the medicine, she felt very weak, sleepy, and had neither appetite nor thirst. From the third day onwards she remained quite well.*—Watzke, *ib.*

A peasant boy, aged 16, had caught an ague three months previously. After it had lasted five weeks, at first with tertian, afterwards with quartan type, he caught the itch, which broke out as usual at first betwixt the fingers and on the wrists. Rubbing in of a salve composed of turpentine, some vegetable substance (whether staphysagria, hellebore, pedicularis, ledum, mezereum, iris fœt., rhinanthus, or veratrum, is not known) had a favourable effect upon the itch, but not on the patient. After its use he felt uncommonly weak, and in the intervals of the fever had a troublesome cough, with slight frothy white expectoration; the fits themselves have since appeared in an irregular manner, on the third, fourth, or fifth day. They commence with violent rigor, which, usually accompanied by painful backache, lasts about two hours, without thirst. Then follows slight heat for an hour, with moderate thirst; sometimes irresistible sleep seizes on the patient during this stage. The sweating stage is severe and long continued. After getting, morning and evening, for eight days, *veratrum album* 1 (decimal), the itch again appeared, and the febrile fits, although they came every day, became weaker. The sweat came almost at the same time with the heat, and lasted all night. He now got a dose of *sp. sulph.* morning and evening. After a few very

* Dr. Watzke assigns as the reason for calling this a case of intermittent, though but one attack was observed, the nature of the exciting cause of the fever, the symptoms with which it commenced and proceeded, its occurrence in a part of the country never free from ague, and the fact that he had already seen several similar cases.

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weak fits (without rigor), there occurred, without assignable reason, for two days, from fifteen to twenty copious half-fluid, fœtid, feculent stools, whereupon the fever went off completely and the patient was quite well, with the exception of his itch which was worse than ever, and now covered the abdomen, back, arms, and legs. The itch itself was only cured in three weeks under the constant employment of sulphur.—Watzke, *ib.* p. 522.

A young girl, aged 11, was attacked by ague in the middle of March. After the second fit there appeared small white vesicles between the fingers and in the wrists that itched violently, and when scratched open formed thin yellow dry scabs. In a few days the eruption spread over all the body, and also shewed itself here and there in the face. The fever came at first every third day, then for some time every day. For some weeks past it has been again every third day, and always occurs an hour sooner. At present it comes on about noon, with slight rigor and thirst, shooting headache, and tearing in the limbs. In half-an-hour, burning heat, with increased headache and thirst, lasting two hours; moderate sweat. The first days during the breaking out and spread of the eruption, the patient could not leave the bed, but latterly and at present she feels well during the day, in the interval of fever. Towards evening the eruption began to itch, and at night she complains much of heat, and burning and smarting of the skin. The places she scratches easily bleed. Many remedies had been employed for the fever, none for the eruption. On the 9th of June she got *sp. sulph.* a dose morning and evening. After this she had only two or three times, at the period of the usual fit, shivering with headache. The itch was cured in three weeks under the use of *sepia* 18 every third night.—Watzke, *ib.* p. 523.

A boy aged 12 had had ague for two months. At first it came every second day, now every day; but one day earlier and stronger, and the next later and weaker. Rigor with thirst, for half an hour. Heat, lasting some hours, with dry short cough and headache. Profuse perspiration, with thirst. He soon falls asleep after the commencement of the cold stage. During the hot stage the sleep amounts to complete coma, out of which he but seldom awakes, and then he asks for drink. In the intervals of the freedom from fever he also sleeps and drinks a great deal. Little appetite. He got in the interval, every four hours, a dose of the 1st (decimal) dilution of *Veratrum album.* The next, which should have been one of the slight fits, did not appear. The stronger fit came once more, but on continuing the medicine there occurred only a few threatenings of it more.—Watzke, *ib.* p. 524.

A student of philosophy, aged 19, of robust make, before this always well, sought Homœopathic advice after the 10th fit of a quartan ague. The fits come on in the afternoon. The rigor is slight, but lasts more

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than two hours. The hot stage is accompanied by dull headache and dry spasmodic short cough. It is interrupted by shivering when he throws off the bed clothes. The sweating stage is severe. Thirst slight, and only during the rigor and heat. In the interval, costive bowels, increased thirst, unhealthy jaundiced complexion. When asleep at night, much perspiration. He got. *tinct. Bryoniæ*, night and morning, and had no more return of the fits, and his former health was restored—Watzke, *ib.* p. 525.

A boy aged 10, had already had five attacks of tertian fever, for which several domestic remedies had been employed. The paroxysms come earlier; yesterday the ague came on at 8 A.M., with great coldness, especially in the stomach, which lasted two hours, during which he vomited what had been eaten; was thirsty for water; the hot and sweating stages were not severe. He looks wretched. On the 18th July he got four doses of *ipec.* 3, to take during the interval of the fever. The 10th July, the fever was just the same; he now got a dose of *arnica* $^{1}/_{30}$, dry, and another in water, during the day. The 12th; the cold was slight yesterday; heat strong; little perspiration; thirst during the sweat. The 14th, the attack much slighter. The 16th, no more ague.—Schreter, *N. Archiv*, iii. pt. 2, p. 141.

A gardener's boy, 6 years old, had a tertian fever; he had already had six attacks, for which some herb decoctions had been given. At 3 A.M. the cold wakens him, which is not, however, strong; at the same time cough: at half-past 4, great heat with much thirst, after which he falls into a comatose sleep; appetite bad. The 13th July, he got a dose of *opium* $^{2}/_{30}$, dry, and another during the day in water. The 15th; no cold yesterday, only heat, raving, and much thirst; he got a dose of *bry.* $^{2}/_{30}$, and the attack did not return.—Schreter, *Ib.*

A man, aged 22. For five days he has every evening rigor with great debility; after lying down in bed great heat, especially in the head; he awakes in the morning bathed in sweat. On the 2nd August, he got *arnica* $^{2}/_{30}$, thereafter he had no real ague up to the 6th, only he felt weak by day and still perspired in the evening. After a dose of *ars.* $^{1}/_{30}$, he grew daily better, and on the 12th he was as strong as ever.—Schreter, *Ib.* p. 142.

A female servant, aged 33, had a quotidian fever for eight days, with stitches in the side. At 12 o'clock at night the rigor comes on with cough, stitches in the side, and inclination to vomit, along with thirst, also present during the heat; no sweat. The 1st September, *bry.* $^{1}/_{30}$, after which the ague ceased. The 21st September; for some days she has had the same kind of fever again; she knows no cause for it. She got *bry.* $^{2}/_{30}$. The 23rd; the fever comes earlier every day, at present at 5 in the morning; *caps.* 30. 25th. Better; no more heat, only cold. 27th. No more return of the ague.—Schreter, *Ib.*

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A child 3 years old, had intermittent for ten days, at first of a tertian type; for four days quotidian; at present it is retarded each time an hour. Thirst in the rigor, heat and sweat; after the attack great appetite. The 27th August, *caps.* 1/30. The 29th; only rigor these two days. The 31st; no more fever.—Schreter, *Ib.* p. 143.

A woman aged 40, had already had three violent fits of tertian, each fit more severe than the previous one. At 8 A.M. comes the rigor; about 9 she vomits her food, and has constant nausea; at half-past 9, slighter vomiting; at half-past 10, increased vomiting and purging; at 11, she vomits bile and mucus, with excessive retching; she must pass her finger down her throat to make the vomiting easier; after this she slumbers. At 12, noon, comes the hot stage with raving, she then falls into a sort of maniacal state, she must be held to prevent her jumping out; at 1, perspiration, she becomes easier, but is quite exhausted. On the feverless days she is quite well. Thirst only during the rigor. On the 19th September, she got four doses of *ipec.* 2/30. The 20th and 22nd the fits were the same. The 23rd, *ars.* 2/30, whereupon the fever was quite slight, at the same time the catamenia appeared. A suppurating eruption broke out on both lips, and thereupon the ague ceased completely.—Schreter, *Ib.*

N. S., 16 years old, cadet in a dragoon regiment, after a long ride in the heat of the sun without anything on his head got a quartan ague, which did not yield to careful homœopathic treatment. In the apyrexia he was affected with headache; the appetite was good; but a moderate supply of food caused a troublesome feeling of fulness in the stomach; the spleen felt hard and pained slightly. The headache increased before the fever; shootings in the temples; excessive sensibility of the senses; the eyes red and injected; he then complained of a kind of confusion in the forehead; became quarrelsome and passionate. There was nothing peculiar in the rigor, heat and perspiration. He got in the interval betwixt two attacks, *bell.* 400, repeated in twelve hours. He took three doses before the next attack which was slighter and shorter; he had no attack the next time it was due; the headache and the irritable temper were gone. On account of a slight threatening at the next febrile period he got *natr. mur.* 200, and the cure was completed.—Nehrer, *N. Archiv*, iii. pt. 1, p. 73.

Chorea.

A strong, young, healthy looking girl, who had been wet-nurse to a child that had died suddenly, had been ill a fortnight, and subjected to a variety of treatments. Without any precursory illness, the lips suddenly commence to tremble, then the lower jaw chatters against the upper as in a rigor, the head moves backwards and forwards, and gradually the whole body is affected with spasmodic and trembling motion. This lasts about a quarter of an hour, the attack then gradually declines, and at last disappears. The fits recur irregularly, at one time frequently during the

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day, then again more rarely; sometimes she is free from them for two or three days. The mammæ were at first very full and painful, they afterwards (probably owing to the purgatives administered) fell; the catamenia were not yet re-established. She has frequent flushings of the face; otherwise all her functions are healthy. She got half a grain of *sem. stramon.* with sugar in fourteen powders, one to be taken every four hours. Four days passed without an attack. The patient now went home, and the following day she had another attack, but weaker. She had now however an irresistible inclination to sing.* She again got *stramonium*, but as the fits no more returned, *marum verum* was given on account of her curious inclination to sing. This speedily removed that symptom, and the patient was perfectly cured.—Forell, *Hygea* xxiii., p. 222.

Cerebral Affection.

A statuary, 30 years old, tall, thin, phthisical, came from New York to Rome for an affection of the chest. He had a great cough, was always fatigued, and much emaciated. On the 2nd April, 1846, he was affected with tertian fever, from which he recovered by a few doses of *ars.* 12, and *sulph.* 12. Five or six days after this, with the view of strengthening his stomach, he took a large dose of rhubarb and cream of tartar. Soon afterwards he was seized with violent burning from the stomach to the throat and bilious vomiting. He could retain nothing on the stomach. He stared one full in the face without speaking; he sometimes answered rationally, but often not quite so, looking stupidly about him like a person half drunk. Snoring sleep with open mouth, and often with the eyes open and turned upwards. Subsultus, trembling. Sometimes whilst awake and talking rationally, he felt for his stomach, and said it was gone away, he could not find it, also that some one was inside of him who swallowed up all the food he took. He asserted that he was tied up, and lying betwixt a young and an old man, who both stared at him, which compelled him to look straight before him; all this he said very calmly. He knew not where his legs were, and it seemed to him as if the person inside of him were always peeping out. He thinks he consists of two individuals. When asked, he always says he is well. The tongue and mouth were always dry, and he hawked up much black blood from his stomach. The stomach was painful to the touch, and the abdomen tympanitically distended. Suppression of urine and fæces; skin always dry; constant violent fever at night; great anxiety, so that he often wished to get out of bed; with dyspnœa. Pulse intermittent, weak, small, but sometimes full and strong. *Ipec.*, *verat.*, and *bell*, did much good, but some symptoms remained, viz.: the notion that he was two

* Probably caused by the *stramonium*, which seems to have been given in an unnecessarily large dose. [Eds.]

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persons, and that two people lay beside him; his sleep was also morbid. He asked for no food or drink, except now and then a spoonful of water to rinse his mouth. On the 24th April he got twelve globules of *anacard. orient.* 6, in the morning, which removed the remaining symptoms before night. After this he gained daily in strength and stoutness, and on the 11th June left Rome for Naples free from all his chest and back affections. One day after he was cured, Dr. W. observed him washing his hands with acetate of lead lotion, for some itching pimples upon them; these he had formerly cured in the same way before he was taken ill. He was cautioned against doing this again, and the eruption was cured in three weeks by a few doses of *mezer.* 6 and *silic.* 12.—Wahle, *N. Archiv.* iii., pt. 1, p. 22.

Cephalagia.

In Feb. and March, 1845, during wet and cold weather, six cases of semilateral headache presented themselves, affecting one or the other supraorbital regions, causing violent throbbing, or throbbing, shooting and tearing, accompanied by redness and lacrymation of the eye of the same side, and with a twenty-four hours' type. The first patient was a recently confined woman, weakened and irritated by many physical and moral sufferings. She had scarcely risen from her confinement when she fell ill without obvious cause. The throbbing shooting pains over the left eye were of the most violent description, the fever moderate, and the attack followed by general perspiration. The urine was dark, but without sediment. Acon., bry., bell., chin., coloc., verat., all in the 201 dilution, had no effect; but *spig.* 201 not only procured immediate relief but prevented another attack. The other five cases yielded rapidly and permanently to the same remedy, *spig.* 201.—Nehrer, *ib.* p. 63.

Hydrocephalus.

A male child, one year old, two of whose brothers had died of hydrocephalus, was, after being subjected in vain to allopathic treatment by means of mercury, digitalis, magnesia, &c., and declared incurable by the attending physician, placed under homœopathic treatment on the 5th June. Its appearance was scarcely human; an immense head, which could not be held upright, but always obeyed the laws of gravitation; wide open fontanelles; two squinting eyes, that projected beyond the borders of the orbits; no human trait in its face. It often emitted a grunting noise that went to every one's heart that heard it. The skin hung like a loose glove on the emaciated hands, arms, and legs. Abdomen very large; diarrhœa alternately with hard scybalæ, very fetid. It passed its motions and water like a senseless animal. On any sudden noise, as also periodically, it was seized with convulsions, which increased to regular opisthotonos. It drank milk greedily through a pipe, and until satisfied continued to utter the grunting noise. On the 6th June he got *calc. c.* $^{2}/_{30}$. June 14. Sleeps

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better; the convulsions have occurred very rarely, and have never amounted to opisthotonos—*sulph.* $^{2}/_{200}$. June 24. Two upper incisors are coming forward—*calc. c.* $^{2}/_{200}$. June 30. Since last report an upper incisor has been cut without convulsions or other disturbance. The second is about to come through. Motions hard, dry—*sulph.* $^{2}/_{200}$. July 3. The second incisor is through. The child is livelier; takes notice; convulsions entirely ceased. July 31. The improvement goes on; the intellect is becoming developed—*calc. c.* $^{2}/_{200}$, *sulph.* $^{2}/_{200}$, at intervals of a fortnight. Sept. 3. The child livelier; sleeps and eats well, but the motions are often yellowish green with curdled milk in them—*calc. c.* $^{2}/_{200}$. Oct. 5. The child gains in intelligence and flesh; the eyes have receded into their orbits; the expression is gentle and loving—*sulph.* $^{2}/_{200}$. Nov. 7. Still improving; it notices every thing, and remembers things. It creeps about the carpet, gets upon its legs with the help of a chair, looks roguishly at its parents to see if they observe it, and claps its little hands for joy that it can do so much—*calc c.* $^{2}/_{200}$. Nov. 18. Has gained daily in appearance and intellect; commences to speak. The fourth upper incisor is coming through, which makes him ill-tempered. Appetite, stools, and sleep quite good. *Cham.* $^{2}/_{30}$ was given for the teething symptoms, and afterwards *calc.* $^{2}/_{200}$. The convalescence was fairly established. (Bredenoll, *N. Archiv*, III, pt. 3, p. 43.)

Epilepsy.

25th June 1845. A boy aged 12, has suffered for several years from epilepsy. In spite of the advice of several Allopathists the fits have continued to increase, and he now has about twelve in the twenty-four hours, and besides them constant trembling of the right arm and leg. The fits commence with a loud peculiar cry; then comes grinding of the teeth; he falls senseless to the ground; beats about him with hands and feet; foams at the mouth and snores loudly. The fit is over in a few minutes. He stammers and squints. Appetite ravenous. He got *sulph.* $^{2}/_{30}$, and in four days, *calc.* $^{2}/_{30}$. On the 7th July, Dr. B. saw the boy for the first time. He cannot walk, nor stand, nor even sit without being held on his chair. The head is uncommonly large; projecting, square forehead; prominent squinting eyes; look, stupid expressionless; stammering, incomprehensible speech, without sense. The whole right side of the body trembles, and the body sways to that side. At every noise an epileptic fit comes on. No change had been effected by the medicines. He now got *bell.* $^{2}/_{200}$. July 19th. For three days the fits had ceased. The right thigh only twitches occasionally; he no longer loses consciousness. *Sacch. lactis.* July 31st. No fit; the twitchings in the leg have ceased. He can walk alone. *Sacch. lactis.* August 13th. The improvement continues; no fits, no twitchings. He only complains of paralytic stiffness in the feet. The stammering continues. *Sulph.* $^{2}/_{200}$, and eleven powders of *sacch. lac.*,

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one every evening. August 24th. The patient is lively and well; has a cheerful friendly expression; his mind is more active; he is interested in what occurs. The stiffness of the feet only remains. *Sacch. lactis.* September 6th. Stiffness in the loins and legs. *Calc.* $^{2}/_{200}$, and eleven powders of milk sugar, one daily. October 2nd. Formerly the patient used to have a fit after every sudden noise, now he can fire off a gun without being affected by it. Except some stiffness in the loins and the stammering nothing abnormal is to be noticed in him. *Sulph.* $^{2}/_{200}$, two doses to be taken at intervals of a fortnight. November 16th. On the 13th he was for the first time at church; the sound of the organ affected his nerves too strongly; he had no convulsions, but had to be taken out of church. *Calc. c.* $^{2}/_{200}$, two powders to be taken at an interval of eight days. December 12th. He is now quite well; he was present at a *fête* where mortars were fired, which did not affect him in the least. *Sulph.* $^{2}/_{200}$, two powders; *calc. c.* $^{2}/_{200}$, two powders, one of each alternately every eight days. January 15th, 1846. The patient can now bear even the organ. Nothing ails him except that he stammers a little and does not show much intellect. *Staphys.* $^{2}/_{30}$, three powders, one every eight days. February 22nd. The stammering is getting better; he has had instructions at school for some time past. *Calc. c.* $^{2}/_{200}$. March 21st. His appearance was very much altered for the better; his expression good-humoured; his head looked no longer so large; his eyes neither squinted nor stared; his speech was no more stammering; he was able to spell words. He got once again, *Sulph.* $^{2}/_{200}$, and *calc. c.* $^{2}/_{200}$, at intervals of four weeks, and was dismissed cured. He has continued well ever since.—Bredenoll, *Ib.* p. 39.

(*To be continued.*)

BOOKS RECEIVED.

A Letter to Lord Morpeth and the Members of the Board of Health on the question—Is Cholera contagious or not? By Wm. Reid, M.D. London: Highley.

Homœopathy, together with some remarks on Asiatic Cholera; being the substance of a Lecture delivered at the Athenæum before the members of the Exeter Literary and Scientific Institution: by Arthur Guinness, M.D., &c. London: Headland.

Bulletin de la Société Homœopathique. 4me. Année. Nos. 8 and 9.

Journal de la Medecine Homœopathqiue. Vol. III. No. 11.

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CASE OF SUPPOSED HYDROPHOBIA,

By Thomas R. Leadam, M.R.C.S.L.

(*Read before the British Homœopathic Society, Nov.* 2, 1848.)

One of the most laborious duties of the professional enquirer is the accumulation of facts, while the arranging, comparing, and grouping of them, is a high intellectual exercise, and gives that value to them, without which they would exist as isolated atoms, useless and unprofitable. Both these faculties appear to have been most assiduously and successfully cultivated by the Father of homœopathy, and it would be well if all investigators were equally careful in the selection and testing of their facts, and shewed a like industry, acumen, and legitimate deduction in their inferences.

It is, therefore, with the simple desire that the following case should be fairly examined and criticised, and admitted or rejected, as a variety of that fatal form of disease called *Rabies*, hitherto found so little amenable to medicine, and with the earnest wish that no false fact should, by my instrumentality, be palmed upon the profession, that I have the honour of laying it before the Society, for full and free discussion; and if it should meet the eye of any professional brother of the allopathic school, I claim his candid, and impartial examination.

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The term Hydrophobia has met with much opposition at various times, from the circumstance of the symptom which gave rise to that appellation being often found wanting; and in a case related in the *Lancet* of May, 1828, as one of "Spurious Hydrophobia," arising from fear, the spasmodic affection of the pharynx and muscles of deglutition generally, was the *only* symptom, and this all subsided spontaneously when the patient's dog came into the room and convinced him it was not mad.

Mr. Coles, Surgeon to the Meath Hospital, relates * that he had lately seen a patient under this disease, who took a few spoonfuls of fluid without any difficulty, so that the symptom from which the disease takes its name may not always be present. He also relates, that an ostler, who, in playing with a dog happened to irritate the animal, and was bitten by him in the arm, regularly contracted the disease, though it was known that the dog at the time was not mad at all. In a treatise published by Dr. Menière in 1828, on Hydrophobia, he mentions that in some cases only, the dread of water was found to increase the intensity of the fits, while in others, fluids were beheld and drunk without any difficulty or reluctance.

Dr. Mease, in a work published in Philadelphia in 1792, refers to several cases in which the patients labouring under this disease drank water and other fluids, either at intervals, or through its whole course, and hence objected to the name hydrophobia; besides its want of constancy, he shews, that, when the horror of fluids does occur, it depends entirely upon the affection of the throat, and being merely a symptom of a symptom, it has no right to give a name to the disease.

Dr. Mead too, of former celebrity, said the disease ought to be called δυσκατάπυσις, a difficulty of swallowing, rather than ὑδροφοβία, a dread of water.

In a letter published in the *Lancet* of September, 1829, the following remarks occur: "Drinking water is now no criterion by which we can judge of the existence or not of rabies. The name hydrophobia is now universally allowed to be incorrect, there being no dread of water itself, but of the horrible spasms which the attempt to swallow liquids induces:

* *Lancet*, April, 1826.

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even this is not so constant an attendant on the disease as it was formerly supposed to be; there are many well marked cases of rabies, *without either a horror of fluids or difficulty of swallowing.*"

In a very intense case, taken into Guy's Hospital, in May, 1827, under the late Mr. Callaway, *the sound of fluid poured into a vessel brought on convulsive paroxysms;* here amputation of the arm was performed, and Belladonna injected into the rectum, but the patient died in six hours. In the course of a discussion which took place at the meeting of the London Medical Society in December, 1829,* on the subject of hydrophobia, various remedies were proposed: "Belladonna as a counter-irritant, and from its producing a dryness about the throat, the chief seat of spasm, was considered as one of the *most probable* for success: Mercury, which produced effects very similar to those of syphilis, and Belladonna, which threw out an eruption like scarlatina, were both of them remedies in these several diseases."

In a very clever letter on hydrophobia, published in the *Lancet*, in March, 1827, the following occurs: "As all those around the sufferer know that the disease leads rapidly to death, if the medicinal poison cannot effect some change in its course, they say, let the drug be given until some alteration in the symptoms is produced. But, unfortunately, they do not recollect, or, perhaps, do not know, that the symptoms arising from the absorption of all, and every one of the active poisons hitherto experimented on, are precisely those that characterize the disease resulting from the bite of a rabid dog,—Prussic Acid—Strychnine—Upas—the poisoned arrows of Java and Africa—the Nux Vomica—the essential oil of tobacco—the *venom of the viper*, when applied to a wounded surface, *all produce* tetanic spasms—stricture of the muscles of deglutition—irregular respiration—convulsions and death. The poison of the rabid dog when it enters the circulation gives rise to the same train of symptoms. I would ask then upon what process of reasoning is the expectation founded that the exhibition of any of these poisons can alleviate the symptoms, or avert the death which they all produce with equal and unerring certainty?

* Reported in *Lancet*, Dec. 1829.

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How can the phenomena, arising from the mixture of one or other of these poisons with the blood, be distinguished from those of the others, seeing that the characteristic effect, produced by all and every one of them upon the animal, is irregular contraction as well of the muscles of voluntary as of involuntary motion. A disease, then, of which irregular muscular action is the leading peculiarity, cannot be relieved by poisons, capable, *per se*, not only of aggravating, but of producing this characteristic and deadly symptom: in fact, as the effects of the medicinal and rabid poisons cannot be distinguished *accurately* from each other, no rational bounds can be assigned to the administration of the former, nor any very certain criterion be established as to the share which the latter may have had in the destruction of the individual."

Oh! what an approach to the Homœopathic theory; but alas! *only* an approach, though just sufficient to prove how much nearer we often are to the truth than we are aware of, and how the human mind will gaze at the light without at the moment being conscious of its brightness. But if we turn to the pages of the illustrious Hahnemann, we shall see in what way and upon what grounds these very remedies may be made available to combat such symptoms: we shall find that the belladonna, the hyoscyamus, and according to another authority of high repute, the lachesis, or poison of a serpent, produce, in their effects upon the healthy individual, symptoms closely resembling those of rabies, and that it is by virtue of this property their curative power is indicated, and a more rational hope held out that such direful symptoms may be brought under the control of remedial means.

The history of the following case proves that the boy was bitten by a dog, at the most usual period antecedent to the development of the disease. The symptoms, as detailed, shew that the patient had not the spasmodic affection of the deglutitory and respiratory muscles, nor the morbid impressibility of the cutaneous surface, or optic nerve (although he had some slight difficulty of swallowing and objection to drink, just as he first came out of a paroxysm), but he had two important diagnostic symptoms in place of them, viz., intense morbid

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sensibility of the auditory nerve, so that he could not bear the least *sound* of water, and even when in a profound sleep the sound of trickling or splashing or falling water convulsed him, and in his severest paroxysms a whining and barking so exactly resembling a puppy, that you would scarcely have believed it otherwise; this symptom only existed three days, and then only occurred in the worst fits, while the former symptom continued throughout the disease, and was the last of all to disappear.

This extreme sensibility to the sound of water during sleep corresponds somewhat to a case related by Majendie, where the patient, who had been deaf and dumb from birth, *heard* during the paroxysm. The age of the boy, the clear history of the case, as given by all his family, who waited on him with great anxiety, the absence of any motive, and the progress of the disease, preclude the notion of simulation, while fear could have nothing to do with it, as he had forgotten all about the bite, until it was called to his memory.

Again, this case seems to illustrate most beautifully the analogy that exists between *hydrophobia* and *tetanus*, and pathologically determines that, like *it*, hydrophobia may be evidenced by a certain variety of symptoms, which indicate the portion of the nervous system, immediately under the irritation of the morbid virus; for is it not fair to presume that this morbid virus which has poisoned the wounded extremities of the nerves, may propagate its virulent irritation along the course of those nerves to the brain and spinal marrow, and fix its location in one or other portion of the sensitive structure of those organs, *but not always in the same portion*, and thence be reflected along the nerves, giving rise to excessive morbid sensibility of parts corresponding to the site in which the erythism has been excited? If this be true—and whenever morbid anatomy has shewn anything, it has proved congestion, or inflammation of the spinal marrow, theca vertebralis, medulla oblongata,—then, I submit that while the cases hitherto recorded, point to the medulla oblongata and upper part of the spinal column, as the parts on which the virulent impression of the inoculated poison has fastened itself, as evidenced by the affection of the glosso-pharyngeal, pneumo-gastric, and spinal

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accessory nerves in particular,—the case now under review points to the origin of the seventh nerve (portio dura et mollis) especially, the pneumo-gastric slightly, the recurrent laryngeal, and the cerebral mass itself, as the seat of the diseased action, reflected through the facial, auditory, and laryngeal nerves, and shewn in the mental irritability, the morbid sensibility to the *sound* of water, the convulsive twitchings of the facial muscles, the sardonic grin, and the *slight* objection to drink. The variety in this instance would, therefore, seem to depend only upon the fact of one or other, more or less extensive, portion of the nervous tract, being affected by the poison, rather than upon any intrinsic difference in the essential character of the disease, just as in tetanus, we have all the varieties of trismus, opisthotonos, emprosthotonos, pleurosthotonos, tetanus is considered as one and the same disease, physiologically and pathologically, whether they occur separately or together, each variety anatomically demonstrating the portion of the medullary tract occupied by the disease. Erysipelas, again, is not less erysipelas when it attacks the leg, than when it occupies the head and face; and hooping-cough may exist without the characteristic spasm of the throat, and may not hydrophobia be developed in one individual with the muscles of deglutition and respiration most prominently affected, in another, the spinal nerves, or in a third, the muscles of expression and the nerve of audition?

Case.

On the 3rd of October, 1848, I was sent for to visit Joseph Young, æt. 13, who was said to be raving, and barking like a dog; I found him just recovered from a paroxysm, quiet, and saying he was better; his father, mother, and brothers surrounded the bed, having been occupied in restraining him. It was said that he was bitten by a favourite puppy about seven weeks before, that the hand bled, but that he had forgotten all about it; that at the time, however, he had given the dog away, that the boy to whom he gave it parted with it, because it foamed at the mouth, and that afterwards it was kicked out of the house, and nothing more heard of it.

My patient had been ill since the evening of the 29th ultimo, when he was suddenly seized with violent pains in the head, clasped his hands to the forehead repeatedly, screaming out that they were

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running a hundred needles into his brain. He was hot and feverish, and was then seen by the assistant of a neighbouring surgeon, who applied leeches to his temples and administered some purgative medicine, had his head shorn, and applied cold lotions, considering it an attack of inflammation of the brain. He got worse during the two following days, and on the 3rd began to make a noise like a bark, having violent paroxysms of convulsions every two or three hours, during which he fought and tore, bit at every one, tore the bed clothes with his teeth, knocked his head about, was uncontrollable and unconscious; during the intervals he was rational and composed, but exhausted. He remembers to have been bitten on some part of one hand, but cannot tell which; there are two or three small scars on the left hand, which are scarcely perceptible. His present state is calm, the face a little flushed, head hot, tongue moist, pulse 80, feeble; he drinks freely and without objection when the paroxysm is thoroughly off, but before that he cannot. While I sat down to write a prescription in the room, a fresh paroxysm occurred. It commenced with a sudden twitching up of the left corner of the mouth, towards the ear, rolling of the eyes upward, looking wild and insensible; he was quite unconscious, in a state of clonic spasm; a jerking movement of the left leg, arm, and shoulder then came on, the whole body was convulsed, and he began to whine exactly like a puppy, and the whine ended in a most perfect bark; so similar was it, that I could hardly have believed it an imitation: this lasted for about five minutes, when, after a few more convulsive jerkings, he gasped, and came to his consciousness, saying, "I am better now." During the convulsion, he snapped and bit at all about him, tore the bed clothes with his teeth, &c. On first recovering, we offered him some toast water; he could not drink, but shook his head and grunted. I blew upon him, it had no effect; the water fell on him, without exciting him. I then let the water run into a basin with a noise; the *sound* immediately produced a convulsive paroxysm, which ceased directly the noise was stopped. During the paroxysm the pulse ran up to about 150. I ordered the strait jacket to be put on him, with directions to loose it always as soon as the fit was over, as it was found that he was so extremely irritable that the least thwarting, or refusal to give him what he desired, threw him into a fit. I prescribed,

Belladonna 3, gtt. iii. aquæ font. ℥iii.

Coch. magn. i. tertiâ quâq. horâ sol.

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8 P.M. In a sound sleep; has had three or four severe paroxysms during the afternoon, but of shorter duration, and the bark is less distinct and loud; pulse 84, skin comfortable, bowels not relieved, urine free. There was great difficulty in arousing him; when he did awake, he put out his tongue, which was white, and drank his medicine: he complained of thirst. While yet asleep I held a cloth up, filled with water, and let the drippings run into a basin, so as to make a sound; he was immediately convulsed, the left arm and leg jerking violently, his mouth twitched spasmodically, the left angle being drawn up so as to give the expression of risus sardonicus. I repeated the noise of flowing water several times; the effect was instantaneous each time, and its cessation was as quickly followed by an arrest of the convulsion, and deep sleep again.

℞ Belladonnæ 3, gtt. iii. aq. fontanæ ʒiii.
Coch. magn. i. sextis horis, in alternatione
cum Lachesis $^{2}/_{12}$.

Oct. 4, 9 A.M. Has been tolerably quiet all night, slept well, and without convulsion. Is now in a paroxysm, which has lasted about half an hour, but seems to be passing off, as he is becoming conscious, and has only an involuntary jerking of the arm and leg, which move as if he were touched by an electric wire. During the fit he hollowed out a good deal, spat about—the floor by the side of his bed being covered by frothy saliva; but the barking has disappeared; he quite recovered himself while I was in the room, drank his medicine without objection, put out his tongue, and replied correctly to my questions. I then poured some water into the basin, when he instantly became convulsed by a jerking of one side of the body, and turning up of the eyes, but it never continued after the noise ceased. The pulse 99, feeble, bowels open naturally, tongue white and moist. Ordered,

Broth to be given freely.
Omit. Lachesis.
Pergat c̄ Belladonnâ tertiis horis.

Vespere. No fit since 12 o'clock, but just before that hour had two or three, and barked a good deal again. Is now in a deep sleep. While the stupor was still upon him, I poured out his medicine with a sound, and he was again spasmodically affected in the arm and leg. At length we aroused him; he drank with facility: there had been one evacuation. Tongue moist, white;

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pulse feeble, and intermitting, only 66; heart's beat very faint. Ordered,

Broth freely. Brandy and water, equal parts.
Repet. Belladonna 6tis horis.
Hyoscyamus $^{2}/_{12}$ 6tis horis (alternately).

Oct. 5, 10 A.M. Has passed a good night without convulsion; taken 2 oz. of brandy, some broth also; craves for meat, and is so excitable, that if refused any thing he becomes flushed and convulsed. He says he is quite well, and desires to get up; on being told he must not, signs of a fit came over him as before; he was for a minute unconscious. Pulse 90, and regular; tongue dirty, but moist; he only spits out when convulsed; has no headache; bowels open; urine free and natural; drinks well. But with all these favourable symptoms, I no sooner began to pour out some water, than his leg became convulsed, his features changed, and he had the appearance of an approaching fit. It, however, passed away on the noise ceasing.

Repr. Belladonna 3, al. Hyoscyamus 12.
Brandy and water. Beef tea.

Vespere, 9. In a profound sleep; has had no fits; but again on trying the effect of falling water, he became convulsed; when awake, he states that it makes him feel bad all over, and causes pricking and shooting in his limbs. Urinating does not produce it, and to-day he had some warm water, sat up in bed to be washed, and took up the flannel and let the water run from it, saying, "It does not hurt me now." But his mother went to scour the room, and was obliged to desist, because it brought on the convulsive jerkings. Pulse 75, very compressible, but regular; hands and face cool; he says he feels much better.

Pergat.

Oct. 6. Has had no fit, and to-day can bear the sound of water without flinching; says he is quite well, and hungry; desires to get up. Pulse 79; bowels open.

Pergat.

October 7. Sitting up, apparently quite well. Pulse rather quick: appetite good. Smiles at the sound of water. Repetr. medicina.

Oct. 9. Quite well, and no further treatment required.

17th. Continues well.

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I am not aware that a similar case to that above related has ever been recorded, and to my mind it offers an excellent and interesting example of a *variety* of hydrophobia, or rabies, not hitherto described. I will subjoin the pathogenetic effects of the three remedies used in the treatment, as selected from Hahnemann's *Materia Medica Pura* and Jahr's *Symptomen-Codex*.

Belladonna. Hydrophobic symptoms. (Hahnemann.)

65 to 105. The symptoms are descriptive of various forms of headache.

105. Violent throbbing in the brain, from before backward, and towards both sides; externally this throbbing terminates in the shape of painful stitches.

107. Stitching ache in the temples, from within outwards.

108. Cutting ache in the temples, from within outwards; this pain becomes more and more violent, and spreads through the brain, where it is felt as a violent throbbing.

121. The whole of the head is affected with a stitching ache, especially the forehead.

124. Sharp stitches through both frontal eminences, from within outwards.

125. Excessive headache; dull stitches dart through the brain in all directions.

129—30. Stabbings in the brain.

131. A few lancinations traverse the occiput, immediately behind the ear, as fast as lightning; they almost made him scream; in the evening.

152. Pain, externally over the whole head, such as is felt in the integuments after violently pulling the hair.

170. Distracted features.

172. Paleness of the face, with thirst.

175. An extreme paleness of the face is instantaneously changed to redness of the face, with cold cheeks and hot forehead.

185. Sweat only in the face.

339. Increased sensitiveness of the meatus auditorius.

379. Spasmodic movements of the lips; the right corner of the mouth drawn outwards.

380. Risus sardonicus; spasmodic distortion of the mouth.

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382. Bloody foam at the mouth; vacillation of the head, and gnashing of the teeth.

404. The head is drawn backwards; burying of the head into the pillow.

415. Grinding of the teeth, with copious saliva running from the mouth.

509. Impeded deglutition.

510. Painless inability to swallow.

511. Short lasting, but frequently recurring contraction of the œsophagus, more during than between the acts of deglutition.

516. Painful contraction of the fauces; when preparing the parts for the act of deglutition, a tension and stretching is experienced by them, although deglutition, is not accomplished.

521. He has the greatest trouble in swallowing water, and can only get down very little of it.

522. Aversion to every kind of liquid; she demeans herself frightfully when seeing it.

523. Pouring drinks down her throat makes her mad.

524. Inability to swallow.

570. Desire for drinks, without caring about drinking; he approached the cup to his lips, and then set it down again immediately.

830. Difficult respiration.

831. Violent, small, frequent, anxious respirations.

832. Pressure in the præcordial region; this arrests the breathing, and causes a feeling of anguish.

920. Convulsive concussion of the upper limbs, as if caused by an excessive shuddering.

1067. Convulsive movements of the limbs.

1069. Twitching of the limbs.

1070. The most violent spasm after a slight vexation.

1072. Lassitude and anxiousness accompany the spasms of the limbs.

1073. Convulsions.

1074. Convulsive, momentary extension of the limbs when waking from sleep.

1089. Spasmodic extension of the limbs, with distortion of the eyes.

1094. Trembling, with convulsive concussions of the body.

1134. Frightful dreams, which one recollects very vividly.

1142. Anguish prevents one from falling asleep.

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1144. Starting in a dream; this wakes him up, his forehead and the scrobiculus cordis being covered with sweat.

1189. He is tormented by a burning thirst and by heat, and desires to drink from time to time; but when offered a drink he repels it.

1212. Extreme sensibility to the cold air.

1219. A convulsive shuddering lifts him up in his bed; in two hours heat and general sweat come on, without thirst either during the shuddering or heat.

1314. Great anguish about the heart.

1315. Anxious and fearful.

1325. Complains about an intolerable anguish in the moments which are free from rage; this makes her feel desirous of dying.

1339. He talks about wolves; full pulse.

1340. Delirious prattle about dogs that swarm about him.

1341. He is beside himself; rages; talks much about dogs.

1345. Paroxysms of delirium.

1374. Violent shaking of the head, foam at the mouth, and loss of consciousness.

1377. Horrible contortions of the muscles of the face.

1400. Great irritability and sensibility of the senses; taste, smell, tact, sight, and hearing are more refined and keener than usual; his feelings are more easily stirred up.

1403. He becomes angry easily, even at trifles.

1410. Rage; the boy did not know his parents.

1412. He tosses about in his bed in a perfect rage.

1413. He tears his shirt and clothes.

1415. Frenzy, with attempts at violence.

1417. Instead of eating that which he had called for, he bit the wooden spoon in two, gnawed at the dish, and grumbled, and barked like a dog.

1418. Rage, the patient being sometimes very cunning, and alternately singing and screaming or spitting and biting.

1421. He wants to bite those around him.

1425. He bites everything in his way.

1426—27. Inclination to bite and tear everything around him.

1428. Bites and spits.

1429. Attempts to jump out of bed.

1430. Apprehends death.

1433. Is afraid of an imaginary black dog, &c.

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Lachesis offers the following symptoms. (Jahr.)

1. Dartings in the head.
2. Deep stinging throughout the whole head.
3. Sticking, with pressure in the right side of the head.
4. Tearing lancinations in the forehead, above the eyebrows.
5. Distortion of the face.
6. Distortion of the mouth to the left side during a fit.
7. Hurried talking, with headache and redness of the face, or with mental derangement and constrictive sensation in the throat.
8. Difficulty of swallowing food or drink, or saliva.
9. Dryness of the pharynx and œsophagus, preventing deglutition.
10. Jerking or twitching of the hands.
11. Twitching of the left lower limb when sitting.
12. Tingling in the toes, also with heat, or numbness, or prickling.
13. Constant sopor after cessation of pains.
14. Convulsions and other spasms, with violent shriek, &c.
15. Sensation of internal trembling, as from anguish.
16. Violent convulsions of the limbs and face, with rigid stretching of the body.

Hahnemann gives among the symptoms of *Hyoscyamus*,—

113. Impeded deglutition.
114. The posterior part of the throat is affected.
115. Frequent hawking up of mucus.
116. Burning heat in the throat.
117. Dryness and subsequent fine stinging in region of the larynx.
118. Parching dryness of the fauces.
119. Great dryness in the throat, and thirst.
122. Dryness in the throat.
123. Thirst and dryness in the throat.
124. Thirst occasioned by the stinging dryness in the throat.
125. His throat feels so dry and constricted, that a little tea even came near choking him.
128. Constriction of the throat.
129. Inability to swallow.
130. Inability to swallow.
131. He twice spit out a liquid which had been introduced into his mouth.

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132. Hydrophobia.
133. Intolerable thirst.
134. Unquenchable thirst.
135. Dread of drink.
136. Violent sweat after great thirst.
137. After drinking he was now attacked with convulsions, now he did not recognize those present.
138. He asks for drink, and is nevertheless unable to swallow.
139. Frequent spitting of saliva.
414. Mental derangement with occasional muttering.
451. Alternations of ease and rage.
452. Mania; he can scarce be governed.
453. He is extremely strong in his rage.
465. Peevish, sad.
466. Restlessness.
467. Went from place to place.
470. Anguish.
471. Fits of anxiety.
472. Horrid anguish.
473. Concussive startings, alternating with trembling and convulsions.
474. Complains of having been poisoned.
475. Strange fear that he will be bit by animals.
349. Slight convulsive motion, now of the upper, now of the lower limbs.
380. Exhalation.
385. Excessive sweat.
83. Red, distended face.
84. Brown, red, swollen face.
335. Nightly sleeplessness, with convulsions and concussions, occasioned as if by fright.
336. Frightful dreams.

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ON POTT'S DISEASE,

By Dr. Griesselich.

(From Hygea, Vol. XX., page. 160.)

In the *Hygea*, vol. xix. p. 540, I have placed an enquiry concerning the Pott's disease, because I was unable to cure the cases which came under my observation. Dr. Bosch, of Braunsbach, in Würtemburg, had the goodness to meet my enquiry.

The following is the case which was communicated to me, and gives a good example of the successful treatment of this severe disease.

Certainly there is more prospect of curing complaints of this nature when they proceed from external causes, than when they arise from a so called dyscrasia. Since I made my enquiry, a girl of 18 years' old was brought to me from the country, on whom I found the Pott's disease had made very great progress in the vertebræ, so that the seventh and eighth vertebræ already projected considerably. Difficulty in breathing and walking had commenced. The remedies which had been used now for three months had not been of the slightest avail; it is true these country people had not been able to procure the necessary attendance, and on no account, under these circumstances, could I resolve to try the singeing and burning or issues, inasmuch as, *horribile dictu*, during the 21 years which have elapsed since I left the University, I have entirely forgotten how to cure dyscrasias with issues and cautery, not to speak of the Hippocratic maxim, "The iron cures what medicine will not heal."

The case of our colleague, Bosch, is as follows:

"Schäfer, a mason, of this place, a man upwards of 30 years of age, after a fall from a scaffold was seized with violent pains in the nape of the neck, for which he took some domestic remedies. He was not hindered from pursuing his usual employment. Some weeks afterwards, however, in consequence of a severe wetting, the pain became more violent, so that the patient was unable to sleep for many nights, which determined him to call in my assistance. He com-

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plained of burning pain in the nape of the neck which extended down to between the shoulder blades, but was most violent upwards towards the back and crown of the head, and was there accompanied with rushing, throbbing, and piercing forward in the head, as if the head would burst and the eyes be forced out, they were then also fixed and visibly prominent. This pain was increased by every movement, so that the patient held the head quite stiff and crept about with the most cautious steps; and even in eating he endeavoured to move his jaws as little as possible, and to avoid swallowing large pieces, as thereby the pain was rendered much greater, and also by every change of weather, pressure upon the second cervical vertebra increased the pain in a marked degree, and also the formication with which the patient was almost always troubled in the upper extremities. These symptoms were also accompanied with a feverish condition and heavy night sweats.

In consideration of the exciting causes I ordered, first, the alternate use of Arnica and Bryonia, without success; Silicea and Hepar were also tried without any amendment. As the case became more serious and I could find no Homœopathic cure for a complaint of that nature, a fortunate cure which I had heard of hip disease, by means of Rust's inunction cure, came into my head, so I at last determined to try it, and all went on as well as could be wished, but I am sorry to say the improvement did not last long, for after a quarter of a year had elapsed the complaint returned with renewed strength and gradually shewed all the symptoms of a hectic fever; the pains were dreadful. I now ordered Phosphorus and Cocculus alternately, in this way, on the one day Phos. 1 gtt. 2, the next day Coccul. 1 gtt. 2, and had the pleasure, even within 14 days, to perceive symptoms of amendment which continued to make steady progress, so that after a quarter of a year, during which time I continued the above medicines, the patient was entirely recovered, and has been for two years able to resume his occupation without any inconvenience. A case resembling this which had come under my notice some years before, when this specific art of healing was unknown to me, to my great regret terminated fatally. Since then I have seen, as well in Hospitals as in private practice, all the usually recommended Allopathic medicines employed without effect in overcoming this obstinate disease."

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CASES BY C. BUCHANAN KER, M.D.

Case of Cancer of the Pylorus.

Case I.

Miss M—, aged 58, consulted me for the first time on the 5th of November, 1848. In the January preceding she was one day attacked with sudden vomiting immediately after having commenced dinner. Previous to that time she had been in very good health. She has never since been free from suffering, but has been liable to attacks of sickness and pain in the epigastrium. During the last four weeks she has lost flesh rapidly, and has become so weak as scarcely to be able to walk. She has not digested the food taken into the stomach. There has been no pain or weight in the epigastrium after eating, but at different intervals of time after a meal,—sometimes 24 hours, sometimes even 48 hours,—the food has been vomited exactly in the same state as when swallowed. Sometimes the last meal has been retained, though the one before has been rejected. Immediately before the vomiting of food, but sometimes afterwards, there is vomiting of an olive coloured matter, which is preceded by burning in the œsophagus and fauces, and in the epigastrium. During the last week the matter rejected has been quite black, and having a most offensive smell. The face is of a light straw colour, and the eyes deeply sunk in their sockets. There is a dark circle round the eyes. The lips are exsanguine, or nearly so. The hair is falling out. The mouth is dry. The tongue is pale, and coated with a thin film of white pasty matter. She is very much emaciated. The pulse is weak and rather rapid. The hands are dry and yellow, and the nails blue. Sleeps very little and does not wake refreshed. Is kept awake by a feeling of restlessness which she cannot control. There is immense accumulation of flatulence in the bowels, and almost constant borborygmus. The bowels are very costive. The urine is scanty and high coloured. There is occasionally slight headache. On examination there is tenderness to pressure in the epigastrium, and, in the region of the pylorus there is a hard gritty substance, which, from the great emaciation, is easily felt; this hardness is felt over a space covering about two square inches; it is not very painful on pressure, but manipulation occasions a feeling of sickness.

Three drops of the tincture of *arsenic* 3, were dissolved in six

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tablespoonsful of water, and a teaspoonful ordered to be taken every three hours.

Nov. 6th.—Vomiting of coffee coloured matter this morning, and immediately afterwards a stool was passed—dark coloured and horribly offensive—very much resembling the matter ejected from the stomach; great exhaustion; pulse very weak.

Continue medicine.

7th.—Slept quietly and woke refreshed, which she has not done for six weeks; no vomiting; free from pain; can be comfortable in any position in bed; a good deal of thirst; sensation of heat in the epigastrium, which is very much relieved by drinking iced water; bowels moved this morning; fæces black and offensive; pulse 100, and stronger; expression of countenance improved; slight vertigo on raising the head from the pillow; langour and drowsiness.

Continue medicine.

8th.—Another good night; no nausea or vomiting; bowels not moved; tongue moist; pain in the back, extending up to the occiput.

Continue medicine.

9th.—More pain and more swelling in the region of the pylorus, and increased tenderness on pressure; in other respects going on well.

Continue medicine.

10th.—Bowels moved this morning by lavement; fæces dark coloured, and in the form of round shot, like pellets; exhaustion after the motion; sensation of weight in the epigastrium; constant drowsiness; is inclined to sleep all day as well as during the night; no nausea, but sensation in the stomach as if she had just swallowed the last meal of yesterday; appetite very craving.

Verat. t. 3.

11th.—In very much the same state.

Continue medicine.

13th.—Was hurriedly sent for, and found her in a state of the greatest exhaustion; she had just recovered from a fainting fit, which had been preceded by severe pain in the vertex and occiput; pulse almost imperceptible, and extremities cold. Hot bottles were applied to the feet and hands.

Arsen. t. 3.

14th.—Much better; slept very well; still has slight pain in the head.

Continue medicine.

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16th.—Bowels moved; fæces black; hæmorrhage from the bowels immediately after the stool; very great exhaustion; pulse scarcely perceptible; death-like paleness of the face.

Continue medicine.

17th.—Very weak; she cannot raise her head from the pillow without fainting; pulse small and fluttering; lips blue; face cold; tongue coated thickly with a curd-like matter; no pain.

Continue medicine.

18th.—Slept very well; pulse stronger and 100; difficulty in voiding the urine; pulsation in the ears.

Phos. t. 3.

19th.—Restless night; pain in the epigastrium; pulse 112 and very soft; very great difficulty in passing urine.

Canth. 6.

20th.—Less dysuria; appetite craving; bowels moved; fæces black; pulse still very soft and 112; tongue white.

Continue medicine.

21st.—Passes urine very well now; appetite not so craving; still pain in the epigastrium; throbbing in the head.

Arsen. t. 3.

22nd.—Pain in the back and epigastrium, relieved by slight friction; bowels costive; urine, &c. easily passed.

Continue medicine.

23rd.—Still much pain in the epigastrium; bowels costive; acidity and much flatulence; restless night; dysuria.

Nux v. t. 3.

24th.—Bad night's rest, and otherwise much the same; dysuria to a great extent.

Canth. 6.

27th.—Pulse very weak; dysuria; pain in the epigastrium, especially at night; much tenderness on pressure; abdomen tumid; tumour in the region of the pylorus increased in size; tongue white; black specks seen before the eyes; dimness of vision; face of a dark earthy colour, and a dark circle round the eyes, which are quite lustreless; noises in the ears; weight in the head; bowels evacuated by lavement; fæces black; occasionally slight nausea; much flatulence and borborygmus.

Arsen. t. 3.

30th.—Pulse more rapid and weaker; slight delirium last night,

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and throwing of the legs and arms about; involuntary passing of urine in bed.

Phos. t. 3.

Dec. 5th.—The extremities and face are œdematous; great swelling of the abdomen; dysuria to a slight extent; noises in the head.

Canth. 6.

12th.—Spent a wretched night; great pain in the epigastrium and hypogastrium; extreme dysuria; lies on the back across the bed; strength quite gone; pulse almost imperceptible but very rapid.

Arsen. t. 3.

16th.—Since the 12th, there has been an increase of pain in the epigastrium and in the pyloric region; there has scarcely been any sleep; she tosses about in bed, and never rests in one position; pulse very small and rapid; abdomen greatly swollen, especially during the extreme paroxysms of pain. At 10 p.m. she died.

The above case is not given to illustrate the curative power of homœopathic remedies in so formidable a disease, but because it shews satisfactorily that even in incurable disorders much may be done to relieve the sufferings of the patient, and to control the different symptoms as they arise. In this case very great relief was afforded by the administration of *arsenicum* 3. Before Miss M— came under my treatment there was almost constant nausea, and vomiting of coffee coloured matter. After commencing the *arsenic* there was only one attack of vomiting, and from that time till her death there was scarcely even nausea felt. Previous to the case being placed in my hands, there was scarcely ever sleep procured at night, even when opiates were plentifully administered; but immediately on *arsenic* being given there was a change for the better in this respect: she had quiet and refreshing slumber every night, till within a very short time of her death. The dysuria was at first greatly relieved by *cantharides*, but afterwards it increased as well as all the other bad symptoms, in consequence of the progress of the disease, which, though controlled for a time, could not be altogether arrested. There was no sectio cadaveris.

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Case II.

Inflammation of the Caput cœcum coli.

Mr. Y—, a gentleman aged 45, placed himself in my hands on August 22nd, 1846. About two months before he had had a severe attack of *peritonitis*, which had reduced his strength greatly, and all the more so as he had been profusely salivated by the medical man he had been attended by. At present he complains of "uneasiness" in the bowels, especially in the hypogastric region; slight pain in the loins; tossed about in bed last night and did not sleep; tongue clean; urine high coloured; bowels costive; was yesterday exposed to a cold wind after having been heated by exercise; felt chilled at the time, but has been quite well since.

Nux v. 6.

At 5 in the evening was hurriedly sent for. About an hour before, he had been suddenly seized with rigors and extreme nausea; prostration of strength to such an extent that he almost fainted; and slight diarrhœa. When I examined him, I found that he was bathed in a cold, clammy perspiration; the face was sunk and pale, with an expression of intense anxiety, pulse wiry, small, aud rapid; extremities very cold; great pain and stiffness in the loins; tumultuous action of the heart; pain and tenderness on pressure in the right iliac region, over the position of the caput cœcum coli; pressure at this point occasions nausea and great pain.

Acon. t. 3, Bell. t. 3, alternately.

At 12 o'clock at night found him very restless; pulse full, and above 100; rigors have ceased; still nausea, but no vomiting; increased tenderness in right iliac region.

Continue medicine.

23rd, at 10 a.m.—Very restless night, but is now easier; pulse 88, and natural; anorexia; nausea and headache; tenderness in the bowels more diffused; urine high coloured, with brick dust coloured sediment; skin moist; extremities have recovered their natural warmth; head hot, skin of abdomen hot; tongue covered with a whitish fur.

Continue medicine.

At 8 p.m.—Pulse full and quick; still tenderness in the right iliac region, but no pain on pressure anywhere else; urine high coloured; bowels costive; perspiration, but no chills; tongue cleaner; less nausea.

Continue medicine.

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25th, 11 a.m.—Pretty good night; pulse soft and 72; skin moist; has perspired freely; bowels still costive; no urine passed; tongue clean; no nausea; slight headache; pain in the epigastrium; still great tenderness in the region of the cœcum, but no where else; can now draw a full inspiration, which he could not do before.

Nux. v. 6.

25th.—Less tenderness on pressure; bowels freely evacuated; urine passed, and lighter in colour; slept for five hours.

Continue medicine.

At 8 p.m.—Urine hot and high coloured; pulse slow and feeble; more pain in the bowels; oppression in the left side of the bowels.

Bry. 6.

26th.—Return of appetite; slept well for eight hours; pulse quiet and natural; perspires a good deal. At 4 o'clock P.M. the bowels naturally and freely evacuated.

Continue medicine.

27th.—Urine deposits a thick, dark red sediment; immense accumulation of flatus in the bowels. In other respects better.

Carb. v. 12.

28th.—Going on very well; slight pain in the region of the caput cœcum. From this time to the 6th September there was gradual amendment, when he called, and declared himself to be quite well.

Case 3.

Meningitis.

I first saw Mr. T. H—, a youth of 18 years of age, on December 3rd, 1848. He had been seized, on the 30th of November, with nausea, vomiting and diarrhœa; with shivering and coldness; and with violent pain in the temples. On the 2nd December the vomiting and diarrhœa, which had continued up to that time, ceased. When examined by me, there was intense pain in the head, in the occiput, in the ears, and the temples; the pains were sharp and shooting; there was photophobia; morbid acuteness of hearing and smelling; pulse slow, full, and irregular, and numbering about 66; skin dry and hot; delirium; frequent emission of urine; tongue coated and dry, and covered with a whitish fur; breath very offensive; face red; eyes suffused, and with wild expression; severe pain throughout the whole length of the spinal column; nausea and

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vertigo on the slightest motion of the body; pain in the epigastrium, increased on pressure; head very hot; restless and sleepless.

Bell. t. 3.

4th.—Rather a quiet night, and slept a little. About three or four hours ago, when lifted to be taken out of bed, he became cold and rigid, and slightly convulsed; but on being placed in bed again, and hot bottles applied to the feet, he recovered. Pain in the head not so severe; the pain is now described as seated in the centre of the brain chiefly, from which it seems to radiate to all parts of the circumference. Pulse 62, and soft; tongue moister; great thirst; skin slightly moist; expression of the eye is not so wild; the head is cooler; no more nausea nor vomiting; anorexia; urine not so frequently passed; still slight pain in the epigastrium, especially after drinking cold water; very severe cough, and much expectoration of frothy mucus.

Continue medicine.

5th.—Very restless night, from the violence of the cough; urine frequently passed, and of a very high colour; pulse 62, and harder; skin hot; bowels costive; still much pain in the head; pain in the spine nearly gone.

Bell. t. 3, Phos. t. 3, alternately.

6th.—Better to-day; pulse softer; cough not so violent; expectoration less profuse; urine deposits a brick dust coloured sediment; the head is cooler, and there is less pain in it; the tongue is still coated; sleeps better.

Continue medicine.

8th.—Much improved; cough less violent and frequent; no pain in the head; pulse natural; tongue cleaner; appetite returning.

Lach. 6.

12th.—Is able to sit up in his room, and is in every respect improved.

S. L.

In four or five days afterwards he was quite free from complaint.

Case 4.

Apoplexy.

On the night of the 8th of January, 1846, I was sent for to attend Mrs. B—, who had been suddenly seized with apoplexy. She had been under my treatment for some weeks previous to this attack for

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the following symptoms.—Numbness of the right hand and arm; tingling sensation in the ends of the fingers; the fingers occasionally œdematous; numbness of the right leg; weakness of the whole right side; a painful and indescribable feeling of apprehension; difficulty in articulating words sometimes; stammers, and says what she did not intend to say; confusion of ideas; singing in the ears; sensation in the vertex as if electrical sparks were being emitted; pain occasionally in the left parietal region; vertigo sometimes, but rarely; right hand is colder than the left; pulse 70, and weak; of a full habit of body, with short and thick neck, red face, and suffused eye; passes much urine, which deposits a white sediment; the bowels are regular; hæmorrhoids which bleed profusely sometimes, and give relief to most of her symptoms; she has been so afflicted (with piles) for thirty years; catamenia gradually ceasing; she has never any appetite for breakfast, and has nausea immediately afterwards; her appetite generally is not good; pricking sensation over the face; tongue coated with a whitish fur; fullness after eating in the epigastrium. For these symptoms, *Nux vomica*, *Opium*, *Belladonna*, *Pulsatilla* and tincture of *Sulphur* were prescribed, and she improved considerably, till the 7th of January, when the death of a friend greatly excited her, and brought back most of the above symptoms. In addition to them she had violent palpitation of the heart and intense headache. When I saw her on the evening of the 8th, she was just beginning to recover consciousness, after having been for half an hour in a state of insensibility. She had been making some exertion when in the stooping posture, at the time she was seized with the attack. She fell heavily down in a comatose state; the face was swollen, the eyes turned up, and there was stertorous breathing. When I saw her, there was icy coldness of the extremities, and of the whole surface of the body; the pulse was scarcely perceptible; much headache, with sensation of pricking at the vertex; there was no power of swallowing, and she articulated very indistinctly and with great difficulty; the eyes were shut, and she had no power over the eyelids, which consequently remained closed; the stertorous breathing had given place to slow and full respiration.

Hot bottles were applied to the abdomen and to the extremities, and a drop of the mother tincture of *Nux vomica* was dissolved in six tablespoonsful of water, and a teaspoonful given every half-hour.

9th.—The surface of the body was warm; the pulse was stronger; headache very slight; but acute pain in the epigastrium occasionally;

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she can open and shut her eyelids at pleasure, and she has recovered the use of her faculties, though there is still great tendency to mistake objects, and call things by their wrong names.

Continue medicine, every four hours.

10th.—With exception of headache, very much better; pain is acute, and darts from one temple to the other; faintness.

Bell. t. 3.

11th.—Headache still continues.

Continue medicine.

She went on gradually improving, and on the 19th was well enough to go to church.

There has been no return of the disease up to this time, and she has enjoyed, on the whole, better health than before.

Case 5.

Erysipelas.

Miss K— sent for me on the 16th February, 1848. Two days before she had been seized with chills and shiverings, and pains in all parts of the body, and shortly afterwards these symptoms were followed by intense headache, and swelling of the nose and right side of the face. At present there is much swelling and redness of the right side of the face, with great pain on pressure; there is anorexia; foul tongue; offensive breath; suffused eye; photophobia; much headache, and sensitiveness to sounds; pulse very hard and rapid.

Bell. 6.

17th.—Erysipelatous redness and swelling of the whole right side of the face, of the nose, and of the forehead; skin fiery red; bowels costive; very restless and feverish; tongue coated with a thick whitish fur; slightly delirious.

Bell. t. 3, Acon. t. 3, alternately.

18th.—A slight amendment in all the symptoms.

Continue medicine.

19th.—Very restless sleep last night; headache violent; tongue cleaner; pulse still rapid; urine turbid, and high coloured; face still swollen and red; skin doughy to the touch; catamenia have appeared a fortnight too soon; discharge profuse.

Bell. t. 3, Lach. t. 3, alternately.

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20th. Face less swollen, but still very red; slept very well; pulse slower; bowels still costive; tongue cleaner; urine natural; thirst.

Rhus 6.

24th. Going on very well; all the symptoms relieved; bowels opened; pulse natural; face not so red, and swelling quite disappeared; appetite returning.

Continue medicine.

29.—Quite well.

OBSERVATIONS ON THE CHOLERA IN EDINBURGH.

By J. Rutherfurd Russell, M.D.

Although we believe that one reason why Cholera in so many cases baffles our treatment is our very imperfect knowledge of its pathology, and, that to obtain a clear insight into the disease, we must study it as a whole, investigating its mode of origin in the east, and all the circumstances connected with its progress over the globe; yet we intend in this paper to do no more than give as briefly as possible a summary of the views, derived from our experience in the late epidemic in Edinburgh, on the predisposing and exciting causes of the disease, and the best method of its treatment.

By "predisposing," we mean all those causes external to the body, which make it more liable to that specific morbid action known by the name of Cholera, as well as those conditions of the system, either natural or acquired, which may exist without giving rise to Cholera, but which dispose the person affected by them to be the subjects of the disease; and by "exciting" that cause or those causes, whose necessary and immediate effect if not checked is the development of Cholera.

The first of the predisposing causes that meets our eye is sex, according to the following table, which in its results correspond with that of the Cholera Hospital here, nearly twice the number of females as males are affected with the disease. If the pro-

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portion of the two sexes is pretty equal in Edinburgh, as we may presume it to be, the question naturally occurs whether it is in consequence of their sex or from other causes, that women are more liable. If, for the present, we take for granted that the Cholera is contagious, the greater liability of women may depend upon their much greater exposure. They are for the most part the nurses of the patient when alive, and it is they who arrange the body after death. Besides, the devotion characteristic of their sex, leads them to hang more over their dying relatives. We feel inclined to ascribe the disproportion to these causes, rather than to sex alone.

Table shewing the relation of Age and Sex to the numbers attacked and to the mortality.

Age.	Number of Patients			Deaths			Recoveries			Per Centage of deaths		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Below 10 years	9	12	21	3	4	7	6	8	14	$33\frac{1}{3}$	$33\frac{1}{3}$	$33\frac{1}{3}$
From 10 to 20	8	16	24	1	4	5	7	12	19	$12\frac{1}{2}$	25	$20\frac{5}{6}$
From 20 to 50	54	105	159	15	21	36	39	84	123	$27\frac{7}{9}$	20	$22\frac{34}{53}$
Above 50 years	13	19	32	5	4	9	8	15	23	$38\frac{6}{13}$	$21\frac{1}{19}$	$28\frac{1}{8}$
Totals	84	152	236	24	33	57	60	119	179	$28\frac{1}{7}$	$21\frac{37}{38}$	$24\frac{9}{59}$

Among the previous habits of the patients which are supposed to predispose to the disease, intemperance has always occupied a conspicuous place. We believe that there has been much exaggeration on this matter. So completely has this vice absorbed the attention of some writers on the subject, that, if they were believed, it were only necessary to abstain from all intoxicating drink to purchase entire immunity from the scourge. This opinion might readily be adopted in such places as Edinburgh, where the ravages of the disease were confined almost exclusively to the lowest class of people, but it must be at once abandoned when we have the example of Glasgow before our eyes, where so many have died who lived in temperance all their lives. But even in Edinburgh, when we investigate the subject a little more

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closely, we find the inaccuracy of the statement. This is well exhibited in the following table. We must remember that drunkenness prevails among the lower class in this town to an enormous extent, so that a large proportion of a given number of the poor would be found intemperate, whatever they died of.

Table shewing the Habits, Condition and Previous Health of the Patients, each week, and the effect of these circumstances on the Mortality.

	Oct. 15	" 22	" 29	Nov. 5	" 12	" 19	" 26	Dec. 3	" 10	" 17	" 24	" 31	Jan. 7	" 14	" 21	" 28	Feb. 4	" 11	Total	Deaths	Recov.	P. Cent. of Deaths
HABITS:																						
Temperate	15	21	9	16	11	17	17	27	13	12	7	3	5	4	4	2			183	38	145	20
Intemperate	4	4	6	3	1	8	6	7	7	2	1	1			1	1		1	53	19	34	35
CONDITION:																						
Destitute and Dirty	10	19	6	7	3	8	12	17	5	4	1	1	1	2	2				98	33	65	33
Comfortable	9	6	9	12	9	17	11	17	15	10	7	3	4	2	3	3		1	138	24	114	17
PREVIOUS HEALTH:																						
Good	11	10	7	10	4	9	6	12	9	4	5		2	4	3	2		1	99	31	68	31
Gastro-intestinal Derangement	8	14	7	8	7	13	17	20	10	10	3	4	3		1				125	22	103	17
Enfeebled by Disease		1	1	1	1	3		2	1						1	1			12	4	8	33
Exposed to Contagion	3	6	4	7	2	10	9	17	6	2	1		2	1	1	1		1	73	20	53	27

No doubt this table shews what a large number of intemperate took Cholera, also how much greater the mortality was among the intemperate than among the temperate. Temperance, however, implies many things. It implies for the most part greater cleanliness, comfort and care, all which materially affect the mortality. Of course we are very far from denying the effects of intemperance as a predisposing cause, so marked is it, that we only wish to guard against its assuming too exclusive a hold of the mind of the inquirer. Indeed the next division of the table shews, by the much greater mortality of the "destitute and dirty" than of those in comfortable circumstances, how materially many other physical conditions besides drinking, add to the severity of the disease.

The next important predisposing cause which claims our attention is gastro-intestinal derangement, more especially diarrhœa. Great weight is laid upon this point in the Report of the Sanitary Commissioners, (Metropolitan Sanitary Commission, second report) we find it there very emphatically stated that the first stage of Cholera is simple diarrhœa, and, it is from the cure of

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this diarrhœa that almost the only general success in the treatment of the disease is looked for. To call diarrhœa the "first stage" of Cholera is manifestly erroneous, for in nearly half the patients that came under our notice there was no diarrhœa at all, and in the most marked cases and most rapidly fatal this so called first stage was entirely absent. That diarrhœa prevails at the same time as Cholera, and in the same localities, and that those affected with the former disease are more subject to the latter, is undoubtedly true; but the only legitimate inference is that the peculiar cause, (whether atmospheric or emanations from the ground) which excites diarrhœa, predisposes also to Cholera; and many other diseases, especially typhus fever. This fact is stated in another part of the Report (p. 27), at least the concurrence of diarrhœa both with typhus and scarlet fever is mentioned; and yet this diarrhœa is never spoken of as the first stage of either of those diseases. While we cannot agree with the Report in regarding diarrhœa as any thing more than one of the numerous predisposing causes, still less can we agree with the treatment recommended. The general use of opium and brandy, which is spoken of with commendation (p. 24), we believe to be extremely dangerous. Many of the worst cases which came under our notice had taken these drugs to a great extent without any benefit, and we have been credibly informed that in some instances such complete stupefaction was produced that persons were left for dead, and in one case an accident alone prevented an unfortunate woman being buried in this state of lethargy. May not the great number of consecutive fevers that follow the allopathic treatment be in part traceable to this reckless administration of two such powerful aud dangerous narcotics?

The diarrhœa which prevails along with the Cholera we have found very amenable to treatment. In most cases *merc. sol.*, *arsen.* or *phosph. ac.* were sufficient to check it.

We cannot pass by the much vexed question of the contagion of Cholera without a few remarks. It seems to us that the subject has been mystified and complicated by the vague way in which the word contagion has been used, and the utterly unscientific experiments and arguments by which the doctrine has been both supported and opposed. On looking at contagious

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diseases, they of themselves, as it were, separate into two great classes. The first consists of such diseases as small-pox, syphilis, scarlatina, &c., which are of purely animal origin, and to which the human system in its normal condition is liable if exposed to them for the first time. Out of one hundred children in perfect health exposed to small-pox, ninety probably would be affected. The second class includes the plague, typhus fever, Cholera and other diseases, which, without discussing the grounds of the name at present, we may call of telluric origin. The propagation of this class, by contact of the diseased with the healthy, is much more subject to limitations than in the former division. It varies much in different circumstances, and in all cases when these diseases prevail epidemically it is only one of the predisposing causes. There is, we believe, no essential difference in this respect between the Plague and the Cholera. In some instances the plague does not spread any more than the Cholera by personal communication, and in certain circumstances the Cholera becomes as contagious as the plague. It is only a difference of degree and not of kind. We rank contagion, then, undoubtedly among the predisposing causes of Cholera, and on the whole, consider the recommendation of the Board of Health upon this point highly judicious. We refer to the plan of removing those, who, if they remained in their dwellings, would be exposed to the disease, in preference to establishing Cholera Hospitals.

From our experience we should be inclined to recommend to any of our colleagues who may have to encounter the disease, to adopt the plan described in the last number of this Journal, as having been adopted in Edinburgh. If the Dispensary be in a central position, and there be a tolerably strong staff of medical officers, it is wonderful how thoroughly even a large town may be attended to.

Before leaving the subject of contagion, from which this is a digression, we should recommend to our readers to peruse a pamphlet by Professor Simpson, published after the last epidemic; with the general conclusions we feel inclined to concur, and cannot avoid expressing our admiration of the highly philosophical manner in which the subject is examined, and which

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would afford a model for any who at present are engaged in similar investigations. Here it would be out of the question to go into the details upon which our opinion that Cholera is contagious rests.

We have now done with the predisposing causes, for we do not think that the limited experience afforded by our place could be of any value in settling the important questions connected with the meteorology of the disease; this can only be done by an extensive survey of its whole progress, and upon this we cannot here enter. The only general observation upon this head we are inclined to make, refers to the topography of Edinburgh as compared with that of Glasgow. By universal admission the Cholera has an affinity to water. While by some mysterious law of progression it has moved by steady steps in all kind of weather, from extreme cold to great heat, against high winds, over every variety of country, from an easterly to a westerly direction, until it has now almost encircled the globe, it has preferred the courses of rivers for its local direction. In Scotland it has moved up the Firth, the Clyde, and the Tweed. The topography of Edinburgh is very peculiar. It may be described as composed of two deep narrow valleys, one little better than a large ditch, and surrounding heights. In the valleys, particularly in the narrowest and deepest, are built old houses, very close together and occupied by the poorest of the people and the most dissipated. It is called the Cowgate. The other valley is but partially covered with houses; it runs between the ridge of the old town and the new. These narrow valleys are bridged over. The higher grounds are covered for the most part with newly built houses. In the new town, which lies at the north side of the second or wider valley, the houses are spacious and scattered over a large space of ground. There is little or no direct communication between the inhabitants of the new town and those of the worse parts of the old. There is a moral as well as a physical gulph between them. The rich pass over, not through the town of the poor. Hardly a case of Cholera appeared in the new town, its ravages were confined to the old town, especially the narrow valleys and the houses covering their steep sloping sides.

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Glasgow presents a total contrast. The city is built in the bosom of a plain on both sides of the Clyde. There are eminences covered with houses, where the best (so called) part of the community reside, but there is no abrupt transition between their habitations and those of the poorest. It is a level surface going off at parts in inclined planes. Here the Cholera confined itself to no particular localities, it spread generally over the whole town, affecting all ranks. We believe the difference between the intensity and diffusion of the disease in the two places to be sufficiently accounted for by their relative topographies.

We now come to the consideration of the exciting cause of the disease—that cause which gives rise to that strange and unmistakable group and succession of symptoms known by the terrible name of Cholera Morbus. We cannot enter into an examination of the various explanations given of this; the only one of sufficient importance for us to advert to here is that which attributes Cholera to a primary change in the blood, the constitution of which becomes suddenly perverted, so that the various natural secretions are stopped, and instead of them there are copious discharges of its watery part—*a serous hæmorrhage*, in short. With this view we cannot agree. No doubt can be entertained of the great changes in the blood, but these we believe to be secondary, and the primary change or exciting cause to be in the nerves of organic life, affecting also the respiratory and spino-cerebral system, all the secreting organs, and the blood. We rest our opinion chiefly upon the observation that in the most *typal* cases of Cholera there is frequently little or no serous hæmorrhage, and none of the consequences of it; the patient is not exhausted, he is able to stand within a few minutes of his death; he complains of his heart; there is no pulse; his breathing is much affected, and he is convulsed. Another ground of our opinion is the rapid curability of the first stage. This could not be were there any material alteration in the constitution of the blood. This latter argument, we may observe in passing, is an illustration of the light a perfect system of therapeutics will throw upon pathology.

We shall not trespass upon the patience of our readers by

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attempting a description of the symptoms, for these are much better learned and appreciated by reading the detailed cases. We would observe, however, in corroboration of the view we take of the exciting cause of the disease, that few diseases present so great a variety in the symptoms; and yet beneath all this variety of phenomena there is, as it were, a characteristic individuality which betrays the nature of the case at a glance, to anyone who is familiar with the disease. If we could only get at this essential symptom, and discover some medicine which produced its likeness, then we should feel somewhat more confidence in entering upon the treatment.

In approaching the last division of our paper—the treatment of Cholera—we cannot help deprecating the boastful tone we so often hear assumed by Homœopathists upon this subject. That our success is greater, much greater, than those of our Allopathic colleagues, we have no doubt whatever, and this statement is confirmed by our statistical returns. Still that is saying very little, and it would argue a singular callousness of feeling in any one who has had much experience in the disease, at all events as it appeared among us, not to be penetrated with a profound sense of the comparative impotence of our art in arresting or even greatly modifying the terrible plague. Surely the presence-chamber of the King of Terrors is the last place for Man to boast; rather it is for him to walk humbly with his God, and to feel that when cure is effected it is literally a *rescue* from Death, and it should be a cause of humble gratitude to Him who holds the issues of life.

In assuming what may be thought a tone of too great despondency as to the results of Homœopathic treatment, we refer to the fully developed disease. In its first stage, if we are permitted to see it at this time, we believe that much may be done to prevent its further development; and we cannot speak too strongly of the value of Camphor. We are inclined to look upon this remedy rather as the antidote for the exciting cause of Cholera than of Cholera itself. We find it stated, and believe it true, that Camphor is useful even after purging has come on. But not, we would add, after the true Choleric discharges have

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begun. We must bear in mind that when Cholera prevails, diarrhœa also prevails, and is one of the predisposing causes. To this diarrhœa may be added premonitory symptoms of Cholera, perhaps even vomiting, without the true disease being yet present. At this stage Camphor is of use; but after this has passed, after the stage of collapse has set in, then we have never seen any evidence of Camphor being of service.

The symptoms that indicate camphor are very various. The most frequent and striking one, is a sudden change in the expression of the features, as if produced by some great shock to the system. There seems a sort of intuition that something dreadful is about to take place, and has already given a warning of its instant approach. This peculiar expression can neither be described nor forgotten; once seen, it will be recognised when it occurs again. This we might call the Camphor expression. To this is joined some great change in the pulse; it is generally quick and small, or preternaturally slow; often shivering, chattering of the teeth, and pain at the epigastrium. This group of symptoms may or may not be attended by sickness, vomiting, and purging; also by coldness or unnatural warmth and giddiness. As we have before said, we look upon the cause of these to be a sudden morbid impression upon the nerves of organic life. To this Camphor is the antidote; if none be given, then the effects of this morbid impression develop themselves in the blood, and Cholera in its dreadful character, often brooking no restraint, stands revealed, and makes good its title to be regarded as one of the most frightful scourges our race is liable to.

We have been in the habit of employing the ordinary Homœopathic preparation of Camphor, and giving it every five or ten minutes, either diffused in water or on a piece of sugar. When this is given in time, an almost instantaneous relief of the symptoms ensues, the expression improves, a gentle sleep comes on, and the patient frequently awakes *convalescent*—not *well*, for much care is requisite for some days, as there generally remain various symptoms, such as headache, pain and looseness of bowels, requiring their appropriate treatment, and exhibiting the terrible force of the morbific influence,

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which, even when checked at the outset, yet like a spent ball commits so serious a damage on the system. Besides giving the necessary medicines, great attention should be paid to food, which should be altogether abstained from for at least twelve hours, and nothing but cold water given to drink. After the expiry of that period, a *little* thin gruel may be allowed. We may here, while on the subject of diet, observe that there is nothing of more consequence to the successful management of Cholera than the utmost care in giving food. We have seen many examples of patients apparently doing very well, and after some slight excess in diet all the worst symptoms returning, and ushering in a rapidly fatal termination. Let nothing but cold water be given the first two days in fully formed Cholera, and after that, gruel and rice water, and other simple unstimulating articles, in the greatest moderation.

As to the medicinal treatment of Cholera proper, what we have to say we wish to be considered as resting exclusively upon our own experience, and if we differ in our estimate of the relative value of different medicines from Homœopathic practitioners in other places, we do not mean to infer that they are wrong; the medicine best suited for one place may not be so for another; there is a great variety in the forms the disease assumes, and may be in the medicines required.

We ought to be guided greatly by the pathogenesis of the medicines, and recollect that after the collapse has taken place sudden improvement is impossible. We must not expect to see very marked effects from our remedies, and must continue them steadily after resolving upon what they ought to be, in spite of no amendment, unless some new symptom call for the administration of some new medicine.

We consider *Arsenicum* to be the nearest approach to a specific we possess for fully formed Cholera, and we should always make this the groundwork of our treatment. Other medicines we consider rather as intercurrent, but they may be of essential service; in some cases, sufficient to cure. *Veratrum*, which is so highly extolled by many, does not rank nearly so high in our estimation. We have found it extremely useful

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in cases of what we might call pseudo-Cholera, where the predominating symptoms were vomiting and liquid purging, without the collapse—the characteristic of the true disease. *Cuprum aceticum* has undoubtedly great power in mitigating the severity of the cramps, and is therefore useful in some of the most severe cases, at all events as an alternative or intercurrent remedy. *Secale cornutum.*—We have considerable confidence, especially when females are affected, and when the discharges are very copious. *Mercurius corros.* and *solub.*, we have seen very useful in dysenteric Cholera. In the very worst cases—that is, where the collapse is most complete—we should try *Hydrocyanic acid,* but as a last resource, rather in despair than hope. *Carbo veg.* has been recommended in such cases, but we cannot say we have any confidence in its utility—perhaps from having no great experience of its administration. The most characteristic symptom after the collapse, and the symptom most difficult to remedy, is the suppression of urine; until the urine returns we cannot make a favourable diagnosis. In several cases we have seen all the other symptoms subside, but this one baffle all our efforts, and the patient sink suddenly in a delirious condition. *Cicuta virosa* we have thought of use in some obstinate case of retention of urine, and where there is much hiccup, which is not a very uncommon attending symptom. *Nux vomica* we have known of use where the cramps were violent, without much disturbance of the circulation. *Jatropha curcas* we have tried but little, and without any success. We have also given *Oxalic acid,* but have no experience of its utility. *Ipecacuanha* we have seen of decided use in milder cases, more especially of children. *Phosphorus* and *Phosphoric acid* are medicines well indicated in cases where the breathing is much affected, but we cannot say we ever saw any very manifest improvement to follow their administration. However, they were generally given at a state of the disease which almost precluded hope of recovery, and we should feel inclined to recommend them to the attention of our colleagues. The following table exhibits the large proportion of cases which were treated by *Camphor* and *Arsenicum.*

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Table shewing the number of cases treated by different medicines, and the results.

Medicines.	Total.	Recoveries.	Deaths.
Camphor	47	45	2
Camphor and Arsenic	75	56	19
Other Medicines.....	114	78	36

In regard to the treatment of the consecutive fever, we are glad to say we have not had great experience; and we look upon this as one of the most important advantages gained by Homœopathic treatment—that recoveries are much more rapid, the average duration being only three days, while the average duration of fatal cases was fifty-six hours.

While the return of the urine was the most favourable sign, the occurrence of a cold, clammy perspiration, was almost the unvarying precursor of death.

As to the adjuvant treatment, we were in the habit of applying warmth to the surface, both by hot water in such vessels as we could get, and hot bricks; also of having the limbs well rubbed if they were cramped. We also tried giving copious draughts of hot water, at the recommendation of a gentleman in England who had seen benefit from it. We cannot say that any decided benefit was manifested by this. However, our experience of the practice does not at all justify our condemning it.

We should have mentioned Arsenuretted Hydrogen among the medicines. This was recommended to us by Dr. Drysdale, of Liverpool, and he proposed an ingenious instrument for its inhalation. Except in an hospital we hardly think this apparatus could be used, but we gave it diffused in water, and in one case recovery followed. The case will be found among those reported.

After all, we believe a better idea of the result of our treatment will be derived from the perusal of the following cases, which have been copied from the journal without any arrange-

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ment, than from any generalization we could safely make. In the mean time we shall anxiously wait for the experience of our colleagues upon the subject, if it should be their misfortune to have to encounter the disease: and we hope that their efforts may be blessed with a greater measure of success than was given to ours.

The following table shews the progress of the disease.

Table of the Number of Cases and Results each week.

Week ending	Remaining.	New.	Total.	Recoveries.	Deaths.
October 15		19	19	8	5
„ 22	6	25	31	18	4
„ 29	9	15	24	10	7
November 5	7	19	26	11	6
„ 12	9	12	21	12	2
„ 19	7	25	32	15	7
„ 26	10	23	33	17	5
December 3	11	34	45	22	7
„ 10	16	20	36	22	7
„ 17	7	14	21	10	1
„ 24	10	8	18	11	1
„ 31	6	4	10	8	1
January 7	1	5	6	1	
„ 14	5	4	9	6	2
„ 21	1	5	6	3	2
„ 28	1	3	4	1	
February 4	3		3	3	
„ 11		1	1		
„ 18	1		1	1	

The following cases are all, we think, that are likely to be instructive. We have put in few fatal ones, as in the previous number of the Journal we gave a sufficient variety of them to afford illustrations of the various fatal issues of the disease.

We cannot conclude this notice without expressing our obligation to Dr. Atkin (now of Hull) for the able manner in which he discharged the duties of House Physician, and for his services in preparing the various reports and tables which we have had occasion to use. Besides copying the cases in a book, for future reference, it fell to his department to make up the return for the Board of Health in London, which was transmitted to that body after the cessation of the epidemic, and acknowledged in the following terms by their Secretary.—

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The General Board of Health,
Gwydyr House, Whitehall.
24th February, 1849.

Sir,—I am directed by the General Board of Health to acknowledge the receipt of your letter of the 22nd instant, with the reports of cases of Cholera forwarded therewith; and I am to convey the thanks of the Board to the Physicians of the Edinburgh Homœopathic Dispensary, for the valuable information contained in those Reports.

I am, Sir,
Your most obedient Servant,
ALEX. BAIN,
Asst. Secretary.

To G. Atkin, Esq, M.D.,
Homœopathic Dispensary,
5, James Square, Edinburgh.

CASE XLIII. (98.)

Mrs. L. aged 28, yesterday morning, 13th November, was seized with bowel complaint and sickness; pain in the bowels as if grasped with nails; pains in the legs and arms. Took sulphur and whisky about 1 p.m. to-day; pains less since. First seen 14th November, 3 p.m.—purging every three or four minutes of dark water with a very fœtid smell; urinated at 1 o'clock; pulse 80; face dusky and contracted.

Arsenic 3, hourly.

7½ p.m.—Heat of skin restored; pains in bowels when she moves; cannot bear the weight of the bed clothes; great thirst, increased by drinking cold water; no purging nor vomiting; passed a little urine; constant abortive desire to relieve bowels; voice and skin natural; feels much better.

Arsenicum 3, and Nux 3, alternately every hour.

15th.—Much better, bowels once moved.

16th.—Up and feels well though weak.

CASE XLIV. (127.)

Mrs. McK. aged 56. A dirty house. She has been purging three or four days; seized 22nd November, 4 a.m. First seen at 7 a.m. She was purging white watery fluid; vomiting everything

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taken; cramps in legs and arms; great thirst; oppressed breathing; pulse 128, weak; skin cold and dry, lips blue, tongue cold, puffed countenance; suppression of urine.

Arsenic 3, every quarter of an hour.

Noon.—No vomiting; bowels moved once.

Continue half-hourly.

23rd, 11 a.m.—Vomited twice, and bowels moved three times; great thirst.

Veratrum 3 and Arsenicum 3, every quarter of an hour.

24th, 10 a.m.—No vomiting nor purging but sick and thirsty; pulse 96, fuller.

Continue.

25th, 3 p.m.—Much better; feels hungry.

26th.—Is up and says she is quite well.

Case XLV. (131.)

J. R. aged 31, seized 24th November, 2 a.m. First seen 8 p.m. Very poor, the bed with scarcely any covering. On Monday got wet feet, and has been cold and shivering with bowel complaint since. Vomiting began at 2 this morning and continues, only however after drinking; constant inclination to vomit; purging, dejections described as of colourless water; urinated at 9 a.m.; severe cramps through the day in legs; voice hoarse; great thirst; complains of weakness in bowels; tongue warm, white; pulse indistinct but perceptible.

Camphor at intervals of ten minutes.

25th, 12½ a.m.—Purged once; vomited four times, fæces like butter-milk; heat in stomach, coldness in throat; pulse perceptible, quick and small; ineffectual desire to sleep; no urine; cramps continue.

Arsenic 3 and Veratrum 3,
alternately every quarter of an hour.

10 a.m.—Much cramped till 4 this morning; no urine; bowels twice opened, fæces white, like thick gruel, fœtid; vomited three times; tongue and skin warmer; pulse 100, small.

Continue medicine.

3 p.m.—No urine; feels a little sick; painful sensation over the region of the bladder; the other symptoms gone.

Digitalis and Arsenic alternately every hour.

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25th, 10 p.m.—No better; much pain at lower part of abdomen; had three stools since last visit of whitish flocculent liquid; no urine; vomited several times the water she drinks; thirst; pulse small, weak, about 96.

Arsenic hourly.

26th, 2 p.m.—Vomiting greenish fluid; bowels very open; pulse 96, weak; skin dry and cold.

Continue.

27th, 8½ a.m.—Pulse 84; skin warm; voice still hoarse; one scanty bilious stool; vomited three or four times; greenish water; no cramps; slept none; urinated a little this morning.

Ipecacuanha 3, hourly.

11 a.m.—Urinated an hour ago; much thirst and vomiting.

Arsenic hourly.

28th, 9 a.m.—Slept well; urinated twice; no vomiting nor purging; pulse 80; skin and tongue still inclined to be cold.

Continue.

2½ p.m.—No vomiting; bowels moved twice; stools thin and yellow; less thirst; feels hungry.

29th.—Urinated freely; bowel complaint gone; feels well except weakness; very hungry.

Case XLVI. (136.)

T. S. aged 40, a tailor, said to be of temperate habits, but admits he was drinking on Saturday; has had some pain in the bowels and diarrhœa for the last few days; seized 26th November, 4 p.m. First seen 9½ p.m. Vomiting of everything taken; purging after drinking; matter vomited and purged is a colourless fluid with white flakes; urinated a little time ago; pulse quick, perceptible, weak; hands coolish; tongue pale, rather cold; breath warm; a little pain in the lower part of the belly; no cramps; complains of general uneasiness.

Camphor every ten minutes.

27th, 8½ a.m.—No purging since 12 o'clock last night; urinated sparingly about 11 p.m.; vomited frequently, especially after drinking; great insatiable thirst; pulse perceptible but indistinct; trembling of the whole body; skin colder; tongue and breath warm; voice fuller and stronger; says he has no pain, complains only of thirst.

Arsenic 3, every half hour.

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1 p.m.—Pulse 96, weak; skin warmer; no urine; less vomiting and thirst.

Camphor every quarter of an hour.

9½ p.m.—Still sick; no urine; less thirst; slept quietly, at intervals, this evening; skin and tongue warm; pulse 92; uneasy.

Arsenic 3, every half hour.

28th, 8½ a.m.—Slept a good deal through the night; vomiting at times, especially after drinking; purged once; has not urinated; pulse perceptible but indistinct; skin warmer.

Continue.

2 p.m.—General heat pretty good; pulse rather indistinct; bowels opened, dejections white; urinated three hours ago.

Continue.

7 p.m.—Says he feels "queer," but is in good spirits; passed urine; thirst much abated; heat natural.

29th, 8 a.m.—Slept well; urinated twice; purged once, stool brown and feculent; pulse 74; feels languid; no pain; bad taste in mouth.

Mercurius 3rd, every four hours.

30th, noon.—Slept a good deal yesterday, restless through the night; urinated freely; bowels regular; hungry; pulse 88.

1st Dec., 7 a.m.—Slept well and feels better.

2nd.—Up and feels well—better, he says, than he has done for some time.

Case XLVII. (138.)

E. G., a woman aged 26. A dirty house. For the last fortnight she has had cramps in the stomach; been sick and vomited every thing taken; constant thirst, the water drank is vomited. Is pregnant and nearly at her full time. When seen 25th Nov., 7 p.m., complained of cramps in the abdomen and epigastrium; purging discoloured water; sick, with occasional chilliness, inclined to sit close to the fire; skin dry, warm; face livid; depressed; pulse intermittent; feels tired and inclined to lie down; no urine.

Camphor every quarter of an hour.

26th.—Reported to have been delivered at 2 this morning, of a strong healthy child. Lochia in abundance with coagula; is thirsty and very sick but has not vomited; since her confinement crying

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from pain in right side of abdomen, catching her breath, relieved on pressure. Two leeches had been applied by an attendant, they were removed and a bandage applied which gave great relief; pulse 120; very thirsty; skin dry and warm; Lochia now suppressed.

Aconite 3rd, every hour.

27th, 11 a.m.—Perspired and passed urine twice; pulse 108; still very thirsty; less catching pain in abdomen.

To have enema of warm water. Continue Aconite.

28th, 3 p.m.—Much pain last night; bowels moved once; pulse 104; thirsty; Lochia again appeared.

Continue.

29th, 11 a.m.—Pulse 120; very thirsty; perspired a little last night; has taken no food; is sick.

Pulsatilla 3rd, every half-hour.

10 p.m.—Much better; pulse 100; bowels moved; no retching; less thirst.

Continue.

30th.—Sitting up in bed; pulse 80; skin natural; bowels moved this morning; feels well.

3rd Dec.—Mother and child doing well.

Case XLVIII. (140.)

C. S., a woman, aged 25. Between the 8th and 9th month of pregnancy. Living in the same house with her sister, who dressed the body of a patient who died of Cholera. She was seized with severe bowel complaint on Saturday night; the purging which continued has begun to diminish. Vomiting began 27th Nov., 7 a.m. First seen 3 p.m. Vomiting occurs about every quarter of an hour, ejections green; has not urinated for two days, to-day passed a little; severe pains in the stomach and back; feels sick on raising her head; pulse 60; skin warm.

Arsenic 3rd, every half hour.

Half-past 9 p.m.—Purged once and vomited twice since visit; pulse 126, weak; countenance dejected; evacuations bilious.

Camphor every quarter of an hour.

28th, 8 a.m.—Pulse 98; vomited once; purged three or four times, stools brown flocculent; tongue and skin warm; pain in urinating, urine scanty.

Mercurius 3rd, every hour.

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Noon.—Vomiting and purging almost ceased; feels much better.

Continue.

9 p.m.—Retching; desire to vomit; bowels moved four times to-day, with griping, stools thin, yellow; pulse 92.

Continue.

29th, 10 a.m.—Slept from 12 to 5 this morning; urinated; bowels three times moved, stools dark and liquid; complains much of pain in back and bottom of abdomen.

Secale 3rd, every hour.

1 p.m.—Vomited once a yellow fluid; bearing down pain in bowels continues; pulse 70, full; two yellow motions.

Continue.

30th, 1 p.m.—Pulse 102; pain in abdomen and back continues; movements of child not felt; inclination to purge and urinate.

Continue.

4 p.m.—Pain in back very severe; purging of dark brownish thin liquid.

Continue.

6 p.m.—When heated gets sick, vomiting followed by pain in the back; very thirsty; skin cold; pulse quick and weak.

Bryonia 3rd, every hour.

1st Dec., 6 a.m.—Restless night; hands, face and tongue cold; inclined to throw off clothes; vomiting, with pain in back and breast; voice hoarse; no urine; constant abortive desire to relieve bowels.

Arsenic 3rd, hourly.

8 p.m.—Vomited several times blackish stuff along with the water she drank, crying out from pains shooting from back to chest; eyes sunk and their lids much inflamed; expression almost moribund.

Continue.

2nd, 11 a.m.—Fits of oppressed breathing; no purging; vomiting of dark coffee-grounds looking fluid; skin and tongue cold; pulseless; the labia are swelled and black and an offensive discharge issues from the vagina.

Continue.

3 p.m.—Ruptured membranes; the liquor amnii was evacuated.

Secale 0, every half-hour.

Half-past 3 p.m.—A few labour pains occurred.

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11 p.m.—The os uteri dilated to an inch in diameter; caput succedaneum forming; pulse distinct, 100; skin, breath, lips and tongue ice cold; abdomen warm externally and the liquor amnii felt warm; there was no fœtal pulsation; the head of the fœtus flabby and immovable; no vomiting; bowels opened once, stools dark, fœtid; desire to urinate.

Continue.

3rd, 9 a.m.—Restless all night from labour pains, but insensible; there was no thirst; no vomiting nor purging. Through the day the breathing was laborious; eyes turned up, half open; occasionally roused by pains, which must be very slight; bloody discharge from vagina. The labour continued the whole night; she was quite insensible; arms and legs paralytic; the breath was shockingly fœtid, it was necessary to keep the window open.

She died 20 minutes past 6 a.m., 4th December. Speechless for 26 hours before death; unable to swallow for 19 hours. The half of the head was born before she died. The woman in attendance pulled away the putrid fœtus (a female) ten minutes after death.

Case XLIX. (141.)

C. S., a woman aged 23. Lying in the same bed with case (140). Attended and dressed the body of a patient who died of Cholera; has been sick and purging ever since. Was seized 27th Nov., 8 a.m. First seen same day 3 p.m. Severe cramps in the feet and legs; almost continuous vomiting and purging; evacuations watery; giddiness; sense of soreness and pressure over the stomach; passed very little urine; eyes much sunk, with dark blue areola; pulse small, at times imperceptible; hands and arms cold.

Camphor every ten minutes for half an hour, then Veratrum 3rd, half-hourly.

10 p.m.—Tongue and face cold; cramps in legs; great thirst; restless; bowels opened twice; urinated at noon; pulse small and indistinct.

Arsenic 3rd, every half-hour.

28th, 8 a.m.—Slept a little through the night; cramps in legs and right arm; great thirst, vomiting after drinking; bowels once moved, stool consisting of about two ounces of reddish fluid; pulse 112 fuller; tongue rather warmer; voice clearer; no urine; less lividity of face.

Continue Arsenic, Camphor occasionally.

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Noon.—Thirst and vomiting still continue; no purging; great abortive desire to urinate a little time ago.

Continue.

Half-past 3 p.m.—Sighing and breathlessness; pained above the right haunch; very thirsty; vomiting whitish watery fluid; pulse 120, feeble.

Continue.

9 p.m.—Restless and tossing about, suffering from cramps in front of the left leg; moaning; vomited twice watery fluid, with white mealy sediment; urinated three hours ago; eyes sunk; vacant dark countenance; sighing frequently; skin cold and dry; pulse 120, weak.

Continue.

10 p.m.—Inclined to purge, but cramps come on when she attempts to rise; thirst less; looks better; face warmer; Catamenia have come on.

Continue.

29th, half-past 9 a.m.—Slept from 12 to 5 this morning, when she had some cramps in the front of the legs; skin warm, except the arms, which are lying bare; face warm; vomiting only after taking cold water; retains the Camphor; urinated through the night; bowels not moved; pulse 124, weak.

Continue.

1 p.m.—Very sick, vomited twice or thrice; severe pain in belly; headache; pulse 110, weak; tongue warm.

Continue.

30th, 1 p.m.—Slept well; bowels not moved; urinated freely; pulse 88; heat of skin natural.

Continue.

4 p.m.—Better.

6 p.m.—Continues to improve; no purging nor vomiting; still thirsty, took some gruel this afternoon and felt sick.

Bryonia 3rd, every two hours.

1st. Dec., 6 a.m.—Bowels not moved.

8 p.m.—Much better; able to walk about.

2nd Dec., 11 a.m.—Is up; bowels costive.

Nux 3rd.

10 p.m.—Going about well.

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Case L. (144.)

R. G., aged 53. A miserable house, lying on a shakedown in a corner without covering. Intemperate drinking on Sunday. Was attacked in his own house at half-past 10 p.m. of the 27th November. Seen first, 28th Nov., 7 p.m. Has been purging frequently thin whitish liquid, involuntarily; has vomited two or three times, frequent dry retching; cramps in knees, thighs and calves of the legs; great and incessant thirst; heart's action regular but very weak; pulse 70, small and weak; general coldness; tongue cold; voice tolerably good; no urine for 24 hours.

Camphor every ten minutes.

10 p.m.—No vomiting nor purging.

Continue.

29th, 10 a.m.—Slept well; no vomiting nor purging; urinated a little last night; thirst continues.

Continue.

12 p.m.—Purged twice through the day; fæces yellow; urinating freely; still thirsty; complains of hunger.

30th.—Purging ceased; feels well.

Case LI. (145.)

Mrs. G., aged 45, wife of the man (Case 144.) Intemperate. Attacked 28th November, 2 p.m. First seen, 7 p.m. Frequent purging, evacuations watery; nausea and almost constant vomiting; breathing oppressed; heart's action weak; pulse weak but perceptible; aspect described by her daughter as much altered; tongue cold; voice natural; no urine for twelve hours.

Camphor every ten minutes.

10 p.m.—Tongue cold; two brown bilious stools; very sick; some cramps in legs; pulse 80.

Mercurius 3rd, every four hours.

29th, 9 a.m.—Slept a little through the night; pulse 106; skin warm; tongue cold; severe cramps and vomiting; purging dark greenish water as she lies; no urine.

Arsenic 3rd, every hour.

2 p.m.—Pulse 96, small; cramps abated; skin warm; face and tongue cold; less vomiting; purged three or four times.

Continue.

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12 p.m.—Still sick; some pain in legs; no urine; pulse 104; skin warm, except the face; purged three times; is faint when she attempts to rise; dry retching; pain in stomach, increased on pressure and by cough; stools scanty, white.

Mercurius 3rd, every hour.

30th, noon.—Slept well last night; urinated once; no motion of bowels; pulse 92; still vomiting; frequent abortive desire to relieve bowels and to urinate.

Nux Vomica 3rd, every two hours.

4 p.m.—Giddiness; no purging; pulse 96.

Continue.

1st Dec. 7 a.m.—Sick all night, vomiting this morning; skin warm.

Continue.

9 a.m.—Nausea.

7 p.m.—Much better.

Continue.

2nd, noon.—Still vomiting when she raises her head; purging a little; urinated last night.

Arsenic every two hours.

3 p.m.—Better; sitting up attending her daughter.

4th.—Pulse 84, of good strength; feels well though weak.

Case LII. (160.)

J. H., aged 64. An occasional drinker. In delicate health; has had bowel complaint for a week past, it stopped suddenly yesterday but recommenced in the forenoon; began to vomit about 3 p.m. of the 1st of December. First seen, 2nd Dec., 1 a.m.; urinated two or three minutes ago; purging, stools like rice water, very fœtid; cramps in toes; great thirst; face inclined to be cold; tongue coldish furred; pulse 106, weak.

Camphor every ten minutes for three hours,
then Mercurius 3, hourly.

Noon.—Bowels once moved, stools the same character as before; no urine, though a desire to pass it; pulse 82; no cramps.

Veratrum hourly, Camphor occasionally.

11 p.m.—One stool; continues better; no cramps; urinated this afternoon.

Continue.

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3rd, noon.—Had a good night; urinated, and passed a bilious stool this morning; feels hungry.

CASE LIII. (169.)

Miss H., aged 20. To-day, 3rd December, at 8 a.m. felt coldness over the whole body and particularly in the abdomen, with nausea after a loose watery stool, very unusual as she is generally costive; has had five watery motions since, with retchings; general coldness and thirst. First seen at 11 a.m. She was faint, her countenance flaccid, leaden coloured; starting violently as if from fright; skin cold and clammy; eyelids dark, do not meet together and could not see; catamenia generally profuse and now present; suppression of urine; expressing fears about her life.

Secale 0, hourly.

1 p.m.—Bowels not open since last visit; complains only of soreness in the legs, and lassitude; thirst still insatiable; feels burning pain in the epigastrium and is very weak.

Continue.

9 p.m.—Urinated an hour ago, urine was scalding; bowels not open.

Continue.

4th, 9 a.m.—Better; warm and perspired the whole night; still thirsty, and disgusted at every kind of food.

Continue.

8 p.m.—Taken some arrowroot, was sick after it.

5th, 10 a.m.—Better; perspired last night; is warm; bowels not open; has taken some tapioca.

6th.—Is up and says she is well.

CASE LIV. (177.)

J. D., aged 26. An occasional drinker. Has been purging for eight days, very severely all Saturday, and again to-day. Has no appetite; great thirst; been drinking beer, which he vomits; urinated at 2 o'clock. Vomiting began at noon of 4th December; first seen at 10 p.m. same day. Vomited four times since noon; purging, stools white and frothy; face flushed; pulse 88, feeble; dusky about eyes; tongue and breath warm; slight cramps in soles of feet.

Camphor every ten minutes for two hours,
to be followed by Arsenic 3rd, hourly.

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5th, 11 a.m.—Little sleep through the night; no vomiting; purged three times, stools feculent; urinated since daylight; great thirst; tongue warm. Urine sp. gr. 1030, containing a large quantity of urea, and slightly albuminous.

Mercurius 3rd, hourly.

6th, 11 a.m.—Slept well last night; a little sickness this morning; bowels still loose, one stool since 6 a.m.; fæces reported very thin; pulse 102, weak; feels sore across bowels; pain in forehead; skin hot; had a fit of giddiness last night about 12; no shivering.

Aconite 3rd, every two hours.

7th, 8 a.m.—Pain across abdomen; purging a little blood; urinated last night; pulse 68; skin cool.

Merc. cor. every two hours.

9th.—Quite well.

Case LV. (179.)

C. L., aged 44. Has been attending a case of Cholera. Of such dissipated habits that her family who are in respectable circumstances cannot have her with them. About 3 p.m. 6th December she was seized. First seen 7th December, 1 a.m. Feeling of coldness over the whole body; violent shiverings and cramps; constant sickness, vomited seven or eight times since seizure; purging several times (dejections not seen); urinated a little time ago; great thirst; heart's action weak; pulse 74, weak; skin cold, shivering violently; tongue cold; giddy.

Camphor every quarter of an hour.

8 a.m.—Pulse 100; hands and tongue warm; great pain in epigastrium, increased on pressure; vomiting; no purging since last visit; cramps continue, but less severe; giddiness; thirst and headache; urinated about an hour ago; constant nausea; slept none; still shivering during the cramps.

Ipecacuan. 3rd, hourly.

6 p.m.—Great thirst; much pain in the belly, with continual eructations; pulse 120, weak.

Continue alternately with Aconite.

8th, 8 a.m.—Some pain during the night; feels better this morning; temperature of the skin natural.

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10th.—Better; still some pain after food, which is regurgitated in mouthfuls.

Nux 3rd, night and morning.

CASE LVI. (186.)

J. Mc., aged 19. Two cases of Cholera occurred previously in this house. A sober lad. Was quite well all day and went to bed well. On 8th December, about 10 p.m. he was suddenly seized with cramps all over the body, especially in the arms, legs and stomach, with great stiffness both of arms and legs; could scarcely move and not walk without support; nausea and dry retching; no purging; has not urinated since rising in the morning; has had laudanum and whisky, and pepper, which seemed to make him worse. First seen at half-past 11 p.m. Found him with his feet in warm water, bellowing furiously; would not tell at first where his pain was; face flushed; clammy perspiration; skin hot; pulse 164, pretty full; shaking and shivering from pain; epigastrium tender on pressure; great thirst; face dark; very anxious.

Camphor every five minutes.

After the fourth dose the severity of the pain began to diminish, and he passed fully lb. ij of limpid urine; felt easier, though still moaning loudly.

Continue.

9th, 6 a.m.—Cramps continued till 4 a.m. when he fell asleep; slept till now and he is quite free from pain; urinated at 4 a.m.; no motion of bowels; pulse 76, regular; skin of natural temperature.

10th.—Is free from pain; bowels regular; urinating freely.

5 p.m.—Relapsed after taking soup and rabbit to dinner; pains as before, but not so violent; no urine since morning.

Repeat Camphor.

9 p.m.—Pains reported less severe, but constant sharp pain all through body.

Cuprum Aceticum 3rd, every hour.

11th, half-past 8 a.m.—Urinated twice; bowels thrice moved; pulse 72, natural; tongue dry; pain over the whole abdomen, increased on pressure; great thirst; no cramps after 8 last night; some giddiness still remaining.

China 3rd, thrice a day.

2 p.m.—Reported much better.

12th.—Found up supping porridge, says he is well.

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Case LVII. (187.)

Mrs. A., aged 56. A case of Cholera occurred in the house previously. Has had bowel complaint since yesterday morning, 7th December, at 6 o'clock. Vomiting began last night about ten, with cramps in different parts of the body. First seen 8th December, 3 a.m. She says that for four hours she did not know where she was, and thought "she was lost;" purging brown fœtid watery liquid; watery vomiting; cramps in legs, arms, back and neck; very thirsty; quick oppressed breathing; pulse 120, weak; face dark; skin dry and cold; voice husky.

Mercurius 3rd, every quarter of an hour.

6 a.m.—Much better; pulse 100; perspired profusely; bowels moved twice with desire to vomit, stools whitish, watery, offensive.

Continue every half-hour.

10 a.m.—Stools thin, brownish, fœtid; pulse 100; skin warm; voice stronger; no urine.

Arsenic 3rd, every half hour.

4 p.m.—Urinated abundantly at 2 p.m.; pulse 92, weak; thirsty; says she is better.

Continue.

11 p.m.—Much the same; bowels not moved.

9th, 8 a.m.—Slept pretty well; bowels not moved; urinated twice.

Continue.

3 p.m.—Better; feels inclined to rise.

She has had a foul ulcer on the left ancle for many years. Medicine to be continued on account of it.

Case LVIII. (190.)

E. B., a woman aged 33. Her child died of Cholera yesterday morning. Was quite well last night when she went to bed. At three this morning, 10th December, she was seized with bowel complaint; fæces ran from her before she could rise, since has purged every 15 to 20 minutes, stools reported at first natural in appearance, latterly of clear water; vomiting commenced at the same time; cramps about an hour afterwards; vomited during the visit clea water, which ran from her without much retching in a continuous stream; complains of pain in the side; much cramped in the calves

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of the legs; no urine since last night; pulseless; respirations 18 per minute; has taken camphor since 4 a.m. every ten minutes without improvement; skin cold; tongue pale and cold; breath cold.

7 a.m.—A bottle containing water saturated with Arseniuretted Hydrogen was held to her nose for a few seconds, in a little time the cramps ceased; no other change.

Arsenic 3rd, every quarter of an hour.

9 a.m.—No change; two or three fits of cramps; vomited and purged once.

Continue.

Noon.—Lying in a supine position, breathing slowly and calmly, without elevation of the thorax; face dark, cold; tongue and breath cold.

Continue.

3 p.m.—Was retching during the visit and vomited a large quantity of watery fluid; pulse 92.

Continue.

5 p.m.—Purging and vomiting rather less; lying quiet; pulse perceptible; in other respects the same.

Continue.

11th, 9 a.m.—No purging; little vomiting for four hours; tongue cold; pulse 100, weak; cramps in legs.

Continue.

4 p.m.—Pulse 82, fuller; tongue and skin warmer; vomited once; no purging.

Continue.

12th, half-past 8 a.m.—Rested quietly till 3 a.m.; pulse 92, pretty full; tongue dry; body warm; no urine; severe pain in bowels, increased on pressure; face blue; bowels once moved; no vomiting.

Arsenic 3rd and Bryonia 3rd, alternately every half-hour.

2 p.m.—Very uneasy and still cramps in the bowels.

Continue.

13th, 9 a.m.—Slept a good deal; much less thirst; feels very weak; pulse 100, sharp but tolerably strong; tongue moist, cool; no oppression of chest; urinated for the first time yesterday at 3 p.m.; dry retching; bowels moved last night and again this morning, stool feculent.

Continue.

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1 p.m.—Pulse 100; complains only of weakness; no vomiting nor purging.

Continue.

Half-past 9 p.m.—Nausea after drinking; tongue moist; urinated very freely; feels hungry.

Continue.

14th, half-past 9 a.m.—Rested pretty well; pulse 90, very weak; tongue moist, pretty clean; thirsty; complains only of weakness; urinated; bowels not moved since last night.

To have a spoonful of sago every two hours.

2 p.m.—Bowels not moved; feels better; pulse 92; face much flushed.

Continue Ars. and Bryon.

Half-past 4 p.m.—Still nausea and thirst, in other respects unchanged.

Continue.

9 p.m.—Continuing better.

15th, 9 a.m.—Rested well; pulse 86, weak; feels herself stronger this morning; still no motion of bowels; urinating freely.

Nux Vomica 3rd, three times a day.

16th.—Bowels not opened.

Continue.

17th, 9 a.m.—Bowels costive; continuing to improve.

Half-past 11 a.m.—Sitting up in bed, says she is well.

Continue.

18th.—Pulse slow, weak; bowels opened once yesterday.

Continue.

20th.—Gradually gaining strength; sitting up part of the day; bowels costive.

Continue.

20.—Continuing well.

Case LIX. (191.)

J. P., aged 50. A fatal case of Cholera occurred in this stair last week, and he has been in attendance on a patient who died. Bowel complaint began on Tuesday, accompanied with giddiness. He has been taking Camphor since Thursday, and Mercurius yesterday. To-day the bowel complaint became much more severe; stools copious, thin, reported of a brownish yellow colour, very fœtid; great thirst, has been getting hot water to drink; vomiting began

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10th December, 3 p.m.; seen at 9 p.m. Vomited three or four times a dark red liquid with a sour smell; urinated scantily three or four times during the day, last time about three hours ago; no pain, heat nor coldness in bowels; throat very dry and sore when swallowing spittle; speaks as if his mouth was parched; when the abdomen is compressed the wind rumbles from side to side; vomits a few minutes after drinking; feels excessively restless and wishes for change of posture; skin warm; face anxious, dusky; tongue warm, covered with a dark fur; pulse 82, weak, fullest in the right arm; respirations 22, abdominal; alternate respirations feeble; voice weak.

Arsenic 3rd and Veratrum 3rd, alternately every half-hour.

11th, 9 a.m.—Passed a restless night; vomited four or five times before 4 a.m., not since; constant purging, stools like thin rice water, fœtid; pulse 84; pain and uneasiness in epigastrium preventing rest; less thirst.

Continue.

Half-past 4 p.m.—Has been pretty well all day till about an hour ago, when the uneasy feelings returned; fæces of the same colour; no vomiting.

Continue.

12th, 9 a.m.—Had a restless night, felt drowsy but could not sleep; medicine made him sick; frequent desire to purge, stools slightly feculent; frequent abortive desire to urinate, the urine passed is scalding; thirst much less; pulse 88, pretty full; feeling of emptyness in stomach, and frothy vomiting.

Secale 3rd, hourly.

2 p.m.—Doing well; urine still scalding.

8 p.m.—Scalding gone.

13th, 9 a.m.—Restless night; some purging, stools feculent; pulse 88, good strength; tongue furred; empty retching; uneasiness in epigastrium, increased on pressure; urinating freely.

Continue Secale.

9 p.m.—Sitting up in bed taking sago; feels better.

14th.—Feels much better.

Case LX. (192.)

Mrs. D., aged 56. Has been a tippler for years, but her son says she has been tolerably sober for three months. Admits she has had whisky to-day. Has had two glasses just before visit; is talkative,

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afraid of the doctor and in great terror lest she should be removed to hospital. Unwilling to give an account of her state. States that she has felt giddy and queer all day; passed no urine since yesterday. Went to bed apparently pretty well. Was seized at 10 p.m. 10th December, with severe cramps in the stomach and toes, she screamed violently and rolled about the floor. When seen at half-past 10 p.m. her face was flushed and haggard; her eyes watery; retching and vomiting frothy liquid; legs cold; face and tongue warm, white; pulse 100; feels cold and shivering; has great thirst; no bowel complaint.

Camphor in hot water every half-hour.

11th, half-past 9 a.m.—Pains severe in epigastrium; tongue exsanguined; pulse 84; retching; no purging; urinated once.

Nux 3rd, hourly.

4 p.m.—Pains much less severe; no purging; still some retching, but lying quietly; skin warm.

Continue.

12th, 8 a.m.—Vomited some glairy mucus yesterday afternoon; slept well; pulse 72; pain in epigastrium increased on pressure; tongue white; urinated freely; great thirst; nausea.

Antimonium crudum 3rd, hourly.

13th, half-past 8 a.m.—Some sickness; pulse 88, strong; still pain at epigastrium; urinated; great thirst; no vomiting; surface warm; tongue moist and clean.

Continue.

14th.—Sitting up taking breakfast; feels well.

Case LXI. (194.)

J. R., aged 4. Was quite well to-day, 11th December. While sitting playing, about 3 p.m., she cried out suddenly of her bowels, and when relieving them began to vomit white frothy fluid. She became stiff, cold and blue, especially below the eyes; complained of pain in her belly and fainted; was given some hot whisky toddy, after which she became warmer; no urine since forenoon. Seen at 9 p.m. and ordered

Camphor half-hourly.

12th, 9 a.m.—After a few doses of Camphor, went to sleep; slept well and perspired; urinated this morning. Is up playing and seems well.

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CASE LXII. (196.)

Mrs. S., aged 23. Intemperate. Was drowsy the whole day yesterday and sick after meals. Was thirsty after supper, took oranges and apples to quench her thirst. Was up till 1 this morning, 13th December, attending to an eating-house which she opened a week ago,—a damp, dirty, smoky place. At 1 p.m. to-day she began to vomit and to be cramped in every part of the body; took some mixture sent by the surgeon at the Cholera station, who however has not seen her. Was seen about 11 a.m. by another practitioner, who gave her a pill containing a grain of opium, a grain of calomel, and some grains of capsicum, to be taken after every loose stool, and brandy ad libitum. When visited at 3 p.m. she was in a state of complete collapse; pulseless; face cold and clammy; tongue and breath cold; lips and cheeks livid; dark sunken eyelids; eyeballs exposed; eyes turned up. She was also cramped severely in both legs and in the haunches, and was crying out from pains in the right hypochondrium. During the visit a discharge of watery fluid from the bowels took place twice in gushes.

Camphor occasionally. Arsenic 3rd, every quarter of an hour.

6 p.m.—Was removed from her eating-house home, a distance of about a quarter of a mile, an hour and a half ago and placed in a room without fire. Was ordered to be brought into the kitchen and placed near the fire; is quite pulseless; ice cold; has had no vomiting, but purged watery liquid thrice.

Continue.

9 p.m.—Pulseless; tongue and skin cold; covered with clammy perspiration; eyes turned up; breathing oppressed; less vomiting; purging continues; cramps in legs; complains of pain in back, difficulty of breathing and intense thirst.

Arsenic 3rd and Camphor 3rd,
alternately every quarter of an hour.

14th Dec., 6 a.m.—Pulseless; vomiting only after drinking; throwing off clothes and wishes warm bottles removed; purging continues; says she passes a little urine when she coughs; skin and tongue warmer; respiration rapid, 48 in a minute, laborious; raving a good deal; restless; complains of weight on chest, which she wishes removed; cramps in left leg.

Continue.

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9 a.m.—Little change; cramps less frequent; purging continues watery as she lies; temperature of skin and tongue increased.

Continue.

1 p.m.—No cramps; breathing oppressed; pulseless.

Continue.

5 p.m.—Pulse occasionally but very faintly perceptible; hands feel cold and clammy; breathing not much oppressed, thoracic; vomiting; only one small brownish stool; no urine; paralytic.

Continue Arsenic.

9 p.m.—Lying in the same state; pulseless.

11 p.m.—Lying quiet; skin of hands and face very cold.

Continue.

15th, half-past 8 a.m.—Slept at intervals through the night; no vomiting, urine nor purging; tongue warm; face and hands cold; pulseless; less thirst; breathing still laborious; stupor, can be roused with difficulty.

Continue.

Half-past 1 p.m.—Skin warmer; pulse 104; no purging; feels easier.

16th, noon,—Restless through the night; pulse quite distinct; tongue dry and glazed; purging green feculent fluid; much retching through the night, which stopped at 8 a.m.; skin inclined to be cold.

Arsenic 3rd and Bryonia 3rd, alternately every half-hour.

10 p.m.—No change.

Continue.

17th, 10 a.m.—Pulse 90, weak; skin cold; breathing stertorous, thoracic; eyes turned up; delirium.

Arsenic 3rd and Rhus 3rd, alternately every quarter of an hour.

5 p.m.—Oppressed thoracic breathing; pulse 72, weak; skin warmer; expression dejected; speech impeded; restless.

Continue.

18th.—Died this morning at 6 o'clock.

Case LXIII. (197.)

Mr. G., aged 40. Has been sick and purging since Sunday, when she took salts and senna. Was seized this afternoon, 14th December, 3 p.m., in the street, with cramps up the left side, which

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have continued with slight intermissions. At 5 p.m. took two glasses of whisky and laudanum. Has constant abortive desire to urinate and purge; frequent vomiting of frothy water. She got Camphor from an old patient, and has been taking a spoonful every quarter of an hour, since which the pains have been less severe. Pulse 78; skin and face inclined to coldness; great thirst; tongue white, cold; dusky round eyes; complains chiefly of sickness.

Continue.

15th, half-past 9 a.m. Slept at intervals through the night; some cramps, but very slight, in left leg; purged once; urinated through the night very freely; pulse 78; skin and tongue warm; perspiring at times; very sick.

Mercurius 3rd, every second hour.

16th, 11 a.m. Much better; has taken an egg to breakfast; no pain; sickness gone.

17th. Continuing well.

Case LXIV. (202.)

Mrs. D., aged 56. Has been ill with bowel complaint since yesterday morning; every thing she takes passes from her bowels undigested; she has a constant desire to evacuate, with cutting pains, headache, nausea, and inclination to vomit. Was seized on the 15th December, at 12 p.m. with severe cramps in the feet, legs, and right arm, and in the stomach, with a feeling as if she was going to be choked. First seen at 7 p.m. 15th December. The cramps are somewhat diminished, but there is still severe pain in the stomach, sensation of choking; tongue clean and adhesive, face has a dusky appearance, eyeballs leaden coloured; dejections frequent, of a brownish color; has urinated regularly, but scantily; pulse 86; great thirst.

Arsenicum 3, every half-hour.

16, 5 p.m. Cramps returned with great severity at 3 o'clock (some one gave her brandy); they continue now unabated; it is scarcely possible to hold her in bed, from the intensity of the cramps; has been vomiting incessantly for an hour.

Continue, with Veratrum alternately, half-hourly.

9 a.m. Nausea; vomited and purged twice since last visit; pulse 92, stronger; skin warmer; slight cramps.

Omit Veratrum: continue Arsenic.

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Half-past 11 p.m. Vomiting everything taken; no purging since last visit; cold; cramps less severe.

Continue. To drink warm water.

17th, half-past 9 a.m. Snatches of sleep through the night; cramps less severe, vomiting after drinking, constant nausea; purged four times; stools reported to consist of dirty water; skin much warmer; pulse 98; tongue warm; no urine; cramps recur with the vomiting.

Continue.

Noon. Still thirsty, and sick after drinking water; tongue warm, covered with white fur; pulse 96.

Continue.

18th, 11 a.m. No vomiting since last night; bowels moved once this morning; stools brownish, watery; urinated at 8 a.m. Skin warm, tongue and breath warm; is flushed in the face; tongue white; coughing and expectorating yellow thick mucus.

2 p.m. No vomiting nor purging since last visit; complains greatly of pain in right inguinal region; great sickness and inclination to vomit; body warm; face flushed.

Bryon. 3, every two hours.

9 p.m. Pain in side, checking breath; tongue moist; urinated twice; bowels moved in the morning; pulse 104, rather full.

Continue.

20th, 1 p.m. Is better; complains of sickness on raising her head.

Ipecacuan. 3.

22nd. Recovered.

Case LXV. (203.)

R. U., aged 19. A soldier. Was quite well when he went to bed last night, 15th December. Woke about 12 p.m., his abdomen swelled and hard; vomiting and purging, with slight cramps in legs, came on; felt better in the morning. About 3 p.m. 16th December, the vomiting and purging returned; has had no appetite to-day. Seen first same day, 12 p.m. Great thirst; vomiting after drinking; stools reported of thick mucus; no urine since yesterday; cramps, severe in calves, come on in paroxysms every 15 to 20 minutes; nausea, especially when purging, and giddiness; pulse

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104, full; respirations 18; tongue white, bloodless, cold; burning heat in throat, copious purging of brownish water.

Arsenic 3 and Cuprum Aceticum 3, alternately every half-hour.

17th, 8 a.m. Slept none; cramps very frequent and severe all night; vomiting of watery fluid in large quantities, especially after drinking; purged eight or nine times, stools watery, with a grey flocculent cloud; voice unaltered; frequent sighing; no lividity; skin and tongue warm; no urine; great thirst; constant nausea; pulse 78, fluttering.

Arsenic 3 and Veratrum 3, alternately every half-hour.

3 p.m. Voice husky; tongue and breath cold; pulse weak; complains of oppression in chest; very thirsty; vomits and purges after drinking cold water; still cramped in the front of the legs; asking for food.

Omit Veratrum; continue Arsenicum.

18th, half-past 11 a.m. Better; skin, tongue and breath warm; no vomiting since midnight, when he was very restless, got up, and fainted; when put into bed again, he was anxious to be up. About 1 a.m. fell asleep; awoke repeatedly, but lay pretty quietly till 8, when his bowels moved, and he urinated; the stool copious liquid of a dirty orange colour, with flakes; voice still rather husky. Has taken a few teaspoonfuls of sago.

Continue Arsenic. Camphor in water occasionally.

10 p.m. Urinated at 5 p.m.; bowels not moved; skin cold.

Continue.

19th, half-past 9 a.m. Bowels twice opened; stools thin and watery; feels better and hungry.

Continue.

20th, noon. After taking a little sago yesterday was sick and vomited; no purging; vomiting green water this morning.

Ipecacuan. 3.

21st, 9 a.m. Much better; vomiting stopped; bowels still very open.

22nd. Very weak, but quite convalescent; and as he is staying at a friend's house, removed to Castle Hospital.

Case LXVI. (204.)

Mrs. D., aged 38. A dirty, crowded house. Was quite well all day 16th December. About 8 p.m. took tea and bread; imme-

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diately afterwards, feeling hungry, took a piece of roasted kidney; felt sick and vomited; took tincture of rhubarb and opium, which was vomited immediately. First seen at half-past 11 p.m. Was vomiting, every five or six minutes, bloody fluid, twice with coagula, with severe retching. Was sitting up in bed cold, ghastly and pulseless. Great soreness from the middle of the sternum to the epigastrium, increased on pressure; thirst; breathing much oppressed; suppression of urine.

The sickness was relieved by drinking warm water containing a little spirit of Camphor. During the next half-hour she vomited seven times the same bloody-looking fluid; the cramps were less severe.

Continue Camphor.

17th, 10 a.m. During the two hours after visit she vomited four times the same bloody fluid, and since 3 this morning thrice a brownish yellow fluid; pain in epigastrium gone; slept a little; bowels open, urinated; is warm; pulse 68; still complains of nausea; less thirst; tongue pale and warm.

Continue.

18th, 10 a.m. Has not vomited nor purged since 12 last night; feels sick; pulse 88, weak; skin cool.

Continue.

19th. Was out; the children said their mother was well.

Case LXVII. (208.)

Mrs. McD., aged 46. Six people died of cholera in the land facing her window. She is habitually costive, but has had diarrhœa for the last three days. On 17th December, between 9 and 10 o'clock, severe purging began, which continued till midnight, with vomiting and cramps.

Camphor every ten minutes.

18th, noon. Cramps and nausea relieved, but the purging of brown dirty liquid, in large quantities continues, and she is thirsty; the diarrhœa is painless (in gushes last night, watery, whitish; she was very cold); pulse 100 weak; skin, tongue, lips, face, and breath warm; still pained in epigastrium.

Arsenic. 3, hourly.

10 p.m. Urinated at 2 p.m.; one feculent stool; tougue cleaning; pulse 66.

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19th, half-past 1, p.m. Bowels opened twice since last visit; looks cheerful, and says she requires no more medicine.

20th. Better.

CASE LXVIII. (209.)

Mrs. Mc., aged 25. A miserable cellar. The woman lying on straw, with very little covering. Intemperate. Taken ill on the 17th December, with purging, which continued till 4 a.m. of the 20th, when it became much more violent, and accompanied by vomiting. Had cramps in the legs. First seen 3 p.m. of the 20th. Purging and vomiting dark watery liquid; surface cold; hands shrivelled; face sunk and cold; tongue moist, covered with a yellowish white fur; pulse imperceptible; complains of great thirst, and pain in legs; passed urine this morning; voice hoarse.

Arsenic. 3 and Secale 3, alternately every half-hour.

11 p.m. Vomiting and purging less urgent; still complains of pain in leg, says it is less severe; surface warmer; pulse perceptible, but indistinct; great nausea and thirst.

Continue.

21st, half-past 8 a.m. Voice stronger and clearer; vomits only after drinking; feels very sick; pulse 100, stronger; skin warm; very little purging; urinated at 2 a.m.

Continue.

1 p.m. Pulse 84; skin warm; feels sick, but more comfortable; had no purging nor vomiting since last visit.

Continue.

22nd, 9 a.m. Pulse 82, weak; complains of chilliness and sickness; no purging nor vomiting; urinated through the night; skin and tongue feel warm.

Continue.

23rd. Pulse 90; no purging, vomiting, nor urine since last visit; took some food; felt sick after it.

24th. Pulse natural; slept well; urinated freely; feels hungry; sickness gone.

26th. Up and well, though weak.

CASE LXIX. (211.)

E. S., a woman aged 24. On 22nd December, at
suddenly seized with violent cramps in the stomach (

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whole body was drawn together); in a few minutes the feet, legs, and hands became severely cramped; giddiness, nausea, and empty retching; great tossing of the body, and nervous excitement. First seen at 9 p.m.; she had just taken gt. 20 of solution of morphia. Skin hot and moist, feet and hands severely cramped; frequent cramps in the stomach; vomiting a liquid like rice water; great thirst; oppression at the chest; face red; eyes inflamed and suffused with tears; beating at the temples; crying out from pain in the head, and wishing her hair to be taken out; pulse 110; small suppression of urine.

Camphor, two doses.

Arsenic. 3 and Cuprum 3, alternately.

Half-past 10 p.m. Became quiet, and rested for half an hour, after which all the symptoms returned with great violence, particularly the cramps in the feet and legs; as the cramps disappeared she became very sick, and vomited a rice-water looking fluid.

Continue.

23rd, 2 a.m. Long, deep inspirations; mouth wide open; eyes turned up; pulse almost imperceptible.

Half-past 2 a.m. Complained of pain in head; moaning heavily.

Belladonna 3, every half-hour.

9 a.m. Slept from 5 to 6, moaning at times; pulse small and weak.

Arsenic 3, every half-hour.

2 p.m. Had one return of cramps in hands and toes; complains of great sinking at the heart; pain in the back; urinated twice to-day; frequent shivering and moaning; skin warm and moist; tongue red in the middle, furred at the edges; eyes red.

Continue.

9 p.m. Dozing at times; restless.

24th, 10 a.m. Much better; pain in epigastrium, and coldness in the back.

Nux vomica 3.

9 p.m. Still improving; been up for some time.

26. Quite well.

Case LXX. (216.)

J. McN., aged 47. Has been exposed to cold, and is in destitute circumstances. Has had bowel complaint for two days, with frequent

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abortive desire to purge. At 5 p.m. 30th December, the bowel complaint became very severe; about 10 p.m. began to vomit. First seen 31st December, half-past 8 a.m. Vomits everything taken; very severe cramps all over the body, especially in the hands and legs; has not urinated since last night; fæces watery, nearly colorless, fœtid; vomiting of watery fluid; complained of cold and shivering, though the skin was warm. Expression anxious; face dusky, inclined to be cold; eyes sunk, with dark areola; tongue furred, cold; hands shrivelled, dusky and cold; body cool; very great thirst; pulse 104, very weak; complains of pains in the belly, with feeling of burning in the stomach at times. Respirations 30, oppressed; heaving; cramps return on the least motion; purging as he lies. Has taken Camphor without benefit.

Arsenic. 3, Secale 3, alternately every quarter of an hour.

Half-past 1 p.m. Feels easier; less vomiting; thirst still very great; purging continues; no urine; pulse 95, stronger; skin and tongue warmer; cramps less, both in frequency and severity.

Continue.

Half-past 9 p.m. Skin and tongue ice-cold; pulse imperceptible; cramps very severe, especially in legs and hands; great retching; purging continues.

Arsenic 3 and Cuprum Aceticum 3, every half-hour.

1st January, 1849, half-past 8 a.m. Slept at intervals during the night; had abortive desire to urinate this morning; cramps continue, but much less severe; watery vomiting continues; purging rather less; pulse 100, small and weak; tongue warmer; skin warm.

Continue.

2nd, noon. Vomited an hour ago; watery and colorless purging during the night; headache; no urine; pulse rather weaker than yesterday.

Continue Arsenicum; omit Cuprum Acet.

8 p.m. Feels better; pulse a little improved; vomiting and purging nearly subsided; urinated at half-past 7 p.m.

Continue.

3rd, 9 a.m. Pulse 60; rather weak; hiccoughing; pain in epigastrium, much worse on pressure; tongue moist, bluish; no cramps; urinated last night.

Bryonia 3, every hour.

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4th, 3 p.m. Hiccough continues; pulse very weak; urinated freely; bowels not moved.

Arsenicum 3 and Nux 3, alternately every hour.

11 p.m. Hiccough abated; vomiting at times a watery, scalding fluid; pulse 68, very weak; restless.

Continue Arsenic.

5th, 10 a.m. Urinating freely, but hiccough returned; pulse weak; bowels not moved.

Continue Arsenic, alternately with Cicuta 3.

6th. Hiccough continues, but less severe; urinating freely; bowels once moved, fæces thin; pulse 72, stronger; less thirst.

Nux vomica 3, every two hours.

7th, 4 p.m. Hiccough continues, but much less severe; urinating freely; bowels once moved; pulse 78, stronger; skin warm. has been taking porter, which brought on sickness.

Continue.

8th, 11 a.m. Sitting by the fire; hiccough continues; pulse stronger.

Bellad. 3, every two hours.

9th, 11 a.m. Still hiccoughing; pulse small; tongue furred; skin hot.

Rhus 3, every two hours.

10th, 10 a.m. Sleeping; tongue dry, glazed; pulse 94, weak; hiccough much abated.

Continue.

11th, 11 a.m. Stronger; tongue clean; one natural stool; occasional attacks of hiccough.

Continue.

12th, half-past 10, a.m. Sitting up in bed; hiccough still troublesome; vomited barley, which he took yesterday; one stool; urinating freely.

Continue.

13th, 9 a.m. Much better; hiccough gone; feels hungry.

Omit medicine.

15th. Continuing free from hiccough; complains only of weakness.

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CASE LXXI. (219.)

Mrs. T., aged 28. Quite well last night. Felt unwell first, 3rd January, 11 p.m.; purging and vomiting began at 12 p.m. First seen 4th January, 4 a.m. Dejections copious, white, like rice water; watery vomiting; no urine since last night; cramps in legs excited by motion; skin and face cold; eyes sunk; pain in left side; pulseless; has not vomited for an hour; great thirst.

Camphor every quarter of an hour.

11 a.m. No purging; frequent vomiting of green water; pulse 120; surface warm, tongue warm; no urine, nor cramps; feels better.

Veratrum 3 and Arsenicum 3, alternately every half-hour.

10 p.m. Pulse 78, weak; no purging; vomiting of green water continues; she is nursing, and her milk, which had disappeared, has returned; tongue furred, cool; great thirst; slept a little this afternoon; face natural in temperature and colour.

Continue Arsenic.

5th, 11 a.m. Slept well; urinated at 5 a.m.; bowels once moved; stool reported yellow; pulse 72; less thirst; warm; feels hungry.

8. Up and feels better, though weak and giddy occasionally.

CASE LXXII. (220.)

J. T., aged 11. Son of the patient, Case 219. Has been purging and vomiting occasionally since Sunday last. Became much worse yesterday afternoon, 3rd January. First visited 4th January, 4 a.m. Had watery purging and vomiting; skin cold, hands blue, tongue ice-cold; quite pulseless; looks dejected; great thirst; says he has no pain.

Camphor every ten minutes.

11 a.m. Two stools; no vomiting; skin and tongue warm; urinated this morning.

Arsenic. 3, half-hourly.

10 p.m. Bowels three times moved; urinated freely; skin warm; pulse 94; sleeping quietly; felt hungry.

Omit medicine.

5th, 11 a.m. Slept well through the night; crying for food this morning.

8th. Running about, quite well.

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CASE LXXIII. (221.)

M. D., a girl aged 11. A sister she nursed died of Cholera on Wednesday. Yesterday she seemed dull, but her friends thought she was grieving for the child. To-day, 5th January, at 7 a.m. began to vomit and purge. First seen at 8 p.m. Was vomiting frothy matter; had watery purging; no cramps; great thirst; skin cold; face, lips and nose blue; no pulse; urinated a little time ago; complains of pain in the head.

Camphor every ten minutes.

10 p.m. Since last visit vomited twice; no purging.

Continue.

6th. Vomited twice to-day; no purging; urinated three times; skin warm; pulse 112; thirst still great; dark circles round eyes.

Arsenic 3, every hour.

7th. No vomiting; urinated three times; bowels once moved; fæces dark and liquid; less thirst; pulse 84; felt hungry; this afternoon had a few spoonfuls of sago, which were not vomited.

Continue, every two hours.

8th. Had a good night; no purging; urinated freely; feels better.

5th. Slept well; feels well, and is hungry.

CASE LXXIV. (222.)

D. S., aged 5. This boy's mother died of cholera last week, in Glasgow; he, his brothers and sisters, were brought here by his grandmother on Thursday last. A man in this house took cholera on that day, was removed to the hospital, and died. An old man also died on Saturday of cholera, and his body is at present lying in the house. This child has been purging since Friday. Last night, 6th January, about 8 p.m. the purging became very severe; milk, water and wine, which were given him, passed undigested. First seen 7th January, 5 p.m. Stools frequent, watery; vomiting everything taken, and large quantities of watery fluid; complains of pain in epigastrium; urine reported to be very scanty; skin and tongue cold; face cold, dark coloured; eyes deeply sunk; expression anxious; moaning; pulse about 120, weak, at times scarcely perceptible; very great thirst. Has been warmer since taking some brandy two hours ago.

Arsenic 3, every half-hour.

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8th, 11 a.m. Pulse 110; bowels four times moved since visit; stools (last one) dark, feculent; urinated this morning; vomited twice; less thirst; voice clearer; skin tolerably warm; tongue warmer.

Continue.

9th, 11 a.m. Was hungry last night, and had some gruel without producing sickness; slept well; wishes to rise this morning; pulse 80, natural; temperature of skin natural; tongue clean; urinating freely; bowels twice moved; stools, brown, liquid; no thirst.

12th. Sitting up. Quite well. Appetite good.

Case LXXV. (224.)

Mr. K., aged 26. Had nausea and vomiting during the night, with cramps in the abdomen and pains in the epigastrium. Seized at 5 a.m. 9th January; first seen 10 a.m. Vomiting large quantities of whitish watery matter; purged once very profusely; pain in abdomen and epigastrium; shaking and chattering his teeth; great thirst; breath cool; pulse quick and weak; skin cold; no urine since early in the morning.

Camphor, every quarter of an hour.

3 p.m. Still sick; vomited twice, but free from pain; pulse fuller and regular.

Ipecacuanha, hourly.

10th, 10 a.m. Very thirsty; vomited this morning watery liquid in abundance; frontal headache.

Nux vomica 3, every two hours.

9 p.m. Shaking involuntarily; skin warmer; thirsty.

Continue.

11th. Much better; to have arrowroot.

12th. Continuing to improve.

13th, Up, sitting at fireside; feels hungry.

Case LXXVI. (226.)

J. H., aged 45. Subject to dysenteric attacks. Was drinking on Saturday, but not to excess. Bowel complaint began yesterday afternoon. Since 1 a.m. 29th December, purging has been very severe and frequent; felt nausea; began to vomit at 11 this forenoon everything taken, and large quantities of watery liquid; very great thirst. Since 2 a.m. cramps, beginning at the toes and going

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up to the knees; they have continued, and been more severe latterly. First seen at half-past 6 p.m. Voice very hoarse; complains much of cold; but skin of body warm; urinated freely in the morning; passed little or none since; face and tongue inclined to be cold; eyes much sunk, with livid circles; pulse 70, small.

Camphor every ten minutes.

Half-past 8 p.m. Cramps less severe; purging and vomiting continue as before; thirst very intense; feet cold.

Arsenic 3, every half-hour.

3rd December, 9 a.m. Purged twice since 12 p.m.; no vomiting; cramps quite gone; thirst much less; skin and tongue warm; urinated twice this morning, very freely.

1st January, 1849. Up, sitting at the fire; says he is well.

Case LXXVII. (227.)

A. M., a girl aged 20. Small, dirty, very smoky house. Has had bowel complaint for two or three days; catamenia ceased yesterday. Seized 14th January, 4 p.m. First seen 9 p.m. About 4, bowel complaint became very severe, with vomiting; evacuations came in sudden gushes, described as of green liquid. At 6 p.m. severe pain in bowels began, came on in fits, especially severe immediately before purging; she had been screaming and tossing about during the pain; no cramps in limbs. Has taken peppermint and laudanum, but had an attack since; passed urine at 4 p.m.; great thirst; pulse 104, weak; hands and arms cold; face cool, dusky; tongue white, furred, cool.

Camphor every quarter of an hour.

5th, 10 a.m. Vomiting and purging stopped soon after visit last night; slept a little; feels better this morning; pulse 92; skin warm; tongue still furred; less thirst; severe headache, attributed to a blow which she received on Saturday.

Mercurius 3, every four hours.

16th, 8 a.m. Had return of sickness last night, which was checked by a few doses of Camphor. Is up, working in the house; feels well.

Case LXXVIII. (228.)

W. C., aged 27. A day labourer of tolerably sober habits, living in a very poor and wretched garret. Has had bowel complaint for several days. Seized 14th January, 8 a.m.; first seen 2 p.m.

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Purging very severe; stools copious and watery, with a feeling of cold; sickness; cramps in the legs and abdomen; pulse 60, weak; tongue very white, loaded, and clammy cold; tenderness of the abdomen on pressure. Passed no urine since last night; very sick; vomited very frequently white mucus, tinged with bile; stools colourless; complaining of frontal headache.

Nux vomica, 3 every hour.

9 p.m. Pulse more distinct; cramps not so frequent, nor severe; purging and vomiting still continue.

Arsenic 3, every hour.

15th, 10 a.m. Had a bad night; vomiting and purging continue; no cramps; tongue cleaner; pulse 100; face a little flushed; less tenderness of the abdomen; stools more feculent, and passed urine.

Continue.

6 p.m. Slept a little; no headache, nor cramps; purging continues, with tenesmus; stools more feculent; tongue cleaner; occasional sickness still continues.

Mercurius 3, every hour.

16th, 10 a.m. Slept pretty well; feels much better; pulse 68, good strength; feels weak; has taken some gruel; no sickness after it; purging continues, but much less severe; urinating freely.

Continue.

19th. Completely recovered.

Case LXXIX. (229.)

Mrs. S., aged 43. Passed through Glasgow, and passed a night there seven days ago. Was suddenly seized at 4 this afternoon, 15th January. First seen at 5 p.m. Watery purging and vomiting; cramps in the epigastrium; great thirst; no pulse perceptible; extremities cold; face haggard; eyes sunk; suppression of urine.

Camphor every ten minutes.

8 p.m. Better; pulse 100; passed urine; stools fewer and more feculent.

Aconite 3 and Mercurius 3, alternately hourly.

16th, 11 a.m. Much better; no stool; pain at epigastrium.

Nux 3, every two hours.

17th. Quite well, except slight pain at epigastrium, and weakness.

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Case LXXX. (232.)

Mrs. P., aged 40. Attended her husband who had cholera (case 191). Has not been well for some weeks. Was out late last night in the rain; shivered before going to bed. Began to purge and vomit this morning, 23rd January, about 2 o'clock; first seen at 11 a.m. Vomiting frequent, of everything taken, and of bitter liquid; purging; stools watery, with whitish flakes; cramps in both popliteal spaces; great thirst; coldness; difficulty of breathing; pulse irregular, small; the cough, which she has had for some time has left her.

Camphor occasionally and Mercurius 3, every hour.

5 p.m. Much better; is warmer; no nausea nor purging since she got the powders; still thirsty; has urinated.

Continue.

24th, 11 a.m. Was found asleep, and breathing heavily. The cough has returned.

Bryonia 3, every two hours.

25th. Bowels not moved since last night; pulse 84, full; still coughing.

Continue.

26th. Much better; up, attending to her house.

Case LXXXI. (233.)

J. C., aged 42. Was cramped last night in epigastrium; took brandy and laudanum on going to bed. The pain became worse this morning, 24th January, between 2 and 3; took laudanum again; it made him sick, and he vomited several times bitter white watery liquid, profusely. Diarrhœa then set in. First seen at 3 p.m. Was cold and sallow; great thirst; pulse intermittent; tongue furred.

Camphor every ten minutes,
and then Mercurius 3, every half-hour.

9 p.m. Much better; skin dry and warm; pulse 96, regular; less thirst; bowels moved twice; stools copious and thin; no urine.

Continue.

25th, 11 a.m. Urinated this morning; bowels opened once; slept well last night, and perspired a little.

Continue.

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26th. Better still; thirsty and sick after drinking water.

Continue.

27th. Better; bowels not open; urinated three times since last visit.

29th. Says he is quite well; is hungry.

Case LXXXII. (234.)

W. N., aged 25. A sawyer. Was drinking for the last three days, and taking scarcely any food. 27th January, 2 p.m., felt sick, and vomited three times a large quantity of bloody liquid, with cramps in the abdomen and attacks of syncope; took castor oil at 4 p.m. with laudanum; vomited it; his bowels became loose, without pain; about 7 p.m. the stools were copious and bloody. Seen first at 11 p.m. He was pale, ghastly, and cold; pulse languid, and scarcely perceptible; very thirsty; epigastrium tender; tongue, lips, and breath cold; expression anxious. Upwards of a pint of blood, with coagula, was passed from the rectum after three painless stools; no urine since morning.

Camphor occasionally, and Mercurius 3, every hour.

28th, 11 a.m. Warmer; pulse weak, 98; face and lips pale; less thirst; bowels moved twice; stools still bloody; says he feels better; urinated this morning at 7.

Continue.

Half-past 7 p.m. Bowels not moved; pulse 84; skin cold; thirsty.

Continue.

29th, half-past 1 p.m. Went out to work, but obliged to return in two hours, from pain in the epigastrium.

Continue.

30th. Better; feels sick when sitting up; bowels not moved.

31st. Quite well.

Case LXXXIII. (235.)

Mrs. A., aged 85. A tall woman, bent double, but still cheerful and healthy, except the right ankle joint, from which there is a grumous watery discharge, as if from ulceration of the cartilages, though it often heals up. About a month ago the ankle became swelled and painful; the swelling went up as far as the knee, and assumed an erysipelatous type. Now recovered. Last night, 21st

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January, she felt sick, and shivered; frequent vomiting of the water drank; severe purging of a greenish brown watery liquid; stools passed involuntarily in bed. First seen 22nd January, 6 p.m. She had great thirst, was apparently sinking, being cold, powerless, and dejected; said she was dying; pulse 108, very weak and intermittent.

Camphor occasionally; Arsenic 3, every hour.

23rd. 9 a.m. Passed an easier night; stools less frequent; still very sick; skin a little warmer.

Continue.

10 p.m. No urine since last night; less thirst; bowels moved four times; stools offensive.

Continue.

24th, 10 a.m. Bowels not moved till 6 this morning, when she urinated; no pain in ankle joint; pulse quick.

Continue.

8 p.m. A little better; bowels open; tenesmus; skin dry, warm; nausea continues.

Merc. 3, every two hours.

25th, Noon. Bowels moved six times; stools scanty, bilious; has urinated.

Continue.

26th, 8 a.m. Worse; took porridge for supper last night; feels sick, and has tenesmus.

Continue.

10 p.m. Up, sitting at the fire.

27th. Bowels open three times; stools scanty; is hungry.

28th. Is better; sitting up and cheerful; pain in ankle returned.

29th. One natural stool.

30th. Says she is quite well.

1st February. Continues well.

Case LXXXIV. (236.)

J. D., aged 42. His mother and brother died of cholera in December last. He is a notorious drunkard. Has been drinking all last week, and taking very little food. Diarrhœa came on three days ago. Took opium, rhubarb, and allopathic mixtures, which were vomited; took brandy and beer, which were also vomited. Both yesterday and to-day, 11th February, purging has been severe;

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stools liquid, copious, watery, white; vomiting everything taken. Cramps in both legs since 3 this afternoon. First seen at 10 p.m. Countenance dark and pinched; eyes sunk, open; tongue, lips, and breath cold; the pulse barely perceptible; voice hoarse and feeble; can scarcely turn his head, from exhaustion. The purging has been involuntary since 5 or 6 this afternoon, and he thinks himself dying.

Camphor diffused in water to drink.

Arsenic 3, every half-hour.

12th, 7 a.m. Found sitting at the fireside; cold like ice; pulse very weak and thready; says he is easier when up, and freer from cramps when stooping forward; had no sleep last night; no vomiting, nor purging since visit, and is less thirsty.

Continue. Ordered to go to bed.

9 p.m. Much warmer; pulse distinct, but very weak; bowels not moved; no urine since yesterday morning.

Continue.

13th, 9 a.m. Says he feels better, but not stronger; urinated abundantly this morning; bowels not moved.

Continue.

5 p.m. Pulse 108, firmer; skin warm, more natural in colour, and the countenance composed.

Continue.

14th, 10 a.m. Slept well last night; bowels once moved; stool liquid, brown, offensive; pulse 96.

Continue.

15th, 2 p.m. Was restless last night; perspired towards morning; pulse 88, soft.

Continue.

11 p.m. Says he is well; took beef tea and feels stronger since; pulse 82, firm.

16th. Up, and expressing gratitude for his rapid recovery.

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NOTICE OF THE HOMŒOPATHIC TREATMENT OF CHOLERA IN GLASGOW.

By William Ralph Beilby, M.D.

I regret that I am unable to communicate so full a detail as might be wished of the homœopathic treatment of Cholera in Glasgow during the prevalence of the epidemic in this city, as a journal was not kept of each case at the time. A detail, however, of the treatment of each case is unnecessary, as I believe I can generally only confirm the testimony of homœopathic physicians regarding the efficacy of the various medicines commonly employed.

The fact of the remarkable prevalence and fatality of Cholera in Glasgow during the months of November and December of the past, and January and February of the present year, must be well known. So far from its being confined to the lower classes—as was the case in Edinburgh—it was believed that during the first six weeks of the epidemic a very large proportion of the cases occurred among the wealthier portion of the community. It is certain that all along, the epidemic prevailed in districts of the town apparently the most healthily situated—a circumstance quite inexplicable by any peculiarity in the drainage or other physical condition of these parts.

Seventeen cases of the fully developed disease came under my own care, the majority of them being patients of the lowest class. Of these, fifteen recovered, two died. Of the two fatal cases, one was that of a lady who had been under the treatment of an ordinary practitioner for thirteen hours before I saw her, at which time she had sunk into hopeless collapse. If, as believed by some, palliative treatment, *applied from the first and sedulously maintained,* be as effectual as homœopathic treatment in acute diseases for which a perfectly enantiopathic remedy exists,* such cases as this ought to recover under the treatment commonly employed by the old school; for the patient it appeared had taken a very large dose of opium on the first appearance of diarrhœa, and the same had been repeated fre-

* How few such are there!

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quently during the above period. The dejections at first were temporarily arrested, but soon the palliative, even in increased quantities, quite lost its effect.

The other fatal case was in some respects a remarkable one. It was that of an old lady, to whom I was called, after she had laboured for two days under well-marked choleric diarrhœa, characterized by frequent painless, very watery stools, preceeded by loud borborygmus and grumbling in the bowels. This diarrhœa appeared to have yielded to alternate doses of *Secale* and *Phosphoric acid*, and no motion had occurred for several hours, when suddenly the stools changed their character, becoming colourless and loaded with flakes, and the fully developed disease was declared. *Camphor* had been used before the *Secale* and *Phos. ac.* without effect; when tried now it excited vomiting. Under *Veratrum* every half-hour, continued for nine hours, the characteristic dejections became less frequent, and ultimately ceased altogether. She was now, however, cold and pulseless. After an interval of three hours and a half, a quantity of thick, tarry, abominably fœtid matter was discharged at short intervals from the bowels. Under *Arsenicum* and *Lachesis* this discharge became less frequent, and changed to pure blood, and with this change she gave token, by her restlessness and groans, of suffering acute griping pain in the bowels. This latter symptom, as well as the discharge, ceased entirely after two doses of *Merc. corros.* 2. A favourable prognosis was then given, as her pulse could just be felt again. Soon after, however, she became restless, delirious, and gradually sank. During the progress of the epidemic it was currently stated that no case in persons above fifty recovered. This patient's age was seventy six.

As to the medicines employed in the different cases, most benefit undoubtedly was obtained from *Camphor*. At first I felt strongly prejudiced against its employment in cases in which the evacuations had gone on for some time, but I soon became very confident in its efficacy, even in these circumstances. I always employed a saturated solution of pure Camphor in rectified spirit, of which the dose was first five drops, and then two drops every ten minutes afterwards. In six of

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the cases the *Camphor* alone was sufficient to check the purging. It was generally given at the commencement of treatment, unless collapse had already set in; but its employment was always discontinued after the first hour, if decided benefit failed to appear.

Veratrum was of most benefit in the purging. It was given generally in the first dilution, of which four drops were mixed in a wine glassful of water, and a teaspoonful given every half-hour, or seldomer, according to the stage and progress of the disease. A drop of the third dilution every quarter of an hour succeeded perfectly in one case. In another case in which the purging was most obstinate, I gave a drop of the undiluted mother tincture, with decided temporary advantage. It produced vomiting at the time, which had not previously occurred, but the purging was considerably relieved by it. The patient, however, ultimately died, being the first of the two fatal cases above mentioned.

Arsenicum was of little or no benefit in the purging. In two cases, however, in which vomiting predominated, with excessive thirst, and vomiting shortly after drinking, *Arsenicum* was of signal use. In one of these it had been given at the second dilution for some time, without the slightest benefit. Reluctant to abandon it, I tried a higher potency, and one globule of *Ars.* 12, every half-hour, checked the vomiting after the third dose.

Of *Cuprum* I had no experience, not having seen a case in which it was indicated. In one case I regretted not having *Jatropha*, in which the characteristic dejections continued after the vomiting had subsided, and the patient's state was generally improved. In this case, and in another in which purging only existed from the first, I thought the alternation of *Secale* with the *Veratrum* of some service.

In only one of the cases did well-marked febrile symptoms supervene. The patient, a female, came under treatment when in a state of collapse, and after having been pronounced moribund by the parish surgeon. From this state she emerged by the aid of *Arsen.* and *Verat.*, and subsequently a low typhoid febrile paroxysm supervened. The pulse rose to 104, and she

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complained much of pains in the limbs and dull pressure at the pit of the stomach. For this state *Rhus* was given with great benefit. The Allopathic treatment of Cholera is perhaps not wholly innocent of the production of the so-called third or febrile stage of the disease, which certainly appears to be of more frequent occurrence under the ancient method.

In two cases a slight relapse occurred; both, however, ultimately did well. Relapses, generally, were not uncommon, and most frequently proved fatal.

A great deal of cholerine or choleric diarrhœa prevailed during the epidemic. The majority of the cases were treated with *Veratrum*, *Mercurius*, or *Pulsatilla*, preceded generally by several doses of *Camphor*. Fear lest the fully developed disease should be established prevented me from giving so fair a trial to *Phosphoric acid* and *Secale* in this diarrhœa as the experience of the German and Russian physicians would have warranted. In a good many cases the diarrhœa indicated *China*, the evacuations being extremely watery, painless, and occurring soon after each meal, and in these cases the efficacy of this remedy was decided.

Note.—At the height of the epidemic a letter appeared in one of the local newspapers, calling popular attention to the fact of the efficacy of Camphor when employed in the first stage of the disease, and to the importance of every household being provided with a tincture of sufficient strength. The efficacy of Camphor having thus, it appears, become pretty generally known, a "Homœopathic Tincture of Camphor," of the required strength, was prepared from a recipe furnished by my colleague, Dr. Scott, to one of the principal druggists in town, and sold extensively. I have reason to know that many of the ordinary practitioners employed this successfully in their own practice. Pills, consisting almost wholly of Camphor, were used by one individual with great success. The writer of the letter in the newspaper just referred to, an extensive manufacturer in this city, employing several hundred hands, himself treated successfully twenty-one cases, with Camphor alone, and the same gentleman has since informed me that he is aware of seventeen cases having been treated at Kilmarnock with like success.

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REMARKS ON POSOLOGY,

By Francis Black, M.D.

(Read at the Annual Meeting of the British Homœopathic Society, August, 1847.)*

In commencing an inquiry on Posology, a very obvious question is suggested: How are the discrepancies which exist on so important a point to be accounted for? The answer is more apparent than the remedy to the evil. The phenomena which enter into the consideration of this subject are so various, so changing, and so little under control, that a great difficulty exists in collecting observations, and of confirming them by experiment; so that, like as in meteorology, the truth is told us slowly, and in broken sentences. We may be enabled to make one observation which seems to be instructive, but months may elapse before a similar opportunity offers. So that, what with imperfect observations, hasty, and too often erroneous, deductions, is it at all to be wondered at that a question on such varying agents is one of great ambiguity? But many of these difficulties, it is to be hoped, may be removed if we cease to be passive observers and become active experimenters, and institute a right course of observations in a truly scientific spirit.

Such an enquiry is beyond the opportunities of a single individual, and demands the assistance of many; it is therefore one well worthy of the attention of this Society. It may justly be concluded that if, as a body, we diligently investigate, our results will be useful, did they even extend no further than to determine what is true and what is erroneous; but they may reasonably be expected to go beyond this, and indicate what is best.

* The critical examination of the dose has been very ably and fully handled by Dr. Drysdale (*Brit. Jour. of Hom.*, Jan. 1848.) This interesting point is again brought before the reader, with the hope that it may lead to some systematic plan for the future investigation of the subject.—F. B.

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Brief history of our Posology.

Hahnemann, in commencing to treat Homœopathically, administered ordinary doses of the remedies.* But finding that such doses often excited unnecessary physiological symptoms and violent reactions, he commences to lessen gradually the dose, in order to render it weaker; proceeding thus, diminishing in order to avoid aggravations, it strikes him that the cures are more decided than when the remedy was given in large and crude doses. He now begins to suspect that some new element is coming into action; he divides more systematically, using a non-medicinal substance as a menstruum; and still finding manifest effects, he considers that he is developing medicinal powers. This view becomes more confirmed when he discovers that certain insoluble, and, in their crude state, inert substances, become soluble during this process of division, and manifest decided effects.

"The effect of a Homœopathic dose," writes Hahnemann, "is increased when we augment the quantity of the liquid in which it is dissolved to administer it to the patient, although the proportion of the medicinal substance remains the same; but then the remedy comes in contact with a much more extended surface, and the nerves that feel its effects are far more numerous. Although theorists have asserted that the extension of a medicine in liquid weakens its action, experience proves the contrary, at least as far as regards homœopathic remedies. It ought, however, to be observed that there is a wide difference between mixing imperfectly the medicinal substance with a

* "The cautious physician, who will go gradually to work, gives this ordinary remedy only in such a dose as will scarcely perceptibly develope the expected artificial disease (for it acts by virtue of its power to produce such an artificial disease), and gradually increases the dose, so that he may be sure that the proposed internal changes in the organism are produced with sufficient force, although with phenomena vastly inferior in intensity to the symptoms of the natural disease; thus a mild and certain cure will be effected." See various examples in that very interesting paper, *Essay on a new principle for discovering the Curative Powers of Drugs, by S. Hahnemann, M.D.* (From *Hufeland's Journal*, vol. ii. pt. III. 1796.) Translated in vol. published by Brit. Hom. Assoc. for 1849, p. 120.

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certain quantity of liquid, and incorporating it so intimately that the smallest portion of the liquid shall still retain a proportion of the medicine equal to that which exists in any of the others. In short, the mixture possesses a much greater medicinal power in the second case than it does in the first."*

So far, Hahnemann states that this extension of a medicine through a liquid increases its medicinal power. But his next sentence shews that he has also in view that this extension through a fluid renders the medicine milder, *i.e.* more suitable for therapeutic administration.—"Rules may be deduced from this, to serve as a guide in the preparation of Homœopathic medicines, when it is necessary to diminish the effects of the remedies as much as possible, in order to make them supportable by the most delicate patients."

He develops his views still further in one of his *Prolegmena* (p. 78).—"It is not only the equal diffusion of a medicated drop in a great quantity of a non-medicated liquid, which renders the dilution proper for Homœopathic use; the rubbing and the shaking, which are employed in the preparation of the remedies, determine in the mixture an incredible change, and so useful beyond all previous conception, that the development and exaltation of the dynamic virtues of medicines, which are the results, ought to be considered as one of the greatest discoveries of our age. Truly, the friction exercises so powerful an influence that it develops not only physical properties in bodies, such as colour, odour, &c., but still further, it exalts to an astonishing degree the medicinal power of certain substances. Thus gold, silver, platina, and charcoal are in their natural state devoid of action on man. The most susceptible person may take grains of metallic gold, or silver, or charcoal, without experiencing the least effect; but from the trituration of one grain of gold with a hundred grains of sugar of milk, continued for an hour, a preparation is made which has already much medicinal power. Medicinal substances are not dead matter, in the vulgar sense of the word; on the contrary, their true essence is dynamic; it is a pure force which trituration, carried out as now directed, may infinitely exalt."

* *Organon*, § 285.

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In these quotations Hahnemann announces his *theory of dynamisation.* In other portions of his works he describes another object in diluting.

"If a 10th of a grain of Arsenic be in many cases a dangerous dose, must not 100th of a grain be much milder; and if this is the case, must not every further diminution of the dose be still milder? Now if Arsenic, like every other powerful medicinal substance, can, by merely diminishing the dose, be most effectually rendered so mild as to be no longer dangerous to life, then the only thing which remains to be discovered by experience, is how far the dose must be diminished, that it shall be small enough to produce no evil consequences, and at the same time large enough to be efficacious as a remedial agent in those diseases for which it is adapted."

After asserting that experience, and not closet pedantry, can determine this, he continues.—"It must be rendered so mild by dilution and diminution of the dose, as to be capable of freeing the strongest man of a disease for which it is adapted, while it is incapable of producing any perceptible alteration in the condition of a healthy infant." *

These quotations show that Hahnemann's object in trituration and dilution was three-fold.

First. *In order to avoid aggravation, as shown in the case of Arsenic.*

Second. *To develope power in medicines inert in their crude state, as for example, gold, platina, and charcoal.*

Third. *To present the medicines in such a dose as would excite a certain train of specific symptoms, without producing violent reaction, such as vomiting, purging, &c., especially applicable in the proving of remedies.*†

I shall now consider the second view, viz. *the theory of dynamisation,* one to which Hahnemann in his later writings was so partial, and to which many of his followers have attached

* Introduction to Arsenic, *Mat. Med.*

† See in the case of Mercury, as given in small doses by Dr. Law, quoted by Dr. Drysdale, *loc. cit.* Also similar remarks by Mr. Hancock, *Lancet,* Oct. 7, 1848, p. 404. Also well shewn in the proving of Colocynth. See *Brit. Jour. of Hom.,* p. 147.

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so much importance that it forms a more prominent feature in their creed than even the principle *similia similibus*.

This theory may be stated as follows.—This process of trituration and succussion develops actual increments of power in all remedies; it frees the medicine of its material particles, and gives birth to the free dynamic medicinal powers, which, from their freedom from matter, are enabled to attack at once disease,—disease being a derangement of the vital principle. This vital principle they consider cannot be affected locally or partially, but that the whole immediately sympathises, and then gives rise to symptoms.

At present it may seem out of place to enter on a physiological discussion, but a peculiar physiological, as well as physical view, so pervades the above school, that it is necessary to show wherein the error lies; and this digression may be the more excused, as the same line of argument serves to expose both fallacies, and also permits me to enter, without further discussion, on a point which will arise as to the local application of remedies.

This school considers the organism to be ruled by a spiritual force, an entity which is called the vital principle. Now it is generally admitted that the great majority of phenomena manifested in the living organism cannot be explained by any known physical or chemical laws, and are wholly distinct from them; these, therefore, are considered as vital actions, and are said to owe their existence to vital properties. Here is a common point on which all can agree; but the special view of the extreme dynamic school is now to be discussed. Is it correct to speak of life as a principle, an entity, or to view it as merely phenomenal, as the property of organized matter? To regard the phenomena which we call life as attributable to an entity styled the vital principle, throws no light whatever on physiology, and tends to embarrass any examination of these phenomena; besides, it is illogical. In physics we talk of the attraction of bodies, and say that this is owing to gravitation; here we do not suppose that there is an actual power pulling the bodies, *nolens volens*, together; but we use the word gravitation as a general term, expressing the property that certain bodies have

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of coming together. In chemistry we say, when an acid and alkali neutralize each other, that this is owing to chemical affinity; but here, as in the former case, we merely give expression to certain phenomena, but assume no self-existing power. We speak of electricity as an agent travelling along wires, but we consider it as an entity or agent merely for the sake of convenience, for it is admitted that this travelling or transmission of electricity is the result of a particular molecular change occurring instantaneously along the whole course of the wire or conducting body. So in physiology we observe certain phenomena presenting themselves under certain conditions, which cannot be regarded as under the influence of any chemical or physical law; these, therefore, are styled vital operations, and are ascribed to the laws of vitality. But in using this word vitality, we do not assume an independent principle, but employ it merely as a general term, expressing the conditions under which these operations take place.

Under certain conditions physical phenomena are observed; so with vital phenomena, or life, which requires for its manifestation an organised structure, and certain stimuli, by which these properties are called into action. The term vital force, then, is a mere term assumed for convenience sake, and to speak of it as a principle independent of organisation, and ruling the organism, is as illogical as to consider cohesion, repulsion, electricity, not as properties of matter, but as forces independent of it. The arguments now adduced to show that the vital actions do not depend on a general controlling agency, equally militate against the consideration of life as a whole, that is, that an impression made on one portion must necessarily affect the whole. Fully admitting the very intimate connection that there is between one portion of the frame and another, still there are numerous illustrations of the vitality of one part being independent, more or less, of the neighbouring part. In the radiata, such as the star-fish, the examples are numerous; as we ascend in the scale of animal life, so in proportion we find the independence of vital actions become much rarer. In the turtle the alternate action of contraction and dilatation of the heart continue even for an hour after it is cut

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out of the body. The ciliary movements are observed for some hours on the mucous membranes of the mammalia after their removal from the living body. Again as regards man, there are several instances on record in which portions of the extremities that have been completely severed by accident have been made to adhere to the stump, and soon to indicate a restoration to all their functions.

What has now been said regarding the distinction between properties, and principles or entities, applies equally to the error of supposing the medicinal properties of a drug to be capable of existing independent of matter.

Putting aside, therefore, this spirit-creating process, or at least divorcing of properties from their natural matter, to hold fellowship with alcohol and sugar of milk, we can now, with less obstacles in the way, examine what ends are gained by trituration and dilution. Have we any evidence that absolute increase of power is gained by triturating? I think not; but many may answer there is, and in proof quote gold, charcoal, calcarea, &c., because in their ordinary state these medicines are inert, but when triturated with another substance, such as sugar of milk, they exhibit manifest effects. But these effects are not instances of dynamisation, for no new property has been created that was not previously in existence; and the proof that such is really the case is shewn in the instance of gold and calcarea,—for we can, by oxydising the former, and converting the latter into an acetate, exhibit exactly the same symptoms as are produced by the triturated preparation. Again with Plumbum, which in its ordinary metallic state has little effect, we find that when it is in very minute particles, so that it can be absorbed into the body, the same symptoms arise as from the triturated preparation, as observed in lead miners, plumbers, &c. Experience shews that when we can reduce a metal to the state of an oxide, or otherwise render it soluble, we can from these excite action as powerful as from the triturated preparation of the metal; for example, Iron, Mercury. The same may be said of Silex and Iodine; their effects can be observed in springs, where they are held simply in solution, and in very small quantities. One other substance may perhaps be alleged

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as proof of trituration creating power, viz. the effects of Natr. Mur. when triturated. "Such effects," says Hahnemann, "must convince the dullest person that trituration gives birth to a world of new forces, which nature hitherto concealed in her bosom; if any further evidence were wanted, it would be the conversion of common salt, so inert in its ordinary state, into an heroic and most potent remedy, one to be administered with the greatest caution. What an incredible transformation! but not the less true. Is it not, in fact, a new creation?"

Now, admitting fully the accuracy of the proving of Natr. Mur., as published by Hahnemann, and that very few of these symptoms have been observed from the use of common salt in its ordinary state, still, before granting that trituration is the actual and only agent in manifesting these new properties, it must be shewn that such symptoms will not arise from very minute doses of salt in a state of solution, given repeatedly and when the stomach is empty. I have not performed this experiment, but analogy shews that the results from the solution would be the same as from the trituration; we find that such is the case with other neutral salts. Now, as Lereux states that the Muriate of Soda is more irritating than the great majority of the other neutral salts, and as these salts, such as Sulphate of Magnesia, in certain doses produce various symptoms—that in large doses nothing of a specific effect is observed, but that in proportion as they are dissolved and diluted numerous symptoms are produced, may not the same be concluded regarding Nat. Mur.? That such is really the case will be more probable if we find that salt in its crude state does produce a certain set of symptoms; small doses have long been given as a vermifuge; a dessert spoonful of salt, given on an empty stomach, will excite vomiting, and less injected into the rectum excites the peristaltic motion of the intestines, causing with some persons great irritation.* Two cases are on record of death from swal-

* The same dose taken with food will excite no uneasiness beyond thirst: so with meat partially pickled in nitre, none of the symptoms are observed which would be excited by the same quantity of nitre given in solution, on an empty stomach. Dr. Madden (*Brit. Jour. Hom.*, vol. vi. p. 221) gives a very plausible explanation of the modus operandi of very minute doses of substances (Natr. mur.,

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lowing a large quantity of common salt. Dr. Christison mentions a third case of a student, who, after swallowing two ounces of salt dissolved in a little water, in order to excite vomiting, was seized with acute, burning pain in the stomach, tenderness in the epigastrium, and great anxiety, severe intermitting pain, &c. Gmelin speaks as to the efficacy of salt in enlargement of the spleen, and in some cases of scrofula. Gendrin, in his treatise on *Diseases of the Eye*, recommends it in encysted tumours of the eyelids. Thurlow has written a treatise on its therapeutic uses. Duhamel and Boerhave also mention its utility.

Now if trituration develops power, and actually increases this to infinity, how is it that effects are not so readily observed from the 30th dilution as from the 3rd or 6th, when given to healthy persons. Again if this actual increase of energy were the result in proportion as the substance was triturated, how is it that Hahnemann, in the introduction to various medicines, for example, Ars., Opium, Veratr., Bell., Oleander, speaks of this as a process diminishing the energy of the drug, and dwells principally on the doctrine of dynamisation when he has insoluble, or partially insoluble sustances to deal with, such as Carbo, Calc., Lycop. Now the difference which results from triturating remedies readily soluble, and those that are more or less insoluble, throws light on the real advantages of the process. This is explained much more satisfactorily by attributing the changes which take place, not to the creating of new powers, but to the effects of the friction and grinding, which destroys the cohesion of the particles, and enables the minute atoms of the remedy to come into contact with portions of the organism, to which they have a special susceptibility.* One remark regarding succussion.—It is not, say some, the mere extension through space which renders the

Calc. carb., Kali carb.) which are contained in evident quantities in our daily food, and are partaken of without manifesting any medicinal action, viz. "that the medium dose received with the food is prevented from acting dynamically by its being *wholly appropriated for chemico-vital purposes*, while the small dose remains free to act, being excluded from its very smallness; the larger quantity likewise produces changes in virtue of the whole amount being incapable of entering into the normal functions of the system."

* The rationale of the preparation of Homœopathic remedies is very clearly stated in a Review by Dr. Madden, *Brit. Jour. Hom.* vol. vi. p. 353.

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remedy more suitable; it is the succussion which it undergoes, and this shaking develops power in proportion as it is continued. A quotation from Hahnemann is sufficient to shew the error of such a doctrine. "The infinite power gained by this process is so great, that by this means a drop of Drosera 30, which at each dilution has received twenty shakes, endangers the life of a child suffering from hooping cough, while if each dilution is shaken only twice, a globule of the size of poppy seed imbibed with it is sufficient to promote a speedy and easy cure." It may safely be said that this is not our general experience, and a decided negation is at once given in the practice of those who carry their medicines about with them in a liquid state.

It is perhaps in one sense fortunate for our system that the great advantages gained by trituration suggested to the mind of Hahnemann a theory of dynamisation, for, imbued with such an idea, he was led to prove remedies now admitted to be most valuable, which otherwise might have remained unknown; and he hesitated not to give doses so minute that unless viewed through his hypothesis they might not now have been our heritage.

The framing of an hypothesis is quite legitimate; it has often been and will be a ready and effectual means of discovering truth, and perhaps had Hahnemann been more careful in the framing of his, our knowledge of posology would at present have been more definite. Such a remark is made in no captious spirit, for we receive with sincere gratitude the great facts which Hahnemann has left us, the numerous new remedies and their appliances gained by trituration and dilution; but with all thankfulness for the facts, we must reject the speculations regarding them.

Seeing then, that the changes effected by trituration and dilution can be explained by reference to well known chemical and physical laws, there is no need of assuming a mysterious agency. Such words as dynamisation, potentialisation, and potencies should therefore be abandoned as terms involving an erroneous theory, and use be made of the simple words trituration and dilution.

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The object of triturating and diluting is two-fold:—

First.—In order to avoid aggravation.

Second.—In order to place certain substances in such conditions that they are enabled to act on the organism; this is effected by overcoming more or less their cohesion, by reducing them to minute particles; or again, by presenting them to the body in such minute doses that they act in a manner differing as much in kind as in degree from the effects of large doses. The energetic medicines, such as Arsenic, Bella., Acon., Merc., are diluted in order to avoid aggravations, and also to act on certain susceptibilities of the organism which are not present to large doses.

The insoluble substances, such as Sul., Calc., Sil., and many of the metals, are diluted or triturated, in order to reduce them to a state of minute division, and when reduced to that state the after dilution is not so much to avoid aggravation as to enable them to produce certain symptoms which they fail to do in larger doses. We have thus a knowledge of what ends are fulfilled in certain pharmaceutical purposes.

The next point to be considered is—what rules are there for the administration of the various dilutions? A very general belief is that no rule can be given, except, perhaps, that very general one, depending on the susceptibility of the patient. Such a direction points more to the difficulty, than to the means of overcoming it.

The first question that suggests itself is—What end is to be fulfilled in giving a remedy? It is desired to give it in such a shape and quantity that it will act on the diseased part, and bring about a healthy reaction with as little aggravation as possible.

The next question that occurs, is to discover what may be the degree of minuteness of the dose best calculated to render the salutary effects intended to be produced, certain and gentle—that is to say, how far the dose of a homœopathic remedy, in any given case of disease, ought to be reduced, in order to derive from it the best possible cure.

Hahnemann says, and all will agree with him, "that it can be readily conceived that no theoretical conjecture will furnish

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an answer to this problem, and that it is not by such means we can establish, in respect to each individual medicine, the dose that suffices to produce the homœopathic effect, and accomplish a prompt and gentle cure. It is by pure experiments only, and precise observations, that this object can be attained."

Now, in reviewing the experience of homœopathic practitioners, its most general expression appears to be, the efficacy of low dilutions in acute, and of higher dilutions in chronic diseases. To this law (as I think it may be called) there are various exceptions, but still it contains so much of the truth, that an examination into its rationale is fully warranted, and promises to be useful. But instead of doing this directly, I would rather state that there are three points which should influence us in choosing the dose, and in explaining what these are, the rationale of the above law will become evident.

First.—*The nature of the medicine, and its effects on the human organism.*

Second.—*The character of the disease to be treated.*

Third.—*The supposed general susceptibility of the patient.*

The first enquiry then is, as to the nature and properties of the medicine. Is the medicine soluble, is it very energetic in its ordinary state, then if so, the dilution of it is principally to avoid aggravation; or is it insoluble, then trituration is to reduce it to such a state, that it will act on certain special susceptibilities.

Then as regards the properties of the medicine—certain medicines produce certain effects, according to the dose in which they are administered; the effects from large doses are most readily produced, and are most violent in their action. As the dose is reduced a change of action takes place, as much in kind as in degree; very minute doses of remedies do, in certain cases, produce a series of very specific symptoms; these are often of a very evanescent character, and not easily reproduced. Viewed generally, an increase in quantity or repetition of the dose, tends to aggravate when the symptoms are violent and of a general character, but that repetition has much less tendency to aggravate when the symptoms are of a finer and more specific character. Seeing then, that symptoms differing in kind and degree, arise from the mode in which medicines are administered, is it not

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very probable that such a train of investigation, if carried out, should lead us to some definite grounds for choosing the dose. It appears to me a very promising source, and one from which much aid may be derived.* I would therefore dwell longer on this point, and consider the effects which arise from the various doses, in which a remedy is administered.

Let us take Mercury as an example.—A certain dose produces purging, and this dose increased or frequently repeated, excites dysentery and enteritis. A smaller dose frequently repeated excites nausea, salivation, increased flow of bile, erythism, eczema, &c. Still smaller quantities produce such changes in the nervous system as trembling, a species of palsy.

So we may proceed with Arsenic, Lead, Antimony, Belladonna.

Looking at the action of remedies generally, it is found that large doses cause great disturbance, such as vomiting, purging, inflammation, congestion; and that smaller doses excite dyspepsia, disorders of the bowels, affections of the skin, disorders of the respiratory and circulating organs, and inflammation of a sub-acute character. That, from a continuance of very minute doses there arise disorders of nutrition, of the nervous system, of

* Until the publication of Dr. Drysdale's paper, I was not aware that Dr. Hering, of Philadelphia, had given a similar guide to the choice of the dose. Dr. Drysdale fears, that if this rule should be found correct, we will not reap that advantage from its discovery we might otherwise expect, because, with the exception of Dr. Hering's own provings, and those of the Austrian Society, we have few means of ascertaining the dose used to procure the symptoms, or of the time at which they occurred. It appears to me that the obstacle to the practical application of the rule is not so great, though it undoubtedly requires further provings than we at present possess. A general notion (such as may be now derived from Hahnemann's Mat. Med.) of the dose given to produce the symptom, will partly guide us; and as I do not consider that the course of the medicinal disease must correspond to that of the disease to be cured, it is therefore not necessary to know the time the symptom occurred after taking the dose. If this were necessary I would then agree with Dr. Drysdale, that such a rule would not be practically useful. By a little examination of Hahnemann's Mat. Med. we can discover in a general manner the dose employed. Is it not probable that his own experiments, or those of his provers, were generally performed with small doses gradually given? Those, again, derived from allopathic sources are generally attributable to large, and in many instances, poisonous doses.

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sensation, of sleep, various pains, neuralgia, rheumatism, malaise, headache, &c.

In the proving of a medicine it is remarked that symptoms produced by large doses are more readily aggravated and reproduced by a second administration—that symptoms, again, arising from very minute doses are of a more specific character, less easily aggravated, and less easily reproduced.

Second.—*The character of the disease.*—The proving of the remedy informs us that certain symptoms arise from certain doses, and what the object of dilution in this particular medicine has been; we are therefore better prepared to determine what dose should be given; for example, a patient has dysentery, we fix on Merc. Corr., from a knowledge of this remedy we know that such a disease is the effect of large doses, and that dilution is employed with this medicine in order to avoid aggravation.

Now, as disease is present, we enlist, as a further guide, the well known law that a diseased part is much more susceptible to a homœopathic stimulus, than when that part is in a healthy condition; we therefore, in order to bring about a reaction tending to health with as little aggravation as possible, give a much smaller dose than is necessary to produce physiological action. Again, the presence of certain diseases modifies this abnormal susceptibility, the more general and more violent the disease, the greater is the susceptibility of the part; but the acuteness of the symptoms, and their violence, exhausts the action of the medicine, requiring therefore larger doses and more frequent repetition than if the attack were less acute. Again, the more local a disease, and the less the whole organism sympathises with it, the less is the susceptibility, and therefore large doses are required, as for example, in chancre and gonorrhœa, in many cutaneous affections, such as scabies and ringworm.*

* When the disease is much localised, the remedy may, in addition to its internal administration, be oftener topically applied than is generally done in homœopathic practice;—care however being taken that the remedy is so applied that it excites a vital, and not a purely chemical action. I have used, with great relief, Hepar Sulph. spread on a poultice, in cases of whitlow and boils: and as an ointment in some indolent scrophulous cases and glandular swellings. Also ointments of Pulsatilla and Mercurius in ophthalmia tarsi and hordeola. Lotions of Arsenicum in painful ulcers, and as collyria in scrophulous ophthalmia. In

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The third point, determining the choice of the dose, now comes into operation, viz., *the supposed susceptibility of the patient* as derived from his age, sex, and habits. Children are much more susceptible to medicinal action than adults, women more than men; those of a sanguine and nervous temperament, more than those of a lymphatic. In proportion as the susceptibility is great so may the dose be diminished. Previous treatment modifies the susceptibility—the abuse of drugs, the use of ardent spirits and other stimulants, dull the sensibility and require larger doses than in similar cases when no such habits exist. For example, in constipation, when much aperient medicine has previously been taken, I have repeatedly found that the lowest dilutions act best, and that gradually, as the susceptibility returns, higher dilutions of the same remedy are quite sufficient.

Illustrations by cases, of the utility of these three points in selecting a dose.

A man is suffering from hepatitis, I give him Merc. 3, $^1/_4$ of a grain every two to four hours, and in two days there is a decided relief. Why choose 3rd dilution instead of 30th.? Because the proving informs me that hepatitis arises from large doses, that dilution is employed in order to prevent aggravation, and the occurrence of violent physiological symptoms unnecessary to cure; if the remedy is well chosen a great susceptibility exists, and therefore a much smaller dose than that employed in the proving is quite sufficient. The 3rd dilution is chosen, and given frequently, because from the violence of the symptoms its action is soon exhausted.

A child is suffering from cynanche tonsillaris: now, were the patient an adult, a consideration of the proving of the remedy,

treating, lately, about a dozen cases of ring worm (occurring in a school) affecting in some the face, in others the neck and arms, I found that the first two or three cases, to which Sepia was administered only internally, were much more tedious than the latter cases, when I applied the medicine as an ointment, and also gave it internally. Under the use of the ointment the eruption disappeared very quickly. When ringworm affects the scalp, I have not found the ointment of any use.

Formula, 2 drachms of Sepia 3, Merc. 3, or Hep. g. 3, to an ounce of Ungt. Cetaceum.

As Collyria. Puls. 0, gtt v to x. Ars. 3, gtt x to xx. to an ounce of water.

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and the character of the disease, would lead me to give Bell. 3rd dilution; but as the patient is a child, and therefore more susceptible, I prescribe the 6th, or even the 12th.

A man aged 50, subject to piles, complains of colic, which comes on daily after taking any food, of pressure at the stomach, flatulence, eructations and mucous diarrhœa. This person has for three years tried remedies without any decided relief, a dose of the 3rd dilution of Coloc. is administered; he is soon seized with a more violent attack than he ever had yet experienced, but the colic entirely left him.

A little girl is suddenly seized with an attack of most violent colic, (to which she is subject) presenting various features, but unattended with diarrhœa; after taking Coloc. 24, she falls asleep, and in the morning is quite well, and has not again a return of the pain.

Now here are two very successful cases, in the one the 3rd is given, in the other the 24th. The advantages of the difference of these different dilutions, in almost analogous cases, can be explained by referring to the three points involved in choosing the dose.

A low dilution of Coloc. is chosen in the first case, because colic attended with diarrhœa is a very common symptom after a large dose—the low dilution is therefore more indicated than the high; besides the patient being an old man, and therefore not likely to be very susceptible, the probability was that the 3rd was the proper dose. In the second case, as the colic was unattended by diarrhœa, symptoms which are seen to arise most readily from very minute doses of Coloc., a very minute dose, that is a high dilution is required, and this is further indicated on account of the age of the patient. It will be admitted, I think, by the majority of homœopathic practitioners that the dilutions, ranging from 12 to 30, are more frequently useful in neuralgia than those under 12; and that such should be the case is readily explained, when we find that neuralgic symptoms are most readily excited by very minute doses of the drug: and that after the administration of large doses they are rarely observed; look for example at the provings of Bell., Ars., Merc., Nux, Minium, &c.

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Two patients suffer from gastrodynia, costiveness, and great flatulence. Some shades of symptoms lead me to give the one Nux v. 3, and to the other Carbo 30; both doses succeed. Now it may be asked, as the disease, the age, the sex, the habits of these two individuals, are presumed to be identical, why, if a knowledge of these circumstances leads you to give a low dilution of one medicine, why not give a low dilution of the other? Because a knowledge of the pathogenesis of Nux, and the object of its dilution, indicates a low dilution; but Carbo being an insoluble remedy, inert when crude, and therefore triturated in order to present it in such a state as enables it to act on the organism, and knowing that in its proving such symptoms have arisen from very minute doses of the remedy, a high dilution of it is chosen.

The influence which the occurrence of aggravation has in altering the dose.

The administration of a homœopathic remedy is occasionally followed by decided and immediate increase of the disease, attended sometimes with the appearance of physiological symptoms of the remedy; for example, Ars. 3, given in an irritated state of the intestines increases the irritation, excites diarrhœa, burning pain in the chest, great weakness and restlessness.

But there is also another kind of aggravation, observed more in the treatment of chronic diseases, which may not appear until after the medicine has been taken for some days. It may be shewn in feelings of great uneasiness, sleeplessness or drowsiness, irritability, loss of appetite, liability to catch cold, &c.

In the first case it is advisable to give a weaker dose of the remedy, especially if the aggravation is attended with physiological symptoms.

But the second kind of aggravation is a disturbance, not so much of the diseased part as an irritation of the whole organism, such a state as arises in provings from the use of very minute doses. When such a state exists, the patient frequently derives no benefit from the medicine, and generally the best mode of obviating the aggravation is to give the remedy in a lower dilution; for in the proving it is observed that these peculiar

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symptoms, referable to disorders of the nervous system, are much more readily excited by very minute, than by larger doses of the remedy. To the large dose there exists none of this peculiar susceptibility, while to the small it is present.

The following are two cases in point:

A married lady, aged about forty-eight, stout, of a nervous, sanguine temperament, consulted me in January 1843, on account of flushings of heat affecting the whole body, palpitations of the heart, flatulence, costiveness, and prolapsus ani. Some years ago the catamenia ceased; has been worse since then. She has just returned from Paris, where she had been for some months under the treatment of two Homœopathic physicians. She states that she had not derived much benefit from their prescriptions, as the remedies which were given at the 30th so frequently excited numerous disagreeable sensations, and made her feel very miserable. That this was especially the case when Lachesis was given. I told her that I would give her Lachesis, and hoped that it would not excite any uneasiness. She agreed to take it. I prescribed two drops of *Lach.* 7, morning and evening, for three days. After a few days interval this dose was again repeated, with relief to the symptoms, and with no appearance of the slightest aggravation. This patient continued under my care till September, getting occasionally *Lach.*, *Puls.*, *Ign.*, and always in very low dilutions. Many of her symptoms improved, and she had not experienced any uneasiness while taking the medicines. This circumstance she frequently observed as being curious, for, having been long a convert to Homœopathy, she had so frequently suffered this species of aggravation while taking the remedies which had been administered, and which she had herself taken at the 30th or some high dilution.

An elderly lady, of a bilious temperament, has suffered much for fifteen years from uneasy sensations in the head; she attributes her ailments to mental anxiety, and severe Allopathic treatment. For some years she has been under Homœopathic treatment, but for a year she has suffered much discomfort and little relief from the remedies; these she has taken at the high dilutions and frequently repeated doses. The principal symptoms are severe headache, noise in the ears, palpitation of the heart, liability to dyspepsia; great general weakness and nervousness. I gave her *Arnica* 3 and 1, *Anac.* 2, *Verat.* 6, and *Sulph.* 6, two or three drops as a dose, and

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at intervals of two to eight days, with considerable relief, and with no occurrence of sensations calling, as formerly, for the suspension of the remedy.

Thus a knowledge of the physiological action of the remedy indicates the dose, and if this dose excites aggravation, then the same knowledge comes again into operation. When the aggravation is decided, and especially when physiological symptoms are produced, give a smaller dose. If the aggravation consists more of an irritation of the nervous system, presenting symptoms which are not very specific in their character, but which are often observed in provings where minute doses are given, then instead of giving a weaker give a stronger dose.*

But cases occur in which the following of this rule does not ward off this peculiar disturbance. It happens that, in some of these persons, a high state of nervous excitability has been produced by withdrawing stimulants, such as wine, coffee and tea, to which the patient was formerly accustomed; if this is the case, by permitting the cautious return to these articles of diet, the tendency to the second kind of aggravation is sometimes overcome. In other cases, again, no such cause is evident, and no dilution, high nor low, can be given with any decided advantage, owing to the nervous excitement produced; in such instances the appliances of hydropathy, and residence in a dry bracing climate, do much to overcome this morbid susceptibility.

Again, sometimes great debility and languor arise after the successful administration of some of the remedies in chronic cases, the principal symptoms being relieved, but the weakness, not previously existing, may continue for days, even weeks. Its occurrence may generally be viewed as a good sign, and indicates the suspension of further medicines for a time.

I see two cases in point, *(Brit. J. of Hom. Vol. V. p.* 428,) and I may add another.

A young lady, of a lymphatic temperament, has been for three years very frequently under the action of homœopathic remedies, principally on account of hay fever, and to this was soon superadded great languor; this languor was increased by many of the remedies.

* The first is a true aggravation, the latter, as Dr. Drysdale has well named it, is a medicinal perturbation.

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She consulted me in April, 1847, principally on account of the languor. As she had been so long under homœopathic treatment, I recommended her, as soon as the hay fever was subdued, to remain without any medicine. Merc. and Ozeine were very useful in checking the hay fever, but the languor continued; these medicines she took for four weeks, and after that she remained without using any remedies. Gradually she gained strength, and in a few months lost in a very marked manner the languor and pale looks from which she had so long suffered.

Recapitulation.

1. There is no evidence of any creation of new forces in the processes of trituration and dilution.
2. The advantages gained by these pharmaceutical processes can be readily explained by referring them to division of the drug into very minute particles, and by effecting solution.
3. The objects of trituration are twofold:—
   1st.—In order to avoid aggravation.
   2nd.—To prescribe the medicine in such doses that it effects certain special susceptibilities.
4. The points that should influence us in choosing a dose are three.
   A. The nature of the medicine, as regards trituration and dilution; and its effects on the human organism.
   B. The character of the existing disease.
   C. The supposed general susceptibility of the patient, judged of by age, sex, temperament and habits.
5. Aggravations are either decided increase of the disease, attended or unattended by physiological symptoms of the remedy; *true aggravations:* or they are more a series of uneasy symptoms, such as various pains, drowsiness, weakness, wakefulness, malaise, liability to catch cold, &c.: *medicinal perturbation.* The practice in the first case is to give a weaker, and in the second case generally a stronger dose.
6. A systematic examination of the dose can only be conducted by various committees, consisting each of two or three practitioners. To each committee let three or four diseases be assigned, to report on the advantages of the various doses, from the medicine in the ordinary state up to the 15th dilution: let this be carefully pursued for one year, and the next year let the same

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diseases and doses be tested by another committee. Such a system of examination, conducted over a space of two years, would yield facts from which conclusions could be drawn; and also afford much useful information as to the indications for certain remedies in certain diseases.

CASE OF VASCULAR TUMOUR OF THE CORNEA.

By J. J. Drysdale, M. D.

Miss J. H., aged 9, fair complexion and hair, and blue eyes, consulted me on the 21st October, 1845. About a year previously a tumour began to grow in the cornea of the right eye, commencing from its internal border and gradually spreading over the cornea, so as to interfere materially with vision, besides disfiguring the appearance of the eye. The case had been seen and prescribed for by several eminent oculists and surgeons, among the rest, by Mr. Dalrymple and Mr. Travers, of London, the former of whom treated it for several successive months.

In April, 1845, when seen by Mr. Dalrymple, it was pronounced by him to be a fleshy growth imbedded in, or incorporated with, the cornea. He imagined it to be the result of chronic inflammation, whereby a thickening and alteration of the natural structures had taken place. The tumour was, he and Mr. Travers agreed, beneath the conjunctiva and involving the cornea, they likewise thought that the vascular supply was deeper than the conjunctival vessels, and that the vessels were chiefly furnished by the sclerotic, which would, they alleged, preclude the possibility of excision. The texture of the cornea had also, Mr. Dalrymple conceived, yielded to the pressure of the contained fluids, so as to project. The treatment adopted, at the recommendation of the latter gentleman, was as follows: Astringent collyria to bathe and drop into the eye. Some kind of ointment to be inserted between the lids every night. An aperient powder to be taken once a week at least, oftener if the bowels are at all confined. A grey (mercurial) powder to be given every other

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night, but to be discontinued should the gums become sore. Six drops of Battley's liquor of bark to be taken three times a day in a little water. Should there occur inflammatory action at any time, leeches to be applied to the corner of the eye, and a small blister once a week behind the ear, kept on only two hours.

No beneficial effects seem to have resulted from these active measures, for in the month of June, of the same year, the report was that the tumour had extended, and that it involved more than a third of the internal part of the cornea.

On the propriety of surgical interference, Mr. Dalrymple remarks: "Only two modes present themselves, 1st, by caustics; 2nd, by knife. To be effectual, the caustic must kill the substance of the tumour; and if by the latter, the whole must be removed. The knife has already been applied, and *portions only* of the tumour removed—caustics have also been twice applied without arresting the progress. As the substance of the cornea is involved you cannot take the tumour *off*, nor burn it *off*. And if the cornea be removed, or that portion to which the tumour is attached, it is at the almost inevitable risk of opening the anterior chamber, and so endangering the whole eye. Neither can you cut off its supply of bloodvessels, for though two or three larger trunks might be snipped across, as Mr. Travers hinted, the main supply is through the vessels of the *sclerotic*, which cannot be got at. *Thus we are driven* to try constitutional treatment with such local active agents as may help to diminish its source of supply."

The constitutional treatment, however, did not succeed in arresting the increase of the tumour, which continued to extend until when I first saw it in October, 1845, it covered more than one half of the cornea, so as to deprive the patient of all useful vision with that eye. It presented the appearance of a fawn coloured, opaque, elevated, fleshy mass, extending from the internal border, and covering more than the half of the cornea. It seemed to have its seat in the substance of the cornea. Several large vessels ran towards it from the inner canthus, and ramified in its substance. Sometimes these vessels appeared to be more, sometimes less turgid.

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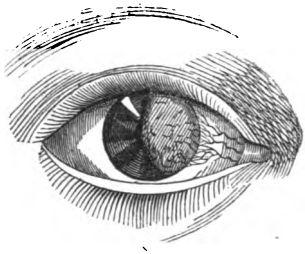
The following wood-cut will give some idea of the general appearance of the eye.



On the 21st of October, 1845, the treatment was commenced with Carbo animalis, in the 30th and 3rd dilutions, a dose every three days: two doses of the former dilution in succession, and then two of the latter.

On the 4th November there occurred one of the attacks of catarrhal inflammation of the eye, to which she had been much subject since the appearance of the tumour. It was accompanied with coryza and cough. *Euphrasia* 3, was given three times a day, and these symptoms soon subsided.

The Carb. an. was continued.

Nov. 19th.—No change in the tumour was observable. Thuja was then ordered in the same way as above described, internally, viz., alternately the 30th and 3rd dilutions, two doses of each in succession at intervals of three days. Besides that it was ordered to be applied externally twice a day, by means of a camel hair pencil, in the form of a lotion composed of gtt. v of the pure tincture with ʒ ij of distilled water.

On the 22nd December the report was, that the opaque substance had spread further over the cornea, and was apparently more compact and opaque and whiter in colour, but a narrow segment of the cornea on the inner side had become nearly free from opacity, so that there was a tolerably clear space between the edge of the cornea and the opacity, through which the iris could be seen and several red vessels crossed it to the opacity. It is interesting thus to observe that the absorption of the morbid growth commenced at the same place where its development had originally begun. The mother of the patient remarked that

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it appeared to her that the eye was less injected, and the above mentioned portion of the cornea clearer, under the Thuja 30, than the Thuja 3.

Prescription: Thuja 30, every third day, internally, and Thuja 1, externally, as before.

On the 7th March, 1846, the opacity was found further diminished, and the portion of the cornea between it and the inner margin, quite clear. There were no subjective symptoms to be obtained. No perceptible progress had been made within the last two or three weeks.

Prescription: Cannabis 30, two globules every 3rd day, internally, and Cannabis 1, as above, externally.

On the 7th April there was considerable improvement manifest. The opacity is now isolated on all sides, and the patient can read slowly with the affected eye by careful management in looking through the clear parts of the cornea.

Continue medicine.

1st June.—Opacity much the same, and the clear part of cornea that was formerly affected does not seem quite so transparent.

Prescription: Thuja 30, two globules twice a week, internally, and no external treatment.

1st July.—The speck seems clearer, and there are several clear furrows traversing it: two portions of it quite detached as it were at the upper and lower angles.

Continue medicine.

15th August.—One detached spot is quite gone and the other very small; two completely clear furrows run through the opacity, which is less dense.

Continue Thuja 30, internally, as above, and Thuja 1, as before, externally—once a day.

4th November.—The other detached spot gone, and a great many furrows traverse the speck, which is now much more transparent and thin, and as it were, broken up. She can now read middle sized print with facility, except that she confounds the lines now and then.

Prescription: Cannabis 30, and Thuja 30, were ordered alternately, each for a month—a dose twice a week, and no external

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application used. The progress of the case continued as above described, and gradually all traces of opacity vanished, so that early in the spring of 1847 no trace of it could be detected, and the eye has remained well since.

REVIEWS.

MEDICAL TOOGOODISM AND HOMŒOPATHY.

TRUTHS AND THEIR RECEPTION CONSIDERED IN RELATION TO THE DOCTRINE OF HOMŒOPATHY, by MARMADUKE B. SAMPSON. London: Samuel Highley.

ILLUSTRATIONS OF THE FRAUD AND FOLLY OF HOMŒOPATHY, by JONATHAN TOOGOOD. London: Churchill.

A LETTER ILLUSTRATING THE ILLUSTRATORS OF THE FRAUD AND FOLLY OF HOMŒOPATHY, by ALIQUIS. London: Wm. Headland.

THERE is something *fatal* in names. The actions and the characters of men have frequently been prefigured by the names given to them in their infancy. The words Alexander, Cæsar and Napoleon, by which are known three of the world's wonders, have a remarkable significance, Dr. Guillotin gave his name to the instrument of decapitation he invented by which he was the first to suffer, and the use of which has given him a sort of sinister immortality. The epithet *Uncle Sam*, well denotes the characteristics of our transatlantic offshoot; *John Bull* admirably expresses the character of the English. Without dilating on this theme, it is sufficient to observe, that no name can be more expressive of the professional instinct and impulse against reform than that of the gentleman who has furnished our vernacular tongue with a new and significant word. As the word *Rome*, applied to a city and nation and empire, denotes strength and stability; so the word Toogoodism, derived from the name of Dr. Jonathan Toogood, signifies that sturdy and

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unrelenting conviction of a class, or of a profession, that its present holdings, prescriptive advantages, and prospective hopes are too good to allow for a moment the entertaining any proposal for any reform, or any important modification in its actual condition Their old ways, their good ways, are the ways for them. He is their pilot that weathers the storm, who the most strenuously opposes any radical change, whether it be in the way of rapid progress, or of a new direction, or of a reconsideration of principles. To each partisan of each class or profession the witty bishop's definition of orthodoxy and heterodoxy applies. Orthodoxy is *my doxy*, and therefore right and just and true; heterodoxy is the doxy of another, and therefore a very improper and dangerous and dissolute sort of thing. Homœopathy is the heterodoxy of the medical Toogood, allopathy is his doxy. Let us beware that we do not, in turn, make a doxy of our Hahnemannian doctrine. *Mundis omnia munda.* If we pursue any truth in a truthful spirit, for the good of all, and not for mere selfish and personal advantages, nor for the advancement of a class interest, we escape this reproach of bigotry and illiberality.

The word Toogoodism we expect will become as current to express this bigotry and illiberality and hostility to reform of a class or profession, as the words socialism, chartism, and many another *ism*, which are used to denote various classes moved by opinions and swayed by doctrines which are peculiar to each, and which make up the orthodoxy of each.

In our last number we briefly noticed Dr. Toogood's *Illustrations of the fraud and folly of Homœopathy.* Whether he be an actual historical personage, or a mythical, as Niebuhr holds Romulus to have been, matters not. For our purpose his name is the best part of him. We use *that* as an impersonation of the breathing and yet vigorous hostility to our doctrine which still distinguishes our medical allopathic brethren. We refer those who take pleasure in *inky* war to the tract of Toogood, and the reply of Aliquis.

Mr. Sampson's paper is an excellent exposition of the professional Toogoodism which opposes itself, tooth and nail, to homœopathy. We mean this article to be a running commen-

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tary on his text; but we cannot forbear expressing our sense of his valuable and important services to our cause. We should be glad to see his paper separately printed, and widely circulated; it now appears in the annual volume (for 1849) of the British Homœopathic Association, which is a meritorious body acting in concert with the British Homœopathic Society. The object of this association is to diffuse among the public at large a knowledge of the doctrine and practice of homœopathy; and the present volume is a proof that this is modestly and wisely done. In addition to Mr. Sampson's paper, there are Hahnemann's first essay on the homœopathic principle; a paper on the homœopathic treatment of Asiatic Cholera; and Mr. Kidd's narrative of his homœopathic treatment of the famine fever of Ireland in 1847. We have adverted to this volume for the purpose of recommending our readers and well-wishers to obtain as many subscribers as possible for this association, the character of which is at once unobtrusive and energetic.*

Every reform, whether of the body politic, or of a school of doctrine and practice, is, in fact, a revolution, and every revolution is more or less an experiment: if it should be completed and established, it is an experience founded on a series of experiments. These are valuable and durable in proportion as they are based or not on the immutable truths of nature; the science of mechanics, so far as these truths were then known and applied, was as true in the days of Archimedes as it is now.

During the process of experiment everything has to be tested anew; old and new theories are to be sifted and valued at their true worth; the exaggerations and obliquities and eccentricities, that may have crept in, are to be got rid of; what is extraneous must be pruned; what is sound and good must be retained. Sometimes a truth, bringing with it vast consequences, has been grasped, as by intuition, by some favoured seer; at another time, after many experiments through many an age, some master-mind appears, to whose comprehensive intelligence is assigned the task of condensing, winnowing, arranging the materials that

* The excellent Secretary, Richard Walters Heurtley, Esq. British Homœopathic Association, 37, Moorgate Street, London, will be happy to receive the names of Subscribers.

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many minds have for long been anxiously collecting. Either of these, whether known or unknown to fame, is a benefactor of his race: but it often occurs that those who pass beyond the circle of thought embraced by their fellows and contemporaries, are misapprehended, persecuted, and even despised by those who do not understand them. It was the sense of being so misunderstood and undervalued which induced Bacon to dedicate his Philosophy to posterity. Such men as Bacon, and Luther and Hahnemann have known how difficult it is to swim against the tide of opinion; to carry out an honest, vigorous, human undertaking against the current of prevailing sects, and the eddies of a vulgar and indiscriminating prejudice. Of this truth every one who advocates a new principle, attempts to correct an old abuse, or withstands a long-maintained oppression, is soon made painfully aware. Happy is it for such great spirits as are appointed to such undertakings, when they can, (self-centered, yet in humble dependence on the Infinite One whose agents they are,) realise in the sanctuary of their inner being the fact that a duty done, a righteous service rightly performed, is itself the highest reward: all human recompense, fame and honours and wealth, soon pass away, but—

> "The self-remembering soul sweetly recovers
> Her kindred with the stars, nor basely hovers
> Below, but meditates the immortal way
> Home to the source of light and intellectual day."

The founder of homœopathy was of the order of spirits we have described; his was a vigorous man's strong intellect, and stronger will, and still stronger heart. He had a vocation and a mission: he worked like a man; and he left to his followers, *longo intervallo*, the task of filling up the design he sketched with a master's hand, of following out his plan, and of making his discovery more and more available to the well-being of his race. Not vain nor profitless is this preamble, if it induces even one of our readers to reflect on the responsibility of all of his followers, each according to his degree and power, to do his best to promote the Hahnemannian Reform of Medicine. It is no light thing to profess a love of truth; nor can we lightly consider such a subject as this—"Truths and their

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reception considered in their relation to the doctrine of Homœopathy."

The law of homœopathy, *like cures like*, it has been repeatedly shewn, was not discovered by Hahnemann, as the law of gravitation was by Newton. The law was partially known, and partially acted on before the Christian era, and in all the intervening ages from that time to this. Hahnemann's claim to originality, in respect of the law, is that he first demonstrated its general applicability to the healing art, that it was *a truth of nature*—the law of the application of remedies for the cure of disease. His method of applying the remedies, the dose, the fact that by minute subdivision the medicines acted more *in extenso*, and more appropriately, and the other fact, that certain substances in themselves inert acquire medicinal virtues by trituration with an indifferent substance; and furthermore, his explanation of the nature and character of chronic diseases—these were his discoveries. Multitudinous experiments made by himself and his devoted adherents and disciples, on the properties of a great number of medicines, their *provings* of the various remedies, make up, in sum, the experience of the master-mind and of his acolytes, to which he gave the name homœopathy, to express the relation between the curative agent and the ailment or disease. It is this collective experience, proposed as the basis at least of a radical medical reform, not dealing with externals and comparative non-essentials, but insisting on a reconsideration of principles, and of an entire reconstruction of therapeutics, that the hostility of the *soi-disant* orthodox or allopathic school of medicine at first pretended to ignore, then denounced as a system of illusion, delusion and collusion. Let us then speak of homœopathy, in the general sense of its being an attempt at a thorough medical reform, as the discovery of Hahnemann. The public made up of individuals, dependent for their general medical notions on the medical body opposed to this method as an innovation, would naturally look on it with suspicion and mistrust. Their oracles on this subject were not dumb, but all agreed in their denunciations of it with more or less vehemence as occasion might seem to require. The very persons whom the non-medical world look up to for

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guidance on a medical doctrine, from the very nature of the case were, as *a class*, the direct adversaries of the Hahnemannian discovery. This remark applies to every discovery of which we have a record; namely, that the opposition to it has mainly and directly proceeded from the orthodox and established ministers of the system to which the new discovery may have applied.

Take, for example, the silversmiths of Ephesus—(and all men who get their living by a profession or trade are in one sense silversmiths,) and of those who were leagued with them to prevent the introduction of the most beneficent doctrine that has been declared to man. The great advocate of this new doctrine was resolved to stay in Asia for a season. "And at the same time there arose no small stir about that way. For a certain man named Demetrius, a silversmith, who made silver shrines for Diana, brought no small gain unto the craftsmen; whom he called together with the workmen of like occupation, and said, sirs, ye know that by this craft we have our wealth. Moreover, ye see and hear that not alone at Ephesus, but almost throughout all Asia, this Paul hath persuaded and turned away much people, saying that they be no gods, which are made with hands; so that not only this our craft is in danger to be set at nought; but also that the temple of the great goddess Diana should be despised, and her magnificence destroyed, whom all Asia and the world worshippeth. And when they heard this, they were full of wrath and cried out, great is Diana of the Ephesians. And the whole city was filled with confusion . . . . . Some therefore cried one thing, and some another . . . . . And when the town-clerk had appeased the people, he said, ye men of Ephesus what man is there that knoweth not how that the city of the Ephesians is a worshipper of the great goddess Diana, and of the image which fell down from Jupiter."

This is an illustration, for all time, of the opposition any class or profession is ready, as an orthodox or established body, to make to any new discovery or doctrine which may be applied to the modification, or reform, or reconstruction of its particular system. They erect it into a sort of visionary temple, and to touch it in the way of alteration is to offend their prejudices of education, and custom and calling, and so is something absurd or shocking in their estimation. There are idols many, some

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of the individual and some of the class. Everyone has his *chamber of imagery*, if he had the heart and the will to look into it with the purpose of seeing those idol prejudices in their deformity, and of breaking them in pieces: comparatively few, however, dare do this, and some that have the courage have not the will. And so this new discovery, that offers to let in light on those prejudices, is scoffed at and derided or virulently opposed and rejected. It was hard, in the first instance, to persuade the miners to use Sir Humphrey Davy's safety lamp; and the West India planters will not be persuaded, even now when they are being ruined from the want of labourers, to substitute mechanical inventions, wherever applicable, for manual labour.

The love of novelty is supposed to be a characteristic of the human mind, and so it is where there are no strong counteracting prejudices against the novelty. Then the hatred of what is proposed as something new and antagonistical to preconceived opinions, becomes the rule. The novelty of homœopathy has been adduced as an argument against it. We know that the doctrine and the practice are now more than half a century old; but still they are new to some. One of the best informed clergymen of the Anglican Church said not long ago to a homœopathic physician: "the novelty of homœopathy is to me a strong objection against it;" to which it was replied, on that ground, then, had you been a priest of Jupiter Tonans, or of Juno Moneta at Rome, when Paul preached there, you would have rejected his doctrine because of its novelty. This was an *argumentum ad hominem* which he could not resist, and he withdrew his objection.

Professional men are not fond of indoctrinating their clients with their professional knowledge. Those who play at physic with Graham's *Domestic Guide*, and who play at law as *unsalaried* magistrates and country justices, have a very fractional knowledge of medicine and law. But there is no subject of which the general public is so ignorant as that of medicine; and thus they are compelled to take the opinion of their medical advisers on any medical subject, and these we have shewn are, from the nature of the case, opponents of any new discovery like

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homœopathy. The opposition of reforms and discoveries is not, however, confined to those which apply to medicine. We avail ourselves of Mr. Sampson's able paper to enumerate some of the instances of that opposition. His first selection is made from the records of moral progress.

The difficulty in persuading the legislature to modify and mitigate the sanguinary laws for the punishment of criminals, is his first instance. It is well known that lawyers and judges, on whose opinion of the laws the public chiefly relies, were the parties most opposed to any amendment or mitigation of the worse than Draconian code, which so long disgraced the statute book of christian England. "When Sir Thomas More, in 1529, first ventured to question the advantage of putting men to death for petty offences, the lawyers, it is said, all fell upon him and charged him with ignorance of judicial affairs. So true is it, "that there is a propensity in all professional men to resist every deviation from established usages."

His next illustration is taken from the history of physical science. It is the familiar story of Columbus, who when he had matured his theory of the existence of a Western Continent, offered his services to several maritime powers, whose "business was in the deep waters," with the view of ascertaining the fact. His offer was refused by those knowing navigators with scorn. His proposition "was rejected as the dream of a chimerical projector." So in the annual summary of the progress of medical science for the year in which Hahnemann died, there were long obituary accounts of persons already forgotten, and at the end of them all it was carelessly observed, "this year died also the theorist Hahnemann." In the case of Columbus, a monk and a physician persuaded Queen Isabella to entertain his proposition; all the world knows the rest.

Similar illustrations might be given from the history of religious advancement. The *odium theologicum* has passed into a proverb. Every one knows how strong are the feelings of class interests among different sects; and how those who ought to love one another are in a position of hostile demonstration one against another. The histories of Wicliffe, Huss,

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Luther, and many other worthies of the Church, are too well known to be mentioned in this place.

Of "the starry Galileo and his woes;" of that Bishop who was burned for asserting that there existed Antipodes; of Oliver Cromwell, who prematurely died of ague because his physicians would not consent to give him Jesuit's bark (cinchona), at that time newly made known in England; of Harvey, stigmatised as a quack from one end of Europe to the other; of Jenner, the despised of the medical faculty when he first made vaccination known,—who requires to be told?

We give Mr. Sampson's quotation of an admirable scene from Miss Martineau's *Game-Law Tales*. It is an account of the reception of Harvey's theory of the circulation of the blood. It is in the form of a dialogue between Lords Holland, Seymour, and Southampton, a clergyman and a physician.

"One object of old Parr's going up to Court is, that Harvey may study the case, and see if he can gain hints from it for lengthening our lives."

"But surely," said the clergyman, "it can matter but little what Dr. Harvey concludes and gives out about the case of this old parishioner of mine, or any other case. No one can have any respect for his judgment in the face of the wild doctrine he gives out about the blood."

"Does he adhere to that?" asked Lord Southampton. "Yes," replied Lord Holland, "he will ere long publish another tract upon it. It is astounding to see a man, who seems otherwise rational and sensible, lose himself on this one point. There is no making any impression upon him; he persists as quietly as if all the wise people in the world agreed with him."

"Quietly," said Lord Seymour, "I thought he was a passionate, turbulent fellow, who thought all the world a fool but himself."

"Whatever he may think," replied Lord Holland, "he says nothing to give one such an idea; on the contrary, the most amusing and yet melancholy part of the business is his entire complacency. He is so self-satisfied that nothing can move him."

"Dr. Oldham," said Southampton to the family physician, who sat smiling while this description of Harvey was given, "you have looked into this business, this pretended discovery, what have you to say to it?"

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"But little, my Lord, it is not worth so many words as just have been spent upon it. There is not a physician in Europe who believes in this pretended discovery."

"After examination?"

"Surely, my Lord. Any announcement of a discovery made by the physician whose merits have raised him to Dr. Harvey's post, cannot but meet with attention from a profession, whose business it is to investigate the facts of the human frame and constitution."

"Then known facts are against him?"

"Entirely. No point, for instance, is better understood than that the arteries are occupied by the vital spirits, which are concocted in the left side of the heart, from the air and blood in the lungs."

"And what says Harvey to this?"

"He controverts it, of course. Neither the opposition of all living physicians, nor even the silence of Galen on this notion of his, has the least effect upon him. It is sad and pernicious nonsense, and ruinous to a man who, but for this madness, might have been an honour to his profession. Of course his opinions on any subject are of no value now."

"In the profession do you mean, or out of it?"

"I believe there are a good many out of the profession who listen to him, open-mouthed, as to every professor of new doctrines; but it is an affair in which no opinions but those of physicians can be of any consequence; and, as I said, not a physician in Europe believes in Harvey's doctrine."

"It ought to be put down," said Lord Salisbury, to which the clergyman gave an emphatic assent, observing, "that in so important an affair as a great question about the human frame, false opinions must be dangerous, and ought to be put down."

"And how is new knowledge to fare when it comes?" said Lord Southampton. "By my observations, Dr. Harvey's notion is so, following the course that new knowledge is wont to run, that I could myself almost suppose it to be true. It has been called nonsense; that is the first stage. Now, if it be called dangerous, that is the next. I shall amuse myself by watching for the third. When it is said there is nothing new in it, and it was plain to all learned men before Harvey was born, I shall know how to apportion to Harvey his due honour."

"I thought, my Lord, you had held my profession in respect," said the physician, with an uneasy smile.

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"Am I not doing homage to a most eminent member of it, perhaps the most eminent in the world?" said Lord Southampton; "and it appears that I am rather before than behind others in doing so. There is no man, not even the greatest, who may not stand hat in hand before the wise physician; and I, for my humble part, would do even so."

This excellent scene so well describes the kind of opposition such a discovery as homœopathy has to encounter, and especially from the medical faculty, that we cordially thank Miss Martineau for it.

To proceed:—the experience of our own times shews that the same opposition is to be expected whenever any discovery is declared which shocks the prejudices of a class, and (through that class) of the public. The insensibility to pain produced by mesmerism was proved by many authenticated cases in England, and very many in India, in the practice of Dr. Esdaile. The surgeons great and small, *pure* and general, laughed it to scorn. Sir Benjamin Brodie went so far as to assert that pain under operations was necessary to the safety of the patient. Dr. Elliotson, the great medical mesmeric authority, was compelled to resign his offices in connexion with the University College of London. He was lampooned and libelled in all the medical journals, great and small. The mesmerically induced insensibility was a pretence: mesmerism was a mass of illusion, delusion, and collusion. The medical faculty almost to a man rejected the discovery that insensibility to pain could be produced by mesmerism; almost to a man, refused to believe that mesmerism was, where indicated, a curative agent. Animal magnetism some said was a juggle; others that it was trash and nonsense; others that it was diabolism. Great was the triumph of the other medical officers of University College when Dr. Elliotson withdrew from their body. But very soon after a person in America discovered that insensibility to pain under operations could be produced by ætherisation. Æther was a pharmacological fact, a Galenical virtue; this was a legitimate property of a legitimate remedy, and it is on record that the first successful experiment in England to produce insensibility to pain, from ætherisation under operation, was performed at

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the hospital of that University College, the medical officers of which had rejected with scorn Dr. Elliotson's proposition that insensibility to pain under operations could be produced. The mesmeric power was not in accordance with the trained ideas and the narrow range of vision of medical men; but they believed in gaseous exhalations. Chloroform has now superseded æther; but surgeons are averse as ever to mesmerism.

This is an apt illustration of the bigotry and prejudice of a class or profession, in respect of a new discovery, which they are not prepared from their education and conventional notions to entertain; while they readily embrace one, which is in accordance with their general views, and which comes within the sphere of their common-place ideas. They can understand the law of homœopathy as being sometimes applicable, but not as generally applicable; and they cannot tolerate the Hahnemannian doses, because the philosophical induction from innumerable experiments is quite beyond their every-day habits of thought; so they reject at once the philosophy and the experience.

The difficulty of overcoming a class prejudice is shewn by the opposition of the officers of the Army and the Navy to the proposition to do away with the corporal punishment of soldiers and sailors. According to them the cat-o'-nine-tails gives discipline and soldierly ability.

The opposition made to the benevolent views of Captain Maconochie for the reform and moral regeneration of transported criminals—views amply borne out by the most satisfactory evidence of their truth and reality,—is another instance of class prejudice. His results are admitted, but the hereditary and septennial legislators will not legislate in accordance with them.

It is well known with what difficulty those who have the management and superintendence of the insane were induced to try the effects of moral treatment; to do away with instruments of confinement to one position, with fetters and the scourge. All honour to Dr. Conolly, Dr. Woodward, and the at first few supporters of their benevolent attempts to introduce this happy change in the treatment of the *sacred* insane! The results are

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such that there is no fear they will ever again be submitted to the cruel and barbarous usage, which was their lot even a few years ago.

These illustrations are sufficient to shew the opposition of men of a class, or of a profession, to any discovery or reform, which is not in accordance with their conventional customs, ideas, and principles. It is true that such a discovery, or reform, if just and true, makes its way. A few earnest spirits, who would not rather be wrong with Galen or Dr. Williams than be right with the author of a discovery which the former had no opportunity of examining, and the latter chooses to reject disdainfully without examination, take up, investigate, become convinced, and do their best to promote such a discovery, say homœopathy. And as the truth made its way in the case of the discoveries of Harvey and of Jenner; so will it be in the case of the Hahnemannian reform. The public are not justified in rejecting it, because the great body of the medical profession in England disdains it. It was introduced into this country in 1827. In 1844 the British Homœopathic Society was established. The *British Journal of Homœopathy*, now in its seventh year, is the organ of this doctrine. Its medical practitioners increase year after year. It has modified materially the ordinary medical practice; the lancet is much less frequently employed; the consumption of drugs is marvellously diminished; a more simple treatment has been substituted for the heroical or savage. Some of our remedies, not before used by the allopathic school, are getting into daily use. Our good public may perceive from these signs that our doctrine and practice are not the trash and nonsense our opponents try to make them appear.

Take a few instances of the *animus* of the class opposed to our progress.

A very distinguished metropolitan physician, and deservedly so, after having been for some time in attendance on a young lady suffering from marasmus from mesenteric disease, left the case as hopeless. The father called in a homœopathic practitioner: she soon shewed some signs of amendment; is in good condition now, and is almost entirely restored to good health. A few days ago the allopathic physician met the father, and was

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surprised to learn from him that she was so much better; but on hearing that she had been under homœopathic treatment said, "Oh! the improvement in her health is not from homœopathy, which is nothing, nature has done it."

An allopathic hospital physician was in attendance on a gentleman suffering from neuralgia, diarrhœa, &c. As the patient had told him he had before derived benefit from the homœopathic remedies, and he found he could not bear the ordinary medicines even in very reduced doses, he of himself proposed that he should again try homœopathy. The diarrhœa, which was his most distressing symptom, did not recur after he took the appropriate homœopathic remedies; the allopath went to see him, as a friend, every three or four days; he acknowledged the amendment, but would not allow that the remedies had any effect; and when after three or four friendly visits he found the patient and his family convinced that the benefit was derived from the homœopathic treatment, he wrote him a letter to assure him that homœopathy was a mere delusion. Some little time after the patient died from cerebral and other disease, and it is to be presumed that in the allopath's judgment he was done to death by homœopathy, though he had himself left the case as hopeless.

The case of Malibran is another instance of the prejudice we have to contend against. She had lived during more than half her life in a state of constant excitement. Her fine organization, and exquisite susceptibilities, for she was a genius as well as a woman, were kept on a constant strain by her professional ambition, and the excitements incident to her public career. She could not be kept in check; her genius, and the love of the applause derived from its exercise, were her spurs to exertions beyond what nature could sustain for any lengthened time. At the age of thirty-three, after the unbounded triumphs of a London season, the concert in the morning, the theatre every night, and the brilliant society, of which she was the most sparkling ornament, after the theatre, far into the small hours of the succeeding morning, she went to keep an engagement at Manchester. She fainted at one of the performances, and was attacked with nervous fever; she was attended by several

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of the leading allopathic medical men of Manchester, of that day. She was bled; the heroical practice was exercised on her. She succumbed—

"Sic transit gloria mundi;
Omnia sic pereunt, forma venusta, decus."

During her London career Dr. Belluomini had always been her medical attendant; he was sent for, and arrived not long before her death, perhaps from twelve to twenty hours. He saw and said the case was hopeless—but homœopathy killed her! It was so advertised in the papers. Thousands upon thousands believed it; some believe it to this day. "J'etouffe," was her last utterance—and so *the nightingale was stifled.*

Let these instances suffice to show how far the prejudices of even honourable men can carry them in their opposition to an innovation they cannot stomach, to a proposed reform that bears on their own profession, when they are not prepared for it.

But many great men of the medical profession, though they adopted not homœopathy, have honourably distinguished themselves by declaring their respect for Hahnemann, and their conviction that his doctrine should be carefully examined. We have pleasure in enumerating the names of Hufeland, Broussais, Brera, and Valentine Mott, among these happy exceptions. Some of the foremost men in England, Scotland, and Ireland, are now willing to make, have made the same allowance and partial acknowledgment of our method. These men, and others like them, do not concur with the recorded opinion of the Westminster Medical Society, that "Homœopathy is a tissue of absurdities offensive to common sense—the wild, visionary and ridiculous theory of a German enthusiast, too absurd to merit anything like argument, and practised by its disciples only from sordid motives." The late eminent surgeon, Mr. Liston, did not so judge of it, nor Dr. Millingen, nor Dr. Fletcher, the eminent physiologist and pathologist. We quote, at length, from Dr. Fletcher, his favourable testimony.

"Every day's experience furnishes us with examples of the truth of the homœopathic doctrine, at least in some instances, the several substances operating in producing and curing, each its own class of diseases, sometimes directly, at other times indirectly or by sympathy.

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Do we not continually give *purgatives* in the cure of diarrhœa, for the purpose, as is erroneously supposed, of carrying off some offending matter, the presumed cause of the discharge? and how often is *aloes*, one of the most common causes of piles, a means of effectually removing them when already present? Among the diuretics, also, Cantharides, as well as the turpentines and balsams, are not more effectual in removing gleet and catarrh of the bladder when present, than they are, under other circumstances, in occasioning them. Among the diaphoretics, *Tartar emetic* has, according to our own personal experience, excellent effects in stopping a diaphoresis, effectual as it is, as everybody knows, when no such affection exists, in exciting it. The sweating sickness was treated formerly by diaphoretics. Further, among the tonics, *Cinchona*, the chief remedy of intermittent fever, is said to be capable of producing it, and indeed it was from noticing this effect upon himself that Hahnemann was first induced to prosecute and systematise the theory in question. Tartar emetic also, which, as every one knows, is one of the most efficacious means of combatting inflammation in general where it exists, is almost equally sure to produce it when it does not exist, if given in large doses, when it is rather to be considered as a tonic than as a nauseant, a diaphoretic, or a sedative. But the medicine which is most illustrative, in its various operations, of the truth of the homœopathic doctrine, is *Mercury*. The occasional effects of this mineral in producing laryngitis, iritis, ptyalism, and numerous other inflammations and their consequences, are abundantly well known; yet what remedy is so effectual in removing, as is generally acknowledged, the two former affections, and the third also, as was not long ago proved by Dr. Duncan and others? Nay, the influence of Mercury in curing *lues venerea* is dependent probably on its power of producing disease, if not identical with it, certainly very similar to it in its specific effects on the throat, skin, bones, and other organs. Lastly, among the narcotic medicines, the effects of Alcohol in removing, as well as exciting *delirium tremens*, in all its degrees, have been attended to, and are sufficiently well known. Not only medicines, however, but other remedial agents, furnish equally conclusive evidence of the truth, in certain cases at least, of the homœopathic doctrine. Thus, what is the blacksmith's remedy when he has scorched his finger?—is it not again holding it to the fire, for the purpose of drawing out the heat, as he expresses it? And what is Dr. Kentish's treatment of burns in general?—is it not by heated oil of turpentine and other

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stimulating applications, for the purpose, as he presumes, of bringing the inflamed part gradually, not suddenly, down to the line of health? This is not the true explanation of the benefit so derived, but the benefit is nevertheless unquestionable. Again, the occasional effects of electricity in removing amaurosis, palsy of the tongue, &c., are no less certain than the fact that these diseases have often resulted from electricity; and its effects in either producing or removing nervous apoplexy, according to circumstances, were beautifully illustrated on one occasion by Dr. Currie, who found that by passing an electric shock through the head of a rabbit, he could alternately stupify and revive it, for an almost indefinite number of times. . . . . Upon the whole, Hahnemann's book is an original and interesting one, and displays more reflection in every page than many of his decriers will evince in the whole course of their life and conduct for half a century."

The good seed of Dr. Fletcher's physiology and pathology was sown in a good soil; had that excellent man, and scholar, and philosopher been spared, his genial spirit would have been delighted with the homœopathic development that has been manifested in Edinburgh, where he delivered his lectures, not the least of the great men who from time to time have adorned that royal and classical city. Some of his pupils are in the number of our most distinguished homœopathists.

The eminent Dr. Forbes, late editor of the *British and Foreign Medical Review,* though he professed not to receive himself the Hahnemannian doctrine, yet spoke out, in a very powerful article, in favour of the character of Hahnemann and his school, and even *acknowledged the cures,* though he tried to explain them on the ground of our leaving our patients more to nature than drug-givers do. What a condemnation of the drugging system! Let us quote what he says of Hahnemann.

"No careful observer of his actions, or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man. He was undoubtedly a man of genius, and a scholar; a man of indefatigable industry, of undaunted energy, surpassed by few in the originality and ingenuity of his views; superior to most in having substantiated and carried out his doctrines into actual and most extensive practice. It is but an act of justice also

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to admit that there exist no grounds for doubting that he was sincere in his belief of the truth of his doctrines, and that many at least of his followers have been and are sincere, honest, and learned men."

This is very different language from that of Dr. Toogood, whose name has supplied us with the word Toogoodism. Very different also is the language of Dr. Forbes, in regard to the homœopathic system of treatment, from that of the Toogood school of assailants.

"Homœopathy," writes Dr. Forbes, "is an original system of medicine, as ingenious as many that preceded it, and destined probably to be the remote, if not the immediate cause of more important fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen himself. By most medical men it has been taken for granted that the system is one not only visionary in itself, but that it is the result of a mere fanciful hypothesis, disconnected with facts of any kind, and supported by no processes of ratiocination or logical inference. And yet nothing can be further from the truth. Whoever examines the homœopathic doctrines, as announced and expounded in the original writings of Hahnemann and many of his followers, must admit not only that the system is an ingenious one, but that it professes to be based on a most formidable array of facts and experiments. . . . . We think it impossible to refuse to homœopathy the praise of being an ingenious system of medical doctrine, tolerably complete in its organisation, tolerably comprehensive in its views, and as capable of being defended by feasible arguments as most of the systems of medicine which preceded it. . . . . As an established form of practical medicine, as a great fact in the history of our art, we must, *nolentes volentes*, consider homœopathy. . . . . Not only do we see all our ordinary curable diseases cured in a fair proportion under the homœopathic method of treatment, but even all the severer and more dangerous diseases which most physicians, of whatever school, have been accustomed to consider as not only needing the interposition of art to assist nature in bringing them to a favourable and speedy termination, but demanding the employment of prompt and strong measures to prevent a fatal issue in a considerable proportion of cases."

The late Dr. Andrew Combe, whose reputation as a medical

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philosopher is so widely diffused, is another of the happy exceptions among medical men, who have written or spoken wisely and fairly of the Hahnemannian doctrine and practice. This is his language.—

"Let us scout quacks and pretenders as we may, homœopathy presents too strong a *prima facie* case to warrant our dismissing it with ridicule and contempt. . . . . *As a matter of theory*, supported only by argument, homœopathy produces no conviction whatever in my mind of its truth or even of its probability; but as *a question of fact*, claiming to rest on the 'irresistible ground of its superior method of curing diseases and preserving human life,' and on the alleged experience of able and honest men, as competent to judge as most of those who oppose them, I cannot venture to denounce it as untrue, because I have no experience bearing especially upon it to bring forward, and we are still too ignorant to be able to predicate, *a priori*, what may or may not be true in the great field of nature. After the presumptive evidence which has been produced, if I were now in practice I should hold myself bound without further delay to test its truth by careful and extensive experiment."

Yet another instance of the fair and honourable interpretation of the claims of homœopathy on the medical profession for a candid and full investigation. It is the testimony of Dr. John Wilson, inspector of naval hospitals and fleets, who, in his *Medical Notes on China*, makes this statement.—

"In the cholera cases the doctrine of the homœopathists, *similia similibus curantur*, is partly admitted. Whatever may be thought of the theory on which the practice is founded, there is no doubt that the practice is often highly beneficial. At the invasion of many febrile affections, involving important organs, and leading, if not speedily arrested, to dangerous, perhaps destructive lesions of those organs, it often acts with an absolutely curative effect."

These examples of honoured and honourable men of high standing and great reputation among the allopathic practitioners, who favour homœopathy so far as to think it worthy of a careful and determinate examination, should satisfy our good public of Great Britain that the outcry of the general body of the medical men against our doctrine is not at all indicative of its being what they represent it, but that their very

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opposition, as that of a class prejudiced and resolved to condemn it, is an argument in its favour. It has been declared to be nonsense; it has been pronounced dangerous; the next stage is that all should pronounce it to have been what was always known.

Nine-tenths of the men of every profession or class are quite content with the knowledge of one's every day things; few endeavour to ascertain the value or the reality of a philosophy that is beyond their normal comprehension. Like the fruit-seller in Mahommedan countries, it is easier for each of them to cry, "In the name of the prophet, figs!" whether that prophet be Galen, or Coke, or Warburton, or Peel, than to investigate any matter of inquiry for themselves. Nothing could be more direct or intelligible than that a medical man, for instance, should prove by experiment whether such a doctrine as homœopathy is false or not; but the vast majority profess, instead, to condemn it without examination.—This is the very essence of Toogoodism. Two medical men in the year 1841 met a common friend in the broad-walk near the spa of Cheltenham. This friend of the two physicians was a diligent student of homœopathy. He had been a personal friend as well as disciple of Hahnemann. He began to discourse of Hahnemann and his doctrine, and spoke wisely and well of the great medical reformer, and of his peculiar views and practice. One of his two hearers said, "I know nothing of the merits of this practice, but I will certainly inquire into it." He did so, and is now a well-known homœopathist. The other of his hearers said, "I want to know nothing about it; I know as much of my profession as I wish to knew, or as any man needs to know. I would not take the trouble to make any experiments of the kind. I am sure it is all stuff and nonsense." He remains an allopathist, and is a good specimen of that Toogoodism we have been endeavouring to illustrate.

In the *Confessions of a Homœopathist*, one is depicted as everything that is vile and detestable: he repents at last, and confesses himself to have been a villain. In some of the medical journals it is recommended that whenever any one dies under

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homœopathic treatment, the practitioner should be indicted for man-slaughter. Dr. Jonathan Toogood says that all homœopathists are unprincipled charlatans. We can afford to pity this pitiful way of treating a question of immense public interest, and of profound philosophy. There is no more certain sign of ignorance than the proclaimed and angry unbelief in and rejection of a thing because one does not understand it and will not even take the trouble to make the effort to understand it. The case is worse in relation to homœopathy, for many a person who could make nothing of its deeper philosophy might satisfy himself, by experiment, of the truth of the practice.

When any person dies under homœopathic treatment, there is immediately an outcry against the practice. Myriads may perish under the drugging system, but this is the established way of doing to death. The friends of the departed, and the public, should not judge from isolated cases; it is a matter of figures: so many children, suffering from scarlatina, treated allopathically, so many deaths; so many treated homœopathically, so many deaths. And so also of any other disease. By this test we are willing to abide. We know, to our cost, the unfairness, the dishonesty, with which our medical opponents treat us. A few days ago a clergyman, who is in attendance on a gentleman supposed to be past hope of recovery, suggested to the medical attendant the propriety of trying homœopathy, as he had avowed that the ordinary treatment was of no avail. "Sir," said this specimen of Toogoodism, "never mention the subject of homœopathy to a surgeon," —looking the while all the scorn he felt. Now what *great harm* would have been done in trying our remedies? A patient is left as hopeless by an allopathic practitioner; a homœopathist is called in, and the patient dies. As a matter of course he was killed by homœopathy. At one time it is said that there is nothing in our medicines; at another time that they are concentrated poisons. Last winter an infant was found in the morning dead, at Torquay, when there was every reason to think it was overlain by its nurse. One of the medical men of the place was sent for to see it, and asked if it had taken any medicine lately? "Only a globule of homœopathic medi-

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cine." "Ah! those are dangerous remedies, strong poisons. What was the medicine?" "A globule of Chamomilla." "Oh! certainly Chamomilla is not a poison."

We are almost ashamed to write such things, but they shew the *animus* of Toogoodism. Men of that *ism* endeavour, through thick and thin, *per fas vel nefas*, to abuse, vilify, put down whatever they think is in the way of their craft. What care they for divine philosophy? good enough, easy, well-meaning men, they would not hurt a fly that did not tease them, but run a-muck—like a savage Malay, creese in hand—against whatever offends their prejudices, or seems to threaten their interest. This Toogoodism, then, is a part of our poor human nature. We are sorry for it, and would gladly see it amended.

A medical gentleman of Philadelphia, of considerable reputation, and an allopath, lately wrote to a friend in this country who has recently embraced homœopathy, and after expressing his regret for his adoption of the Hahnemannian doctrine, went on to declare to him that homœopathy was held in contempt or indifference in the United States; that the persons who practised it were sent to Coventry, and never received into good society; and that there were no men of any sort of respectability practising it. Constantine Hering, one of the most distinguished medical men and naturalists in the world, a man of great genius and of the most sincere and gentle goodness, so far as the word good can be applied to any human being, lives and flourishes in Philadelphia. He is a thoroughly truthful man, and he told us some three years ago, when he was in Europe, that the difficulty in the United States was not to get medical men to join the homœopathic ranks, but to keep them back from pressing prematurely and too rapidly into our array. We believe, from all that we can gather, that there are more than a thousand homœopathic practitioners in the United States: yet this well-to-do allopathic doctor of Philadelphia laughs at the notion of homœopathy having made any way in those States. This is another instance of Toogoodism.

We think it must be manifest to all who will take the trouble to examine the subject dispassionately that the great body of the medical profession must, in the first instance, almost as a matter

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of course, judging from the analogy and history of all similar discoveries, have rejected homœopathy. It has been shewn that some few eminent men, from Hufeland half a century ago to Dr. Forbes of our day, have ever and anon proclaimed their belief that it was a subject well worthy of the serious attention and anxious investigation of medical men. During that half-century this doctrine has been adopted and the practice pursued by about three thousand duly qualified and well-educated practitioners, in Europe and America. It has made quite as much progress as could reasonably have been expected in Great Britain, since its introduction in 1827. The public, then, can only come to one conclusion if they will use their own faculties of judgment and comparison — that homœopathy is a true doctrine, and the practice worthy of an honest, careful, and extensive trial, to say the least of it. Taken *per se*, the mere opposition of the bulk of our medical men argues nothing against it, but rather the contrary. The testimony of some of the most able and enlightened, who have yet stopped short of embracing it, says much more in its favour than the blind prejudice of the multitude does against it. We trust we have fairly, though rapidly, sketched the present relation between medical Toogoodism and homœopathy. The past history of our doctrine records the struggles of Hahnemann and his followers, the ups and downs of the conflict, and the triumphant issue in many places. The struggle and the conflict are still going on in Great Britain: the result cannot be doubted.

The homœopathic practitioners should be a compact and united body, because union is strength. The friends and patrons of homœopathy among the public can aid our progress by unity of purpose and a resolute will to have the doctrine fairly tested. There ought to be a hospital and school of homœopathy in each metropolis of the three kingdoms, London, Edinburgh, and Dublin, and this without delay. The non-medical adherents of our doctrine are sufficiently numerous and wealthy to provide ample funds for this purpose. This is a most important step that should be immediately taken. It is a downright neglect of a positive duty to let selfish considerations interfere with the advancement of a public good. Homœopathy is not for

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the benefit of this or that medical practitioner, or for this or that patient only, but should be diffused for the benefit of all. Such towns as Liverpool, Birmingham, and Manchester should each have a homœopathic hospital. We ask for nothing but what is fair and equitable. Some of our advocates say that in time our homœopathic practitioners will be elected to the hospitals and other public institutions already existing. But when? Little do such persons know of human nature and of the manner of the election to such hospitals. It were fitting that those who have been the pioneers of this doctrine in Great Britain, through good report and ill report, should have the satisfaction, before they depart hence and are no more seen, to know that their labour has not been in vain—that they have not lived in vain—that they have testified worthily to an established school of medicine. Those of high place, and possessed of wealth, almost realising an oriental dream, who have for themselves and families derived incalculable benefit from this method of practice, should be awakened from their unconsciousness of the duty they owe themselves and the public, and the Giver of their wealth, in this respect. Life was not intended to be the voluptuous pastime of a Sybarite, or to be passed in a sort of philosophical indifference to the well-being of society. Life is or should be a series of struggles after good. The greatest amount of happiness for the greatest number of people, is the true rule of good government; the greatest possible amount of relief from pain and physical suffering and disease, for the greatest number of people, is the true rule of practical philanthropy on a medical question.

In every town where homœopathy is practised there should be a branch society, in connexion with the London British Homœopathic Association,* and the object of the main trunk and of each branch should be the obtaining of sufficient funds for the establishment of hospitals, as well as for the diffusion, by books, of the homœopathic doctrine and practice.

Let us be allowed to conclude this paper with a brief survey of medicine from our august Father Adam to the present time. When man lived in Eden there was no place for medicine or

* There is such a branch in Liverpool.

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the healing art; his body was then incorruptible. But when he was expelled from that garden of delights, his body became subject to corruption, and decay, and death. The seeds of disease were then lodged in his body, and from these, ever since, myriad forms of ailment, aberrations from health, have continually sprung. In the beginning, simple herbs were the probable remedies for most of these ailments; a traditional knowledge of this or that simple being good for this or that ailment would be handed down from father to son. Persons who live a natural life are not subject to what we call chronic diseases. So that the Nomad tribes of the East would not, in the first ages, be perplexed with a great variety of disorders. Among the native tribes of North America, even to this day the treatment of disease is by such simples as we have indicated. If a person suffers from the poison of the rattle snake, they have their infallible remedy for it; their simple remedies for all their ailments are essentially specific. Experience and the healing art so grew up together.

But in time, when men began to congregate and dwell in towns and cities—when luxury came in with its baneful seductions, and science began to speculate and account for experience by theory, the order of the healing art became inverted. Experience was in a great manner neglected, and the so-called science of medicine was founded on various theories and hypotheses. It then became the custom to theorise on diseases and their cure, and to substitute remedies in accordance with such theories for the medicine of experience.

As theories became fashionable, simples were more and more neglected, till at last they became exploded and forgotten among the nations called civilised. New and complicated prescriptions were introduced, more or less dangerous, requiring great discrimination and judgment for their safe application; till medicine became as it were an abstract science, out of the reach of non-professional persons, and this was the beginning of a separate class—physicians.

At the first, from their lofty pretensions these were held in admiration as having a knowledge almost super-human; wealth and honours flowed in to them, and it became their interest to

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make a mystery of their art; so that medicine grew into a mystery. How influenced in successive ages by astrology, astronomy, the mechanical and the chemical philosophies, and a series of ever varying theories, we stop not to discuss. Those who would fain recur to the use of simple remedies, as they founded their practice on experiments instead of theory, were called *empirics*. The legitimate physicians of course scouted them. They worked into their polypharmacy, which appears to us so monstrous, all manner of incongruous things, exotics from every region, chemicals, and Galenicals, acrid poisons in mighty doses, strange and mysterious compounds, wonderful prescriptions. Great men and wise men and good men have never been wanting to dignify this body of physicians, notwithstanding. Hippocrates, Galen, Boerhaave, Caius, Sydenham, and very many others, might be enumerated. Yet let any one look at the writings of the best of them, and it will be seen how such men even as these were subject to the tyranny of their education and the barbarism of this polypharmacy.

Well, as the ages rolled on, a man was born and lived and died, who was known among men by the name of Samuel Hahnemann. He discovered that the order of medicine was inverted, and he boldly and wisely returned to the primitive custom—to the medicine of experience. He at once dashed aside all the theories that trammelled his predecessors and contemporaries. The fine-spun hypothesis was to him apparent for what it was, a profitless jargon. He came back to experiments and experience. He gave one medicine at a time. He said this remedy, in accordance with the law of healing, will cure such an ailment. If we can cover all the symptoms of such a patient with such a medicine, he will be cured. He consulted only common sense, experience, and the common interest of mankind. "Like cures like" was the law of healing, as illustrated by him, the homœopathic law. Every aberration from the normal state of health has its specific remedy, if we knew it. Hahnemann's followers are bound to follow out his design. Polypharmacy, and medicines given merely in accordance with a theory, are rejected by us. Ours is the medicine

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of experience: call us, then, if you like in the classical sense of the word, *empirics*. Call homœopathy, if you choose, this medicine of experience.

We have thus in a few sentences contrasted allopathy and homœopathy. Allopathy having no law of healing of general applicability, while homœopathy has: allopathy ever changing its pharmacy and its compounds of drugs, homœopathy having a definite law for its guidance in the choice of remedies. Homœopathy capable of taking in and using all the real knowledge of all the medical schools from Hippocrates to the present day; availing itself readily of every accessory of science, and of experience; bound by no contrarious theories; untrammelled by the tyranny of the schools; while allopathy is tost about with every wind of doctrine, to one thing constant never. We freely confess that cures are often made, have been often made, and so long as it lasts will be often made by allopathy: but we believe that these cures are frequently to be explained by the fact that the practitioners, quite unconsciously of course, give medicines homœopathic to the cases. We use all their drugs of any worth, and many medicines of whose properties they are altogether ignorant.

We see no signs of the school of New Physic they were called on by their Coryphœus to erect. We should be happy to concur with them, if they would co-operate with us, in the attempt to put their practice on a more satisfactory foundation. We respectfully and earnestly invite them to study the writings of Hahnemann; to repeat his experiments, and those of his followers. *We seek not theirs but them.* We ask them to see whether or not they are under the influence of the Toogoodism of a class, and then to rise above it, and examine for themselves our doctrine and practice.

While we write the Asiatic Cholera is in England, Scotland, and Ireland, fierce in some places, comparatively mild in others. It is avowedly confest that the resources of allopathy cannot meet this disease: the mortality is great under any practice; but very much less under homœopathic treatment than under allopathic. We put it to our allopathic brethren how they can fairly refuse to test our remedies in such a disease.

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We have not even the shadow of a doubt that the truths of homœopathy will be received by a goodly number of the medical men of these kingdoms at no distant date. It is for their sake, and that of the living generation of our fellow-subjects, that we are anxious our voice in favour of homœopathy should be heard.

THE GOUT, NATURE OF THAT DISEASE, ITS CAUSES, ITS TREATMENT AND CURE BY THE METHOD HOMŒOPATHIC. *Sketch by* BARON D. DE MONESTROL, *a Member of the Hahnemannian Society of Paris.* London: H. Bailliere, 219, Regent Street.

"Doctor, doctor, can you tell
What will make the gouty well?"

M. De Monestrol answers this question in the affirmative in this thesis, which is published in a mixed dialect of Gallo-Franco-Anglo-Saxon. We assist him, so far, in saying that he publishes his address, 11, Pembroke Place, Liverpool, at which place those who suffer from any variety of the *genus* gout, "acute gout, chronical gout, regular or irregular gout, nervous gout, white gout, idiopathical gout, and symptomatical gout, having a filiation or direct connection with other diseases, like rheumatism, scurvy, chlorosis, &c. &c.," may hear of relief from *the good genius* of the gouty, M. De Monestrol.

We might here dismiss the author and his tractate by parodying the words of the tyrant,—

So much for Monestrol; off with his —— book;

but courtesy to an adventurous foreigner, who ventures a treatise in a language he has not yet mastered, induces us to write a few words more.

Our author quotes a line from Ovid:

"Tollere nodosam nescit medicina podagram;"

yet he seems to think the gout is curable after all;—and we doubt not that homœopathy can do much for the gouty. He quotes many authorities, such as Hippocrates, Hahnemann,

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Hufeland, Sydenham, &c.; but his chief authority seems to be the "learned Dr. of Edinburgh." Many learned doctors has that celebrated school of medicine furnished, but the individual signalised by M. De Monestrol is no other than Dr. William Buchan, the meritorious and far-famed author of *The Complete Domestic Medicine.* Now, in what year the first issue of that immortal work took place we cannot aver, but we suspect it was more than a century ago; yet our author seems to think that Dr. Buchan is still flourishing in the land of cakes, and perhaps that he is a professor of renown in Auld Reekie.

He gives a chapter to the "ancientness of gout," and quotes Seneca (he writes Senequa) to prove that the Roman ladies of the empire were no better than they should be, and were, in consequence of their intemperance and debauchery, as liable to gout as their husbands, brothers, and sons.

He decides that "the gout, as well as most diseases, is only the manifestation of a trouble, or a perturbation of the vital power," and that "this perturbation of the vital power is the very disease."

He gives a description of the symptoms of gout, chiefly from old Buchan we suspect, and says of his description, "We have given a specimen of a fit of the gout, but it is a kind of type, as it were the *paragon* of a fit."

He condemns "bleeding, purging and sweating" in the words of Sydenham, himself nearly a life-long sufferer from gout, and he shews that individual medicines which have been found useful when given by allopathists, are homœopathic to the cases treated. He barely enumerates some of the homœopathic remedies for gout, giving, from Hahnemann and others, some of the symptoms of a few of the medicines.

This is about the "sum tottle," as Joseph Hume says, of his book. But "rich and rare" is his conclusion.—"We beg permission to cloture our sketch with an instance which will be an illustration for some of our propositions."

A certain Mr. L. had gout. He was not the better, but the worse for many notable physicians, provincial and metropolitan, and he became at last nearly blind, after having been some time lame, the disease attacking his eyes as well as his limbs. One

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night Mr. L., most happily for himself, was taken alarmingly ill. The nearest doctor was sent for; he happened to be a homœopathist. He undertook the case, and the patient was cured. A year after this, Mr. L. met in company the original Simon Pure, his first allopathic doctor, "who approached, and seeing him on his legs, asked, as a jeer, whether it were by treating his eyes that homœopathy had cured his feet? At this question, made in laughing, some persons had surrounded the little party, when the gentleman coldly and without affectation answered, 'I do not know, Sir; but I remember when you were giving me remedies for my feet I was very near losing my sight. One of your colleagues treated my eyes, and my eyes and feet grew worse and worse every day; just as with yourself, homœopathy did not pretend to treat either my feet or my eyes; *she* has undertaken only to treat my *gout:* and now I can read without spectacles, and go to my country seat on foot.'"

On the whole, however, we recommend the author to apply to his book the words of the poet, who deserved gout, if he did not have it:

> "Non possunt nostros multæ, Faustina, lituræ
> Emendare jocos; una litura potest."

HOMŒOPATHIC INTELLIGENCE.

Homœopathic movements in Spain.

Joaquin Hisern, professor of physiology at the Faculty of Medicine, at Madrid, has lately, with a great burst of shallow eloquence, joined the homœopathic tribe. Encouraged by the support of Don Felix Janes, dean of the Faculty, and Señor Nuñez, who for a short time had an opportunity of introducing homœopathic practice at court, Dr. Hisern formally requested from the Queen the official establishment of clinical homœopathic instruction. The petition was referred to the committee of public instruction, the majority of whose members rejected the application, adding that such an innovation would be "an unaccountable error and an odious privilege." But the academical couple, nothing daunted, have since made a new application, boldly asserting that homœopathy is in the ascendant all through Europe. Discussion, temperate and sensible discussion, would be useless with such enthusiasts.—*Lancet*, January 13th, 1849.

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***Report of the cases treated homœopathically in the Hospital of the Sisters of Charity at Gumpendorf, Vienna, from the 1st January till the 31st December,* 1847.—By Dr. Fleischmann.**

DISEASES.	Remaining from 1846.	Admitted.	Cured.	Discharged uncured.	Died.	Remaining.
Old age		12		5	6	1
Apoplexy	1				1	
Burns		2	2			
Chlorosis	1	7	8			
Cholera	1	7	8			
Cough, chronic		17	13			4
Catarrh		7	7			
Colic, lead		8	8			
„ gastric		7	7			
Diarrhœa	1	28	29			
Dysentery		7	7			
Exudation in chest		2	2			
Erysipelas, of feet		1	1			
„ of face	1	18	18			1
Eruptions, small pox	1	4	4		1	
„ tinea capitis		1	1			
„ measles		3	2			1
„ urticaria		3	3			
„ scarlatina		5	5			
„ varicella		3	3			
Fever, gastric	4	54	57		1	
„ catarrhal	2	47	48		1	
„ typhus	7	157	128		23	13
„ nervous	4	66	66		1	3
„ rheumatic	6	79	82			3
„ intermittent		119	116		2	1
Furunculus		1	1			
Frost-bite		4	4			
Fungus Hæmatodes of the liver		1			1	
Gastric disorders		19	19			
Gout, acute		4	2			2
„ of hip		1			1	
„ of head		3	3			
„ chronic	1	1	2			
Hæmoptysis	2	14	14		2	
Hoarseness, chronic		2	2			
Heart disease, organic		6		2	3	1
Headache, rheumatic		8	8			
Hydrops, ascites	2	1			2	1
„ of ventricles of brain		1			1	
„ of lungs		6			6	
Inflammation, of the eyes	1	10	10			1
„ peritoneum	1	14	14			1
„ enteritis		1			1	
„ encephalitis		2	2			
„ joints	4	38	38			4
„ throat	3	60	63			
Carried forward	43	761	707	7	53	37

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DISEASES.	Remaining from 1846.	Admitted.	Cured.	Discharged uncured.	Died.	Remaining.
Brought forward....	43	761	707	7	53	37
Inflammation of the larynx	1	3	4			
„ lungs	3	80	77		4	2
„ ears		2	2			
„ pleura	1	2	2			1
„ cellular tissue	1		1			
Induration of stomach.....		2		1		1
Jaundice	1	5	5			1
Mania, acute		1		1		
Palsy.....	1				1	
Phthisis pulm.	6	23		7	17	5
Rheumatism, acute	2	51	52			1
„ chronic		1	1			
Scorbutus.....		2			2	
Scrofula	1	2	2		1	
Scirrhus of stomach.....		1		1		
Swelling of the cheek		10	9			1
„ feet		5	4			1
„ glands		1	1			
Spasms, general		5	3			2
„ of stomach.....	1	6	6			1
Tuberculosis.....		11		8	2	1
Ulcers, of legs		3	3			
Wounds		11	10			1
„ of feet.....		8	7			1
Vomiting, gastric.....	1	6	7			
Total	62	1002	903	25	80	56

***Report of the cases treated homœopathically in the Hospital of the Sisters of Charity at Linz, from* 1*st January to* 31*st December*, 1847. By Dr. Reiss.**

DISEASES.	Remaining from 1846.	Admitted.	Cured.	Relieved.	Uncured.	Died.	Remaining.
Abscess		8	7				1
Old age	2	6		4	2	2	
Apoplexy		1	1				
Burns		4	4				
Chlorosis	1	14	13				2
Contusions		4	4				
Concussion, general		1	1				
Catarrh of the bowels		2	2				
„ lungs	4	27	29				2
„ stomach		2	2				
Carried forward....	7	69	63	4	2	2	5

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DISEASES.	Remaining from 1846.	Admitted.	Cured.	Relieved.	Uncured.	Died.	Remaining.
Brought forward....	7	69	63	4	2	2	5
Colic		15	13				2
,, gastric		2	2				
,, rheumatic	1	1	2				
,, verminous.....		1	1				
Carcinoma		1			1		
,, of the lips		2	1		1		
Cramp of the stomach		11	11				
Diarrhœa		9	9				
Dysentery		3	3				
Dropsy, general.....		3	1			2	
,, of abdomen		3			1	1	1
,, anasarca	1	2	3				
Eclampsia		4	2	1			1
Exudation in the pleura		9	9				
Eruptions, small pox.....	1	8	9				
,, herpes		1					1
,, furunculous		1	1				
,, tinea capitis.....		3	3				
,, zona		1	1				
,, scabies		1			1		
,, miliary		2	2				
,, erysipelas.....		3	3				
,, ,, of feet		2	2				
,, ,, of face	1	2	3				
,, scarlatina		2				1	1
,, varicella		2	2				
Eneuresis, wetting the bed		1					1
Epistaxis	1		1				
Fractures		2	2				
Fever, catarrhal.....		2	2				
,, inflammatory		3	3				
,, gastric.....	1	35	35				1
,, rheumatic	5	48	53				
,, intermittent.....	2	132	127		1		6
,, hectic		1				1	
,, typhus	4	41	36			5	4
Frostbite.....		15	14				1
Gastric disorders		7	7				
Gout	2	4	4	2			
Gangrene of lungs.....		1				1	
Gutta serena		1			1		
Hæmatemesis		1	1				
Hæmoptysis	1	5	6				
Hernia, incarcerated		1	1				
Helminthiasis.....		2	2				
Heart diseases, organic		11		8		2	1
Hæmorrhoids.....		1	1				
Hip, rheumatism of		1	1				
Hypertrophy, of liver.....		3	1				2
,, spleen		1	1				
,, liver and spleen ..		1	1				
Carried forward....	27	483	445	15	8	15	27

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DISEASES.	Remaining from 1846.	Admitted.	Cured.	Relieved.	Uncured.	Died.	Remaining.
Brought forward....	27	483	445	15	8	15	27
Headache, nervous.....	1		1				
„ rheumatic.....		9	9				
Inflammation, of eyes, catarrhal ..		2	2				
„ „ rheumatic..		2	2				
„ „ scrofulous..	1	10	11				
„ „ traumatic ..		2	2				
„ peritonitis	1	11	12				
„ „ traumatic		1	1				
„ of the bladder		1	1				
„ pleuritis		20	19				1
„ meningitis		1	1				
„ of joints, rheumatic	1	4	5				
„ of the throat		7	6				1
„ of cervical glands ..		1					1
„ of the heart	1	3	4				
„ of the testicle.....		1					1
„ of knee-joint		5	3		1		1
„ of the lungs		25	25				
„ „ and heart		1	1				
„ „ and peri-cardium.....		1					1
„ of the stomach		2	2				
„ of the spinal chord..	1	1	1				1
„ of the vertebræ		2	2				
„ of abdominal aorta		1	1				
„ of the cellular tissue		1	1				
„ of the tongue		1	1				
Jaundice		3	2				1
Influenza		3	3				
Lienteria.....		1	1				
Mollities ossium.....		1	1				
Menstruation, suppressed		3	3				
Necrosis	1	9	2	4	1	1	2
Neuralgia faciei		1		1			
Paralysis.....		1	1				
„ of the extremities		2	1	1			
„ of spinal marrow.....		2			1		1
Spasms, hysteric		5	4		1		
Rheumatism, of limbs	2	51	46		2		5
„ of teeth		1	1				
Swelling, phlegmonous.....		1	1				
„ rheumatic, of the jaw....		3	2	1			
„ of the inguinal glands ..		2	2				
„ of the gums		1	1				
Scorbutus		1	1				
Scrofula		7	2	2	1		2
Salivation		1	1				
Strangury		1			1		
Syphilis		1			1		
Tuberculosis, of intestines		1				1	
„ of brain		1			1		
Carried forward....	36	701	633	24	18	17	45

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DISEASES.	Remaining from 1846.	Admitted.	Cured.	Relieved.	Uncured.	Died.	Remaining.
Brought forward....	36	701	633	24	18	17	45
Tuberculosis of lungs	1	34		19	7	8	1
Uterine hæmorrhage.....		1					1
Ulcers.....	1	17	12		1		5
„ gangrenous		1	1				
„ of intestines.....	1		1				
„ medicinal.....		1	1				
„ scrofulous	1	1	1	1			
„ panaris.....		1	1				
Vertigo		3	3				
Wounds		1	1				
Total	40	761	654	44	26	25	52

***Report of the Homœopathic Hospital of the Sisters of Charity at Kremsier, in the year* 1847.—By Dr. Schweitzer.**

DISEASES.	Remaining from 1846.	Received.	Cured.	Uncured.	Died.	Remaining.
Abscess.....		3	3			
Atrophy		1			1	
Asthma.....		2	1	1		
Chlorosis		1	1			
Contusions		2	2			
Catarrh, of the lungs		9	8			1
„ chronic		4	4			
Cramp of the stomach.....		2	2			
Diarrhœa		4	4			
Degeneration of Abdom. viscera		1			1	
Dysuria		1	1			
Dysentery.....		4	2		2	
Dropsy, general	1	11	4	2	5	1
„ of the chest.....		1			1	
Eruption, bullous		1	1			
„ erysipelas of feet.....	2	6	8			
„ „ face	1	5	5			1
Fever, gastric	1	17	17			1
„ catarrhal		3	3			
„ typhus	4	75	64		11	4
„ nervous		50	48			2
„ rheumatic		5	4			1
„ intermittent	7	135	134		1	7
Gastric disorders	1	14	14			1
Gout.....		3	3			
Hæmoptysis.....		4	4			
Hæmorrhage		1			1	
Carried forward....	17	365	337	3	23	19

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DISEASES.	Remaining from 1846.	Received.	Cured.	Uncured.	Died.	Remaining.
Brought forward....	17	365	337	3	23	19
Hæmorrhoids	1		1			
Heart, organic disease of		1		1		
Inflammations, ophthalmia, acute		9	9			
„ „ chronic		3	2			1
„ „ scrofulous ..		6	6			
„ peritonitis		2	2			
„ pleuritis		1	1			
„ meningitis		1			1	
„ enteritis		1			1	
„ of throat.....		6	6			
„ of joints	1	1	1	1		
„ pericarditis		1			1	
„ laryngitis		1		1		
„ hepatitis		3	3			
„ pneumonia	3	20	17		2	4
Jaundice		2	1	1		
Palsy of the extremities		1			1	
Phthisis pulmonalis.....		5		4	1	
Rheumatism, acute		5	5			
„ chronic		1	1			
Swelling, phlegmonous of hand		1	1			
Salivation		1	1			
Ulcers of leg	3	4	7			
Vomiting, gastric.....		2	2			
Wounds		3	3			
Total	25	446	406	11	30	24

MISCELLANEOUS.

Cod Liver Oil.

In the February number of the *Pharmaceutical Journal* there is an article on Cod Liver Oil. The whole paper is of considerable interest, especially to the homœopathist, to whom the absolute purity of the oil is of so much importance. Our space, however, does not permit of more than a few extracts of the more interesting portions.

Fish oils are of two kinds.—1st, those extracted from the adipose tissue diffused generally through the body; and secondly, those obtained from the liver exclusively. In the Gadidæ, or Cod tribe, almost the whole adipose tissue of the animal is concentrated in the form of oil, contained in the liver. The oils obtained from the livers of the different species of this tribe appear to be very similar in their physical, chemical, and medicinal properties.

De Jongh, in Mulder's laboratory, made a very careful analysis of these oils. He describes three kinds. These are, *pale*, *pale brown*, and *brown*.

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"1st. *Pale Cod-liver oil.* Golden yellow; odour not disagreeable; not bitter, but leaving in the throat a somewhat acrid fishy taste; re-acts feebly as an acid. Sp. gr. 0.923 at 63°5 Fahr.

"2nd. *Pale brown Cod-liver oil.* Colour that of Malaga wine; odour not disagreeable; bitterish; leaving a slightly acrid, fishy taste in the throat; re-acts feebly as an acid. Sp. gr. 0.924 at 63°5 Fahr.

"3rd. *Dark brown Cod-liver oil.* Dark brown, in transmitted light greenish, in thin layers transparent; odour disagreeable, empyreumatic; taste bitter and empyreumatic, leaving behind in the fauces an acrid sensation; re-acts feebly as an acid. Sp. gr. 0.929 at 63°5 Fahr.

"De Jongh found the principal constituents of these oils to be *oleate* and *margarate of glycerine*, possessing the usual properties. But they also contained *butyric* and *acetic acids*, *the principal constituents of the bile* (bilifellinic acid, bilifulvin, and cholic acid), *some peculiar principles* (among which was the substance called *gaduin*), and not quite one per cent. of *salts*, containing iodine, chlorine, and traces of bromine. Moreover, he found that the oils always contained free *phosphorus*.

"The following table shows the proportions of the constituents in the three kinds of oil:—

Constituents.	Pale Oil.	Pale brown Oil.	Brown Oil.
Oleic acid (with *Gaduin* and two other substances)	74.03300	71.75700	69.78500
Margaric acid	11.75700	15.42100	16.14500
Glycerine	10.17700	9.07300	9.71100
Butyric acid	0.07436	....	0.15875
Acetic acid	0.04571	....	0.12506
Fellinic and cholic acids, with a small quantity of margarine, oleine, and bilifulvin	0.04300	0.06200	0.29900
Bilifulvin, bilifellinic acid, and two peculiar substances	0.26800	0.44500	0.87600
A peculiar substance, soluble in alcohol	0.00600	0.01300	0.03800
A peculiar substance, insoluble in water, alcohol, and ether	0.00100	0.00200	0.00500
Iodine	0.03740	0.04060	0.02950
Chlorine, and traces of bromine	0.14880	0.15880	0.08400
Phosphoric acid	0.09135	0.07890	0.05365
Sulphuric acid	0.07100	0.08595	0.01010
Phosphorus	0.02125	0.01136	0.00754
Lime	0.15150	0.16780	0.08170
Magnesia	0.00880	0.01230	0.00380
Soda	0.05540	0.06810	0.01790
Iron	....	....	a trace
Loss	3.00943	2.60319	2.56900
Cod-liver oil	100.00000	100.00000	100.00000

"By reference to this table, there will be observed some slight differences in the composition of the three kinds of oil. Whether these are

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constant or accidental, further investigations are required to determine. But from De Jongh's analysis it would appear that the *pale* oil is richest in oleic acid and glycerine—that the *brown* oil contains the largest amount of margaric, butyric, and acetic acids, and of the substances peculiar to cod-liver oil—and lastly, that the *pale brown* oil is richest in iodine and saline matters."

Gaduin is a substance of a dark brown colour, completely insoluble in water, but for the most part soluble in ether and alcohol. It is contained in all the three varieties of oil. At first it is yellow, but under the influence of atmospheric air it acquires a brown colour.

The constituents of bile may be obtained by shaking the oil with water, until an emulsion is formed, from which the oil slowly separates. On evaporating this emulsion, a brown extract remains, of a peculiar odour and bitterish taste. The quantities obtained from the different kinds of oil are as follows:—

	With cold water.		With hot water.
Pale oil.....	0.607 per cent.	..	0.513 per cent.
Clear brown oil	0.890 „	..	0.849 „
Brown oil.....	1.288 „	..	1.256 „

When successively treated with ether, alcohol, and diluted spirit, all these extracts yield the same results. These are, *olein*, *fellinic*, and *choleic acids*, some crystals of *margarin*, *biliocadin*, *bilifulvin*, and *bilifellinic acid*, *a black shining substance* soluble in alkalies, concentrated sulphuric and hot acetic acids, but insoluble in nitric acid and hydrochloric acids; *an inorganic substance* (nature not determined), and *inorganic salts*, in which chlorine, phosphoric and sulphuric acids, lime, magnesia and soda were found, but no potash or iodine.

"5. *Iodine, bromine, and chlorine.* Considerable, though as I conceive unnecessary importance has been given to the fact that cod-liver oil frequently or usually contains both iodine and bromine. To the presence of one or both of these substances has been ascribed the whole or part of the remedial efficacy of the oil. A little consideration, however, would be sufficient to prove that their therapeutical agency in the oil must, if any, be exceedingly small. The proportions in which they exist in the oil is inconstant, though in all cases very small. Moreover, beneficial effects have been produced by the use of the oil, which neither iodine nor bromine are capable of producing.

"Some chemists have failed to detect *iodine* in cod-liver oil. De Jongh says, that it is present in every geuine oil, but that the only certain mode of detecting it is to saponify the oil, and carbonize the resulting soap. He confirms Stein's remark, that neither by immediately carbonizing the oil, nor by saponifying it, and then decomposing the soap by acids, can the iodine be detected. It follows, therefore, that iodine exists in the oil neither in the free state nor in that of metallic iodine, but probably in organic combination—perhaps as an iodic fatty acid. De Jongh deter-

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mined the proportion of iodine by forming iodide of palladium; every 100 parts of anhydrous iodide of palladium was considered equivalent to 70.34 parts of free iodine.

"The largest amount of iodine found in genuine oil is less than 0.05 per cent. If the amount obtained be larger than this, fraud may be suspected. It is said by Dr. Martiny that some dishonest druggists have introduced iodine into the oil for the purpose of augmenting its commercial value. Nay, it is stated that an artificial cod-liver oil has been made by combining iodine with common fish or train oils.

"De Jongh detected *bromine* in the oil, by Balard's process. The carbonized soap was digested with alcohol, and the alcoholic extract treated with chlorine gas and ether. Its proportion was estimated in conjunction with that of chlorine, as the quantity was too small to admit of accurate separation.

"The *chlorine* was determined by precipitating it as chloride of silver from the watery extract of the carbonized soap."

It will be unnecessary to enter into details with respect to the other constituents of the oil.

"The characters by which we judge of the genuineness, purity, and goodness of the oil, are partly physical, partly chemical.

"The physical characters which are usually employed are principally colour, odour, and flavour. The finest oil is that which is most devoid of colour, odour, and flavour. The oil as contained in the cells of the fresh liver is nearly colourless, and the brownish colour possessed by the ordinary cod-oil used by curriers is due to colouring matters derived from the decomposing hepatic tissues and fluids, or from the action of air on the oil. Chemical analysis lends no support to the opinion, at one time entertained, that the brown oil was superior, as a therapeutical agent, to the pale oil. Chemistry has not discovered any substances in the brown oil which could confer on it superior activity as a medicine. On the other hand, the disgusting odour and flavour, and nauseating qualities of the brown oil, preclude its repeated use. Moreover, there is reason to suspect that, if patients could conquer their aversion to it, its free use, like that of other rancid and empyreumatic fats, would disturb the digestive functions, and be attended with injurious effects.

"Of the chemical characters which have been used to determine the genuineness of cod-liver oil, some have reference to the iodine, others to the gaduin or to the bile constituents. I have already stated that some fraudulent persons are said to have admixed iodine (either free iodine or iodide of potassium) with train oil, to imitate cod-liver oil. The presence of this substance may be readily detected by adding a solution of starch and a few drops of sulphuric acid, by which the blue iodide of starch is produced; or the suspected oil may be shaken with alcohol, which abstracts the iodine.

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"Sulphuric acid has been employed as a test for cod-liver oil. If a drop of concentrated sulphuric acid be added to fresh cod-liver oil, the latter assumes a fine violet colour, which soon passes into yellowish or brownish-red. Some samples of oil produce at once the red colour, without the preliminary violet tint. It has been erroneously supposed by some persons that this violet colour was due to the evolution of iodine by the action of the acid on an alkaline iodide contained in the oil. If that were the case, the presence of a little starch-paste would be sufficient to convert the violet into an intense blue colour, which is not the case. The colouration in fact depends on the action of the sulphuric acid on some one or more organic constituents of the oil, and the following facts lead me to infer that it is in part due to the presence in the oil of one of the constituents of the bile.

"It follows, therefore, from what has been now stated, that oil of vitriol is a test for liver oils. It does not distinguish one liver oil from another, for it re-acts equally with the oil of the liver of the ray and with oil of the liver of the common cod. Neither does it distinguish good cod-liver oil from bad, for it produces its characteristic re-action both with common brown cod-oil and with the finest and palest qualities. But it serves to distinguish oil procured from the liver, from oil obtained from other parts of the animal."

The Archduke John, Vicegerent of Germany, and Homœopathy.

In Rapou's *Histoire de la Médecine Homœopathique* we learn the following interesting particulars respecting the eminent personage who at present fills the important office of Vicegerent of the German Empire.

In 1834 the Emperor Francis died, and it was generally reported, and even openly asserted by several allopathic physicians, that he was killed by blood-letting carried to an irrational extent. His death was soon followed by that of his brother the Archduke Anthony, caused by the same system of blood-letting in a similar inflammatory disease. About the same time it so happened that the Archduke John, the Nimrod of Styria, was also attacked by a violent inflammation. Warned by the fate of his brothers, he kept the dangerous blood-suckers at a distance, and employed a physician of that school that can cure without shedding blood. Dr. Marenzellar was called in, who speedily put him in a condition to follow the chamois over the hills.

The contrast of the result of the treatment of his case with that of his two brothers made an extraordinary impression at Court. A new impulse was given to Homœopathy, and the number of its adherents increased amazingly.

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Homœopathic Emulsion.

Dr. Nusser proposes the employment of an emulsion as a vehicle for the administration of homœopathic remedies. This he prepares merely by dissolving the well-known globules in water. He has them prepared by a confectioner in the most accurate manner, with two parts of fine white sugar to one of fine starch powder. They must be very small, about 600 should weigh only one grain; during the preparation of the globules the starch on their surface seems to be changed into a kind of gum. If about half a drachm of these be dissolved in one ounce of common spring water the solution presents an agreeable white appearance, the rest of the starch being held suspended in the gum. The consistence of the emulsion may be increased or diminished by adding more or less of the globules. In order to preserve it from fermentation a drop or two of alcohol of 75 or 80 % should be added to each ounce of water. The taste of the emulsion then resembles that of punch (*sic!*). To medicate the emulsion a drop or a few globules of the remedy are added, and the whole well shaken.—*Allg. Ztg. für Hom.* No. 1.

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Allgemeine Zeitung für Homöopathie, von Dr. J. B. Buchner und J. Nusser. Augsburg bei Jenisch & Stage. B. I. Nos. 1—19.

Homœopathy in Acute Diseases, by Stephen Yeldham, M.R.C.S. London: Bailliere, 1849.

NOTICE.—Dr. J. Rutherfurd Russell is collecting materials for a Life of Hahnemann; and he will feel greatly obliged to any one who will afford him authentic information upon the subject, or intrust to his care any of Hahnemann's letters.

Parcels too large for the Post, may be sent to the Publisher of the *British Journal of Homœopathy.*

To Correspondents.—Two letters have been received from Dr. Norton, of Derby, which from want of space, we are unable to publish in this Number. They shall appear in our next.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

ESSAYS ON GENERAL PATHOLOGY,

By William Henderson, M.D.,

Professor of Medicine and General Pathology in the University of Edinburgh.

(*Continued from page* 97.)

Decrease of the fibrine.—While the fibrine undergoes a notable increase in inflammatory diseases, there are others in which it has been found in smaller proportion than in health. Certain fevers, and hemorrhagic diseases, have been particularly specified as being distinguished by a decrease of the fibrine in the blood. It has been already shown that in typhoid fever and in small-pox a smaller proportion of the fibrine than exists in healthy blood has been observed, and that in the former of those diseases the decrease has been found sometimes very remarkable even in the premonitory period. (See p. 394, vol. VI.) It has been also remarked already that the lower proportion of fibrine in those diseases should be regarded as due to a slower dissolution of the red corpuscles than is required to compensate the consumption of the fibrine in the nutrition of the tissues, a statement which was based on the fact that while the fibrine had experienced a notable decrease, the corpuscles in question had not only undergone no corresponding diminution, but in some instances had accumulated considerably above the average proportion.

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Even when the absolute quantity of the corpuscles diminishes as the fever advances, it appears from the researches of Andral and Gavarret on the blood of typhoid fever, that the diminution is never proportionate to the decrease of the fibrine. Both corpuscles and fibrine have been found much diminished at the same time, but one or other of the following circumstances can be remarked in all such examples: first, that the relation still subsisting between the corpuscles and the fibrine shewed the *proportion* of the former to the latter to be greater than is observed in the healthy state; or, second, that the *rate* of the decrease of both was unequal, so that if they presented the ordinary relative proportion at first (though both were absolutely diminished), yet subsequently the fibrine was found to have decreased more rapidly than the corpuscles.

To illustrate the first statement it may be enough to specify the following particulars. In Andral's second case of typhoid fever the fibrine existed in the proportion of 0·9, and the corpuscles in that of 93·1, per 1000 of blood. The quantity of the corpuscles, as well as of the fibrine, was therefore considerably diminished; but the *proportion* of the corpuscles to the fibrine in this specimen of diseased blood was such that if, by calculation, the same proportion were maintained towards fibrine at the average of 3·, as in health, the corpuscles would appear to be no less than 310·, instead of 127·, per 1000 of blood. To illustrate the second statement, the particulars of the seventh case may be adduced. From these it would appear that the person who was the subject of the fever was anæmic, in some degree, at the commencement of the disease. The corpuscles amounted only to 102· in the specimen of blood first examined, while the fibrine was rather above the average quantity, or 3·4. The latter began to evince a considerable decrease by the twelfth day of the fever, and the globules had also decreased. Their respective quantities were now 2·3, and 93·9. On the seventeenth day the fibrine had declined to 1·7, the corpuscles to 86·3. But while the quantity of corpuscles was less than usual at the commencement, and its proportion to the fibrine then also lower than ordinary, it will be seen from the following comparative view of the original and subsequent relations between the two

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elements, that the fibrine diminished so much more rapidly than the corpuscles that at length the proportion of the latter to the former became greater than in the normal state.

1st Specimen,	fibrine	3·4	corpuscles	102·4 =	90·0
3rd Specimen,	„	2·3	„	93·9 =	122·0
4th Specimen,	„	1·7	„	86·3 =	152·0.

The last column of figures represents the proportion the corpuscles would exhibit if the successive quantities of fibrine were raised to 3·, and the corpuscles retained the same relation to it as the second column does to the first.

In endeavouring to account for the decrease of the fibrine in fever three views may be noticed, any one of which might be supposed to be capable of producing that effect. The red corpuscles may be regarded as failing to dissolve in the quantity necessary to yield the customary supply of fibrine; or the fibrine may be supposed to be consumed more rapidly than usual; or a new element may be conjectured to exist in the blood capable of maintaining some of the fibrine in an incoagulable state, thereby preventing the actual amount of it from being accurately ascertained.

The grounds on which the first of these views may be maintained have been already specified, and in order to shew that it is the most probable doctrine on the subject, it remains for me only to make a few observations on the other two. If there actually occurred a greater waste than ordinary of the fibrine, we should expect to discover some evidence of this in the condition of the urine. Urea, and uric acid, the two principal elements of that secretion, are regarded as the products of the transformation which the albuminoid or protein compounds of the blood and tissues undergo in the course of being ejected from their former place to be voided as *used* and effete. If that transformation be more rapid in fever, and if it be as a consequence of it that the fibrine is diminished, we should expect to find the urea, and the uric acid, to be excreted in greater quantity than usual. And such, indeed, is the fact, according to Liebig, who refers to the authority of Prout for the affirmation. The researches of all the later chemists, however, who have

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analysed the urine of typhus and typhoid fevers are decidedly at variance with this statement. Simon, who estimates the proportion of urea in a hundred parts of the solid residue of healthy urine at 39·, found it to be generally above ten per cent. less in that of the urine in typhus; and though the uric acid was generally increased, the increase did not exceed 2 or 3 parts in the 100 of solid residue. The proportion of both in many specimens of fluid urine of typhus was found usually less by Simon and Scherer, that of the urea in particular. In some instances it did not exceed a tenth of its ordinary amount.

In regard to the third supposition, the presence in the blood of an element capable of preventing the coagulation of a portion of the fibrine, it may be remarked that no such substance is mentioned by the best recent authorities on the pathology of the blood. There are, however, some authors who aver that they have detected in the dark and imperfectly coagulated blood of certain adynamic fevers, a foreign or morbid substance capable of causing both of those conditions of the fluid. Thus Denis states that in the blood of fever distinguished by such characters he has discovered ammonia, both free and as a salt; and to the agency of that alkali he ascribes the altered aspect of the fluid, a conclusion which would be just if ammonia were actually present, for in its free and combined conditions it possesses the properties of darkening the blood and preventing its perfect coagulation, or maintaining it in a "dissolved" state. Schönlein, too, avers that he detected a salt of ammonia in the blood of a severe example of typhoid fever; and Bonnet, of Lyons, notices a similar occurrence, the salt in his case having been, he says, a hydrosulphate. In the present state of our knowledge of the changes which the blood may undergo in the advanced stages of the worst form of fevers, we are not entitled to deny the occasional occurrence, at least, of ammonia in a quantity sufficient to affect the colour and coagulability of the blood. Independently of the instances in which its presence has been asserted, there are some speculative reasons for presuming that such an event is probable. For example, it seems to be certain that in some very bad cases of typhus fever the elements of urea are not voided by the kidneys in their usual state, but as a car-

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bonate of ammonia, and it is impossible at present to say with certainty where that new form of those elements is produced—whether in the kidneys themselves, or throughout the body, in consequence of a morbid transformation of those constituents of the blood and tissues which in health are converted into urea. The subject is worthy of more attention than has yet been bestowed upon it, and enough has been said to prove that analyses of the blood in fevers should not be confined to an endeavour to determine the proportions of its normal constituents, but should be extended likewise to a search for other substances, and especially for ammonia. Yet even should it be granted that some new substance may be present in the advanced periods of severe fevers capable of interfering with the coagulation of the blood, the admission would not affect the conclusion which has been mentioned under the first head, in so far as that refers the decrease of the fibrine, in part at least, and in the earlier stages of fever more especially, to the more sparing or slower solution of the globules. That fact, as I believe it to be, is shown in the unusual amount of the globules in the premonitory stage of the fever, as well as in the earlier periods of its course; in the decrease of the fibrine accompanying that condition of the globules; and in the slow diminution of the globules, compared to that of the fibrine, as the disease advances. In order to assign to these facts respecting the amount of the globules their full weight in this question, it ought to be remembered that the same solvent which would be capable of decreasing the quantity of the fibrine would likewise equally lessen that of the globules, whereas the fibrine alone is remarkably diminished in the circumstances referred to.

The subject is interesting and suggestive, and the discussion of it might be extended in various speculative and practical directions; but I confine myself to one or two suggestions only. If there be no chemical cause, in the sense of a new material acting as a solvent, of the diminution of the fibrine in the more ordinary cases of fever, we have an illustration in this branch of the pathology of fevers, as in that of inflammation, of an alteration in the constitution of the blood, dependent on some change in the influence exerted upon it by the surrounding solids.

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That this influence is direct and *vital*, in the sense of being the effect of a change in the force of the living solids which governs the processes that occur in the blood, may be shown to be the most probable doctrine, although it is not that which suits the chemical pathology of the day. Simon, while he holds the opinions which have been advocated here regarding the sources of the fibrine of the *liquor sanguinis* in health and disease, offers explanations of its increase in inflammation, and of its diminution in typhoid fever, which would assign both mainly to chemical relations between the blood corpuscles and the oxygen of respiration, at the same time that he admits that the "influence of the nerves" in conducing to the results in either case can hardly be denied. According to his views the excess of the fibrine in inflammation is due to the increased rapidity of the circulation in inflammatory fever, and the consequently more frequent exposure of the corpuscles to oxygen in the lungs, whereby their full development preparatory to their ultimate solution is hastened—while the decrease of the fibrine in the other fevers is ascribed to an impeded circulation, a consequently defective absorption of oxygen by the blood, and a slower ripening of the corpuscles for their final destination. He does allude, indeed, to an exalted vitality of the blood in the one class of diseases, and to a diminished vitality in the other, yet to both, apparently, as depending on the amount of oxygen received into the circulation. But it may be objected that we have no proof that an increase of oxygen in the blood hastens the solution of the corpuscles, or that the latter necessarily dissolve immediately on attaining their maturity, and independently of an influence exercised upon them by the surrounding solids in some part of their course through the circulation. Nay, it seems rather to be proved that the mere increase of oxygen in the blood has no such effect on the solution of the corpuscles as is ascribed to it; for in the seasoning fever of the tropics the blood contains so much more oxygen that usual, that in the veins it possesses the bright scarlet hue proper in health only to that of the arteries, and yet the increase of the fibrine is not maintained to be characteristic of such blood, as it is of the blood of true inflammatory fever. And as to an increased

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vitality of the blood and of its consequences in inflammation being dependent on the increased quantity of oxygen, we have already seen that the increase of vital force communicated to the blood, or existing in it, opposes the chemical tendency of an excess of oxygen, which of itself accelerates the coagulation of fibrine, whereas in inflammation that occurrence is retarded—an effect which cannot be due to a greater amount of vitality derived from an agent that exerts an opposite influence, but must be ascribed to another source. An excess of oxygen, and an excess of fibrine, in the blood of inflammation are admitted, but we have no right to assume "causation from mere co-existence"—*cum hoc, ergo propter hoc.* Nor is the chemist more successful in his attempt to prove that the decrease of fibrine in typhoid fever should be traced to a deficiency of oxygen. In the advanced stages of that fever there may be impeded circulation, and deficiency of oxygen, but there is no evidence of either in the earlier periods, and yet a slower solution of the corpuscles, and a diminished quantity of fibrine, may be discovered even then. It is not, therefore, without reason that the author finds it impossible to deny "the influence of the nerves," or of some other agents than oxygen and its chemical operation.

Passing from the pathology of the fibrine in fevers, our attention is next claimed by the state of that substance in a class of disorders specially distinguished by a tendency to hemorrhage. In reviewing the researches of recent authors on this subject, it will be observed that I confine myself to the consideration of such hemorrhagic diseases as are independent of manifest structural changes in the heart, the blood-vessels, and the texture of the organs in or from which the hemorrhage occurs. Obstructive disease of the heart, increased power of either of its ventricles, earthy or steatomatous degeneration of the blood-vessels, obstruction of veins, softening or ulceration of tissues, are all the frequent sources of hemorrhage; but they are vices indisputably of the solids, if not primarily, at least in that stage of their history in which they become the mechanical causes of hemorrhage, and in relation to the hemorrhage which results from them. I exclude also from consideration, at present, the pathology of the hemorr-

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hage which is admitted to proceed from congestion, independent of an obvious mechanical cause, and usually ascribed to some merely local peculiarity. Modern chemistry professes to throw its light only on that class of hemorrhages which are technically understood, in a vague way, to be *spontaneous* or *idiopathic*; terms which have been commonly used rather to distinguish them from such as could be accounted for by the existence of some known lesion of a certain organ, than to express any definite conception of their pathology, or definite only so far as to regard them as due to some general condition capable of giving rise to them in any part of the same body, and not to a state which restricted their occurrence to one region or organ.

The presence of the same circulating blood in all parts of the body, and certain changes in the aspect of the fluid, sometimes noticed in extreme and remarkable examples of spontaneous hemorrhage, naturally suggested the opinion that the immediate cause of the hemorrhages of this class existed in the blood, long before chemistry was capable of determining the changes which the fluid might have undergone. Excess in quantity, putridity, a "dissolved" state of it, were each assigned as the cause of the hemorrhage in different cases, by those who looked to the blood as the proper seat of the existing malady; speculations which modern chemistry is believed to have ratified in the main, with the addition, as was to be expected, of more precise and intelligible details of the changes that occur, than could be furnished in the earlier and ruder state of humoral pathology. The doctrine that formerly held some spontaneous hemorrhages to arise from excess of blood, *plethora*, is adopted by Becquerel and Rodier, and by Andral is modified by the affirmation that the excess is specially in the red globules; that which recognised putridity of the blood, still flourishes in the views of D'Arcet regarding blood infected with purulent matter; and the doctrine of the "dissolved" state of the fluid is clearly represented in the modern tenets respecting deficiency of the fibrine as a cause of hemorrhage.

I shall advert first, in what follows, to the statements which have been made regarding the decrease or disproportion of the fibrine in connexion with hemorrhage. I use the term *dispro-*

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portion in a different sense from *decrease*, because, although in some hemorrhages the most notable change that was observed in the blood consisted of an actual decrease of the fibrine, it is less to that actual decrease that the hemorrhages have been ascribed by some than to such a disproportion between the fibrine and corpuscles as presented the former relatively less than in health, although the difference may have arisen from an increase of the corpuscles. This opinion is expressed by Andral in these terms: "the diminution of the fibrine in relation to the globules is the grand condition of the blood which favours the production of hemorrhages; the connexion of these two is so constant, that it seems to me impossible not to regard the one as cause of the other."—(*Hem. Path.* p. 127.)

This doctrine regarding hemorrhage would include two distinct kinds of disease, according as the disproportion between the two specified elements of the blood occurred in consequence of an absolute increase of the corpuscles, or of an absolute decrease of the fibrine; the former it might be presumed being the condition proper to robust and plethoric persons in whom hemorrhages used to be termed *active* or sthenic, and the latter pertaining to persons of an opposite constitution, the weak and languid, in whom the *passive* or asthenic hemorrhages as they have been called, are said to occur. In either class of cases it would appear that a purely physical cause is presumed to be the immediate source of hemorrhage; in the one, the plethoric, consisting of over-distention and consequent rupture of the ultimate vessels, owing to the difficulty which the thickened blood experiences in traversing them; in the other, owing to the facility with which, it is believed, blood deficient in fibrine can pass through the parietes of the vessels. (*Simon*, t. I. p. 303.) The reasons which may be adduced for doubting the soundness of this mechanical pathology of the second class of hemorrhages are neither few nor unimportant, but we can scarcely question the competency of such a state of the blood as is maintained to exist in the first class to produce the effects ascribed to it. Yet it is not determined that any such state of the blood as is here referred to ever actually exists. Andral and Gavarret are the authorities on whose testimony it was at one time believed that

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plethora, a condition not unfrequently co-existing with hemorrhage, was distinguished by an excess of the corpuscles of the blood. Among thirty-one cases of plethora, in some of which certain premonitory symptoms of hemorrhage existed, the mean proportion of the corpuscles was 141, the minimum 131, the maximum 154. The more recent researches of Becquerel and Rodier, however, throw considerable doubt on this pathology of plethora. They could discover no difference between the proportion of the corpuscles in plethora and in health, but affirm that the whole mass of the blood is greater in plethoric persons than in those in ordinary health. The discrepancy between these contending statements appears to originate in the different range admitted by the respective authorities for the proportion in which the corpuscles may exist in different healthy persons. Andral makes the extremes 110, and 143; Becquerel and Rodier 131, and 152. When this preliminary point is unsettled we are not in a condition to form an opinion of the pathological question at issue, in so far as it relates to the proportion of the corpuscles. Yet, if we adopt that part of Becquerel's doctrine which affirms that there is a redundancy of blood in plethora, we can hardly demur to the conclusion that a purely mechanical cause exists capable of producing hemorrhage by rupture of the capillary vessels. An accurate view of this subject appears to me to be of great importance in reference to the question of blood-letting in certain cases of actual or threatened hemorrhage, especially within the head. No doubt many instances occur of complete or impending apoplexy, in which recovery follows, often promptly too, by the employment of specific remedies alone; but are there no cases of apoplexy to which an unbiassed and rational pathology would point, as demanding relief from a physical cause by physical means? I cannot venture to reply in the negative, although I believe it to be very difficult, if not impossible, always to distinguish in practice the cases which may require blood-letting from those which may improve most satisfactorily without it. That difficulty or impossibility, however, so far from operating as an objection to blood-letting in any case, ought to have the very contrary effect on the minds of such as believe that apoplectic symptoms do sometimes depend on a state of the blood that

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admits of being promptly removed only by blood-letting, and should induce them rather to practise it where it may be unnecessary than run the risk of omitting it where it may be imperatively required. And it should have this effect all the more readily that cases in which there is much room for doubt regarding the necessity of the measure, are not likely to suffer even by a mistake on that point.

It may be very reasonably maintained that the state of the blood in plethora, whatever it is, operates, at least sometimes, as a *predisposing* cause merely, of that congestion or overdistention of the ultimate vessels which threatens, or issues in, hemorrhage; and that therefore in the truly plethoric, labouring under the symptoms which denote the danger of such an issue, a specific remedy which can remove the immediate exciting cause of that congestion may ward off an attack of apoplexy in some, even among that class of persons for whose safety blood-letting is presumed to be sometimes necessary. The *general* state of the blood may in some instances need a determining local influence before it accumulates so much as to threaten a local mischief, and when that influence is of a vital kind the whole may be within the reach of a specific remedy—and, hence, the cases in which blood-letting is necessary may be limited to a very small number.

The pathology of hemorrhage promulgated by Andral, is certainly not justified by the cases in which he has actually submitted the blood to the test of analysis. In the first place, their number is far too limited to afford a substantial basis for a general statement; and in the second place, they do not present so striking a deviation from the standard of healthy blood, even as adopted by himself, as to warrant the conclusion he has founded upon them. He gives the particulars of the analysis of the blood in only seven examples of hemorrhage that can be regarded as free from other conditions of disease in the blood, than a disproportion of its principal elements. In purpura, scorbutus, and specific fevers there may be found, along with a disposition to hemorrhage, a relative or absolute diminution of the fibrine in proportion to the corpuscles, but this is not always the case, especially in the two first of those diseases, and

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With these few precautionary hints, I now send forth the following "Aids to Reflection" on the subject of homœopathic treatment, and sincerely hope that while they may extricate some of my brethren from a frequently expressed difficulty, they may shake the faith of none in a system of medicine which I firmly believe to be nearer the truth than anything previously given to the world.

HENRY R. MADDEN.

Brighton, May 1849.

HOW FAR IS THE USE OF AUXILIARIES TO HOMŒOPATHIC TREATMENT ADVISABLE ? *

BY H. R. MADDEN, M.D.

It has been the fate of every system of medicine, and indeed of every individual therapeutic means, to run one unvaried course of rise, progress, and decay in public opinion; and the cause of this obviously lies in the fact that too much is expected from each new claimant of professional esteem. A medicine is discovered to be extremely valuable in some class of cases, which have hitherto proved intractable, and numbers of practitioners test its virtues, and what with hasty conclusions and groundless theories regarding the relation in which it stands to the diseases in question, it usually happens that ere long the remedy gains a certain number of partisans, who see in it a panacea for all the ills that flesh is heir to; and sailing upon their eulogies, its fame is wafted from pole to pole, and a large majority of the sufferers for the time being become the subjects of a wholesale

* Though in some points we differ from the opinions expressed by Dr. Madden in this paper, we yet willingly give it a place in our Journal, as no harm, but on the contrary, good only can result from the free expression of all varieties of opinion relative to the technicalities of our system. We are too well assured of the truth of Hahnemann's essential doctrines, to believe they can be affected by the candid and open assertion by a careful and honest practitioner of their inadequacy to meet the exigencies of certain exceptional cases.—[EDITORS.]

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experiment of its virtues: as a matter of course numerous failures ensue, and, alas for popularity! the poor panacea topples speedily down from its lofty pinnacle, and not unfrequently is completely submerged in Lethean mud. Again, some sage follower of Æsculapius has, by dint of deep and untiring study, thought out some novel idea respecting the nature of disease, and finding that a large and important class of facts crystallize around his new-born theory with all the symmetry of a gem, he confidently commits his views to the stream of literature, in the fond hope that he has hewn out for himself a monument that will bid defiance to the hand of time. Ere long, however, some stubborn facts arise which prove much less pliable; they stand out as blotches on the face of his fair picture, and himself or some of his followers, not brooking the annoyance, succeed by dint of wresting this, and compromising that, to restore a seeming smoothness to the ruffled surface, and fondly hope the patchwork will escape detection. Not so, however, for in an infinitely subdivided body like the medical profession, there are at all times inquisitors ready to ferret out any flaw which may be detectable in the theories of their opponents; and it usually happens that the defective points are magnified and held up as faithful samples of the whole fabric. Did this process of elevation and depression speedily terminate in the establishment of a just equilibrium: did each theory or drug after having run the gauntlet of hyper-praise and unfair depreciation speedily assume its true position in the ranks of science and practice, there would be little to lament. But unfortunately such is not the case, for while the obtaining extensive credence for a new theory often occupies no great length of time, and while the descent in public opinion of a theory which has soared too high and been found wanting, takes place with railroad velocity—it is generally a long and weary time ere the truth is really sifted from the error, and the precious metal freed from all alloy obtains the attention which it demands. The love of novelty, and the constant cravings of the human mind after perfection, lead men ever forward with such a fixity of glance towards the yet undiscovered, that they mostly overlook or despise the

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mingled mass of true and false which strews the field of science behind and around them.

As advocates of a new theory of medicine, which is at present rising steadily in public estimation, may it not be advisable for us to ponder well our position, and assure ourselves that we are neither attempting or promising too much, lest by aiming beyond our power of accomplishment we may ere long begin to reap the harvest of our pride, and as an inevitable consequence assume for a considerable period thereafter a position greatly beneath what the merits of our system would be fairly entitled to demand? It would be, no doubt, a rash and unwarrantable step to attempt to define the extent of such a theory as Homœopathy, which from its very nature must be practically progressive, so that the limits of to-day will be too narrow for the science next year. Notwithstanding this, however, the necessity for guarding against the existing tendency to over-rate the present merits of our system, with a view of avoiding the consequences of such bad policy, have induced me to brave the difficulties of the task set forth in the title of this paper, and I trust that in endeavouring to shew that auxiliaries to our treatment are still advisable I may be able to proceed cautiously, and avoid alike the Scylla and Charybdis, too much praise and unjust limitation.

In many respects the following observations must be viewed in the light more of suggestions and indications than of defined and conclusive statements, nevertheless I cannot help thinking that their careful consideration will prove serviceable to our cause, and will tend in some degree to soften the bigotry which exists, both within and beyond our profession, in relation to this important medical doctrine.

If we were to judge of the merits of Homœopathy by the statements of the enthusiasts, both private and professional, who advocate its cause, we should conclude that it was the most absolutely perfect science ever yet given to the world. In their eyes the selection of the proper remedy is as certain a thing as the calculating of a rule of three question—and the administration of the said remedy must as inevitably be followed by the anticipated success—indeed, the idea naturally suggested by their

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boasting, is, that once Homœopathy became universal, in a few short years disease must become extinct. Before these pioneers, consumption, cancer, scrofula, and the like, lay down their destroying arms and yield up their doomed victims to renewed health and vigour, and under their auspices the much derided globules assume a power little dreamt of by many of the more sober followers of Hahnemann.*

It may be objected, however, that these are extreme cases, that all men of common discernment must at once see the folly of such high-flown expectations: unfortunately, however, it is by no means uncommon to hear such sentiments expressed, and diseases of the most hopeless character are frequently brought forward as a fair test of the powers of the new system. For example, some three and a half years ago a practitioner took me to see a young woman who had been afflicted with epilepsy for more than twenty years, and had been reduced many years previously to complete idiotcy, and after entering into the particulars of the case turned round and quietly observed, that if Homœopathy could cure that case he should begin to think that at all events it was worth investigation!! Again: a gentleman happening to mention to an amateur enthusiast that he had lately lost a child from water on the brain, under care of a homœopath, the advocate of Hahnemann started, and shaking his head, observed: there must have been something wrong in the treatment, for no case of that kind should ever prove fatal if judiciously managed! Now, although epilepsy and hydrocephalus have frequently proved amenable to our remedies, still it is obviously unfair to take such diseases as a test, demanding at the same time unvarying success in every case. But in a system, like the one under consideration, which opposes itself to so many deep-rooted prejudices, and by the advancement of which so many contending interests will be more or less sensibly affected, it is unreasonable to expect perfect fair play. Men's judgments are far too readily biassed by the demands of self-interest to admit of their looking dispassionately at advancing

* One of these sages said, in the company of a friend of mine, that he would engage to turn any man's hair grey in a week, who would take the globules he provided and follow carefully the regimen he directed!!

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innovation; and the question naturally suggests itself, would it not be better under such circumstance to pay no heed to all these attempts to raise or sink homœopathy beyond the limits which it will ultimately retain, and above all is it not advisable to let the depreciating process be performed by others? To this question I would give a decided negative: for in addition to the fact already stated, that when the opponents of any cause succeed in obtaining a fulcrum for the lever of depreciation, they never rest contented until they have depressed it at least as much below the level of its merits as it had previously risen above it; in addition to the fact that once men's opinions have begun to waver upon any subject it is usually a long time ere they regain a just equilibrium, it is worthy of note that men ultimately put the most confidence in that which has never misled them. There is much true wisdom in the saying of a late writer: "let there be as little in your business *to be found out* as possible." I believe it to be at all times far better to under than over-rate the capabilities of any theory, for although it may not be the most speedy, it is beyond question the most sure, way of commanding public esteem and confidence.

Let it not be supposed, however, that these observations are to be the prelude of an acknowledgment of great defects: far from it. All experience tends to convince me more and more of the inestimable boon which homœopathy is and will be to mankind, but there are a few points in which I feel certain we shall do well to outstep the present boundary lines of our system. Cases which require something more than homœopathic treatment, even in its present state of practical development, do not occur frequently—but still they are just sufficiently common to irritate and annoy the practitioner and his patient—they resemble a small pebble in the shoe, which though a very little obstacle to one's progress, nevertheless frets and teazes and effectually removes much of the comfort of one's journey. Let us therefore endeavour to take away the offending pebble, and thus walk forward with a firmer and freer tread along the path of medical reform.

I shall attempt to demonstrate or to suggest for the consideration of others, the two following propositions:

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First.—*That certain exceptional cases appear to be much benefited by the employment of means not strictly homœopathic, either in conjunction with, or in exchange for the true homœopathic remedies. And*

Secondly.—*That such a course of proceeding does not of necessity destroy the good effects of pure homœopathic treatment conducted at the same time.*

1. *Certain exceptional cases appear to be much benefited by the employment of means not strictly homœopathic.* Before proceeding to detail the cases in which I think a relaxation of the stringent rules of homœopathic treatment is not only admissible but advantageous, we must first come to a clear understanding regarding the true nature of the homœopathic law; in reasoning about disease and its treatment the temptation to generalize is so great that we are perpetually forgetting that no one law can by possibility embrace every species of disease in all their various stages. One law may embrace most accurately the first steps of all disease, but as the morbid condition progresses the results of the first become the causes of the next gradation, and so on in complex and endless combination, until ere long the operation of the first law is so completely counteracted by other causes, that no treatment in accordance therewith can prove available. For example, I believe it is capable of proof, that all idiopathic disease is purely dynamic in its origin; or in other words, consists essentially in the application of an abnormal stimulus to one or more organs, which organs in consequence perform some unnatural and, hence, disordered function. So far then all idiopathic diseases agree. But if the result of this dynamic change be the production of an unhealthy secretion which plays any important part in other functions of the body, these functions become in their turn not only dynamically affected by the abnormal stimulus of the depraved secretion, but chemically altered, from the impossibility of thus obtaining a healthy pabulum from an impure source. Again, this second series of changes may influence very decidedly the organ originally attacked, which now, therefore, in its turn begins to suffer from other than purely dynamic causes; and thus we have a circle of new actions set up which become capable of re-producing

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variety in this respect, that are perfectly compatible with health. We have to remind one and all of them not to be guided by the length of time which may elapse, but by the sensations which are produced by, or accompany the absence of evacuations; nevertheless, after making full allowance for all unnecessary fears on this score, there is, I conceive, no doubt of the fact that although we succeed in permanently curing a large number of those who have for years laboured under the most confirmed constipation, a certain number of cases every now and then occur in which all our efforts fail of producing the desired effect. I hope, however, to be enabled to explain the cause of this, and thus aid in some measure in extricating us from an occasional difficulty. The limits of this paper will not admit of my entering so minutely into this subject as it deserves, but I believe that a careful consideration of all the facts of the case will support the following conclusions.

The rival systems Homœopathy and Allopathy stand exactly opposed to each other in this respect, that while the former abounds in direct means for curing constipation, it possesses but few resources for palliation; whereas, the latter has a countless array of remedies which temporarily remove the difficulty, but scarce one direct mode of effecting a permanent cure. The rationale of this is obvious—the allopathic aperients produce increased secretion, either by direct irritation or by influencing the amount of endosmose, and in either way we have an over-action produced, which is, as a consequence, succeeded by a period of debility, during which the primary evil is for the most part increased. But the homœopathist aims to bring about the same result by quite a different process: he administers remedies calculated to restore the natural function of the parts concerned, and hence, when this is accomplished, the improved condition has a much greater tendency to become permanent, and if so, of course, a true cure is effected. If we simply bear in mind the fact about the restoration of natural functions, and if we guard against the common error of applying abstract principles in every case, without weighing carefully all the relative advantages and disadvantages of direct and indirect methods of treatment, we shall be able to steer clear of most of the diffi-

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culties which beset our path. In reasoning and theorizing about the treatment of disease we perpetually fall into the habit of generalizing and simplifying, until the whole assumes so clear and beautiful an unity that the disease and its treatment appear to be simple and uncomplicated, but when we reduce our reasoning to practice, so many collateral circumstances force themselves on our attention and obstruct our path, that it often happens that what is absolutely true in theory becomes practically false. It is beyond doubt true in the abstract, that aperients tend to increase the evil which they were given to remove, and that remedies, such as the homœopathic, which act directly by restoring natural function, have no such counterbalancing defect, and in dependence upon these abstract facts many have uniformly condemned aperients and extolled the value of homœopathic remedies. But it not unfrequently happens that the benefit gained by an immediate unloading of the bowels more than compensates for the subsequent increased tendency to constipation. This is acknowledged by all in the case of poisoning—no homœopathist hesitates to give emetics and purges when a person has swallowed a substance which if not speedily removed will cause death; but does not the same hold good with an indigestible meal? It is no doubt true that our remedies are often sufficient of themselves to overcome the evil influence of an occasional excess at table, yet I am convinced that it not unfrequently happens, especially in childhood, that a judicious aperient would at once remove a state of things which if treated otherwise would entail an illness requiring several days to overcome. There is much unreasonable prejudice among homœopathic practitioners on this point; they will unhesitatingly condemn the use of the mildest medicinal aperient, and yet will order their patients to eat prunes, figs, roasted apples, green vegetables, brown bread, &c., in the hopes of producing the same result. Now where is the difference? a dose of castor oil, for example, produces an increased action of the bowels, in virtue of its being an indigestible oil which passes through the whole intestinal tube unchanged, and perhaps exerting some slight irritating effect on the mucous membrane, whereas the aliments above named produce the same result, in virtue of their having

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either a large indigestible residuum which irritates by its presence, as is the case with green vegetables and brown bread, or by their containing vegetable acids which directly and specifically irritate the mucous membrane, which is the case in the sub-acid fruits. The result therefore is the same in both cases, but in the latter is accompanied by conditions which render it highly unsuitable in many important cases. It is, however, always objected by the rigid followers of Hahnemann, that the one great point to bear in mind, is, that all allopathic drugs interfere with the action of our remedies, and hence must be eschewed, however useful they might otherwise be considered; but I trust I shall be enabled to prove before leaving the subject, that both practically and theoretically this interference has been greatly overrated.

Again, in deciding upon the most suitable treatment for constipation, we must remember that the natural functions of the intestines depend upon various circumstances, all of which must be in operation ere the normal action can be performed. For example, appropriate diet and regular exercise are essential in most instances to produce the desired effect; in spite of this, however, we often hear of homœopathists refusing any additional aid to patients in whom the confined state of the bowels depends solely upon the absence of these elements; *e. g.* a person naturally inclined to costiveness, but who by dint of a careful diet and regular exercise has maintained his health, meets with an accident (breaks his leg for instance) and is hence confined to bed—he may have no fever, but the low diet enforced as a preventive of this complication, and still more the sudden cessation of his accustomed exercise, checks all tendency to natural action of the bowels. Under such circumstances a homœopath, of course, administers some suitable remedy which very probably may have the desired effect; but if the original torpor has been considerable, it will frequently happen that his best selected remedies will produce no result. What then is to be done? A rigid homœopathist will answer, wait patiently and be guided by the symptoms, and no matter how long a period should elapse without an action, you need not interfere till there is distinct evidence of the constipation producing inju-

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rious results. In this way I have heard of six weeks being allowed to elapse without any effort being made to relieve the patient, and when interference was at length imperative, the poor patient had to be delivered of his load by having it scooped out. Is this justifiable? We should be no doubt told that cases of nearly as long lasting constipation have frequently occurred which were not followed by any evil results: but this surely does not warrant our voluntarily permitting a patient to remain in such a condition; for to do this, the advocates of the let-alone system must be enabled to prove that it never does harm, which is quite out of their power. When, however, symptoms which are evidently traceable to constipation do arise, even the most rigid homœopathist admits of the necessity of interference; but in the kind of case to which I am at present referring, he will in all probability find that the usual homœopathic remedies prove unavailing, since they act by restoring natural function only, and the patient is not in a condition in which the natural function can be restored, as some of the elements co-operating to produce and retain health are wanting. He will therefore probably have recourse to mechanical means, such as the use of an enema, and failing that also, which is not unusual, he is compelled after all to give some mild aperient. Now the real question to be answered is this: Do mild aperients in such a case as has been described, do any harm? all experience proves that they do not, and hence I believe it to be our duty to resort to them as soon as any necessity for interference exists, provided the homœopathic remedies fail in producing the desired effect. I believe it, as a rule, much safer to secure an action of the bowels every three or four days, at the least, even at the expense of administering some mild aperient, than to allow the patient to continue so long in a condition which may at any time become fraught with danger, and which at all times produces much anxiety of mind in himself and those around him.

It must not be concluded from the above remarks that I have any wish to sanction the use of aperients during the progress of acute illnesses, such as fevers and the like; far from it, I believe very much harm is frequently done by over-anxious care in such cases. When we consider that all the functions are more or less

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deranged, that digestion is impaired or totally suspended, and that the waste of tissue, which in health results from corporeal exercise, is reduced to a minimum, we must conclude that the collateral circumstances upon which intestinal excretion depends, are so far wanting that the regular performance of the function is uncalled for; and accordingly we constantly find that if in such cases the bowels are simply let alone, they will re-commence acting naturally and easily when the other functions are to a certain measure restored. The cases I refer to above are those where in an otherwise healthy person, or in those labouring under a more or less local ailment, an enforced confinement to bed removes certain stimuli to intestinal *action* which were necessary to the proper performance of that function at a time when the powers of *secretion* and *excretion* remained unimpaired. In acute general disease I would never interfere with the torpid state of the bowels, until such time as symptoms of constipation unequivocally shew themselves.

There are many other conditions of occasional occurrence in which homœopathic remedies will fail to relieve constipation, such as some cases of pregnancy, of congestion of the abdominal veins, of retro-flexion of the uterus, where the cause is mechanical, &c. &c.; but in all these the same rule holds good, viz: that there is something which interferes with the restoration of the natural functions, and it is this alone that the homœopathic remedies are calculated to effect. I have met with so many evils resulting from the neglect of the proper regulation of the bowels by homœopathic practitioners, that I cannot avoid directing very special attention to this point. About a year ago I was consulted by a lady who had been long an invalid, and had latterly been treated according to our system; her attendant, however, was among the most rigid adherents to all the dogmas of our great master, and accordingly he allowed no other means, besides an occasional lavement, to be employed to overcome the great tendency to constipation under which she laboured. By degrees the enema lost its effect, and she was then directed to increase the quantity used and the frequency of its employment; a number of pelvic symptoms which at this time manifested themselves were attributed by her attendant to uterine conges-

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tion, and she continued under his care. When I first saw her she was exceedingly weak, complained of constant dragging pains in the back, which prevented her taking almost any exercise, and the bowels never showed any symptoms of acting unless she took two or three enemas consisting of a quart each. The lady herself had often thought that the rectum was greatly distended; but her attendant assured her that her sufferings were uterine. On examination I found that, though the uterus was slightly congested, it was by no means sufficiently so to account for her symptoms; whereas the rectum was enormously enlarged, extending entirely across the posterior wall of the pelvis, and being fully three times its natural diameter. That this most unpleasant morbid condition is traceable to the treatment, I think there can be little doubt. Another case came under my notice some time ago, where the results of a rigid adherence to the non-employment of aperients was still more disastrous. An elderly gentleman who had lived freely and suffered much from gout, was induced to consult a homœopathist, on account of the shattered condition of his general health. As he has been transgressing the laws of health in many ways, the first effects of the treatment were decidedly beneficial, as his medical man enforced temperance and regularity. But after a time the system began to succumb under the too rigid abstinence which had been recommended, and the bowels ceased to respond to the homœopathic remedies, and the medical man fearing that one or two slight divergences from the strictest homœopathic rules were the cause of this failure, urged a still closer adherence to every particular, and the result was, that after a few weeks of unsuccessful treatment an attack of paraplegia ensued, which has proved incurable. In this case I believe the constipation was in direct connexion with the disease of his spinal chord, which afterwards produced the paraplegia. Yet on the well ascertained principle, that the progress of an incurable disease is most successfully checked or rendered slower, by the adoption of such means as tend to invigorate the general health, I feel satisfied that the paraplegic attack might have been delayed, if not warded off, had the patient been put upon a more liberal diet, and occasional mild aperients administered when they proved necessary.

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When an individual who has long been in the habit of taking aperient medicine first puts himself under homœopathic treatment, it is of great importance that the condition of the bowels be well attended to; because the sudden removal of the accustomed stimulus frequently gives rise to such total inaction, that dyspepsia and many other unpleasant symptoms arise, distinctly traceable to the loaded state of the intestinal canal; in such a case purely homœopathic treatment often proves ineffectual at first, and if the exhibition of aperients is strictly abstained from, the patient very soon gives up the treatment in despair, and his case is referred to as an instance of the total failure of our system. Latterly, in such cases, I have been in the habit of breaking off the use of aperients by degrees, and I have every reason to be more satisfied with this plan than the more rigid one which I formerly adopted. If the patient has originally suffered from dyspepsia accompanied by constipation, it not unfrequently happens that although our remedies at first relieve the dyspeptic symptoms notwithstanding the inertia of the bowels, a period ere long arrives when the accumulation going on, the dyspeptic symptoms become more violent, and our remedies cease to exert any influence over them. In such a case, the only way in which I have ever succeeded in overcoming the difficulty has been by administering some mild aperient.

Before leaving this subject, I should remark, and it is worthy of note, that almost all the instances in which we find aperients necessary, are those wherein the tone of the intestines has been previously weakened by the abuse of purgatives. It is very seldom indeed that we require any assistance beyond the purely homœopathic remedies in persons who have not used aperients too freely, and accordingly in such cases the mixed treatment is only required during what may be termed the transition stage. Once the natural tone has been restored the bowels will generally answer readily to the homœopathic remedies in case of need.

A case has occurred within the last few months in which the auxiliary of local blood-letting appeared of decided advantage. A lady was suffering from much general ill-health, and many neuralgic symptoms, which owed their origin to uterine disease. This organ was much congested, and anteriorly to the cervix a

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small round tumour was detectable, which was very sensitive to the touch, and the nature of which it was obviously very important to ascertain. On introducing the uterine sound, the organ was found to be bent upon itself at an acute angle; the fundus was evidently tilted forwards, it was however impossible to pass the sound the full length of the uterine cavity owing to some obstruction met with in its passage, and to the amount of pain which any greater mechanical effort produced. The indications for treatment in this case were evidently two-fold; first, to treat the case constitutionally, and thus improve the general health; and secondly, to use mechanical means locally, so as, if possible, to unbend the uterus, and subsequently prevent its resuming its curved position—since it is demonstrable that though partial congestion is the originating cause of the morbid flexures which this organ so frequently undergoes, yet when once much bent the unnatural form of the organ effectually prevents the cure of the congestion, unless it can be first restored and retained in its normal situation. I accordingly treated the case homœopathically as regarded the general health, and used various mechanical means to endeavour to unbend the uterus. For six months, however, I failed to produce any influence on the local disease, and by that time the patient's health began to suffer from the confinement to the horizontal position which was necessitated by the increase of local symptoms complained of when any exercise was taken. Under these circumstances I advised my patient to ask the opinion of an allopathic friend who has paid much attention to this class of diseases, and who had examined the case with me when she first came under my care. By this physician's advice leeches were applied to the cervix uteri every three days for two or three weeks, which had the effect of reducing the congestion to such an extent that he was shortly afterwards enabled to introduce the sound to the full length of the uterine cavity, when it appeared that the tumour before named was in reality the acutely anteflexed fundus uteri; and by a little manipulation the organ was then unbent, and much relief in this way afforded to the local symptoms; indeed, I saw the lady the other day and she can now walk about comfortably, and is evidently on the way to complete convalescence. In this

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case I do not believe the leeches would have produced any permanent benefit; nay, she had been repeatedly leeched before she came under my care with injury rather than otherwise. Nevertheless, I at the same time doubt whether without the leeching it would have been possible to have reduced the curvature of the uterus, which, however, was evidently an essential preliminary to the cure.

Another class of diseases wherein the homœopathic remedies alone have appeared to me insufficient, are those characterized by organic changes of a sufficient extent to interfere considerably with the function of the implicated viscus, here a cure is generally impossible; but it frequently happens that palliation, if successful, greatly mitigates the patient's sufferings and materially improves his condition. Now without presuming to deny that the functions of an organically defective viscus may occasionally be in some manner restored by purely homœopathic remedies, I must confess that I have but seldom met with such results, whereas it is well known that remedies acting antipathically not unfrequently accomplish this effect: for example, in advanced renal disease complicated with dropsy, and accompanied by diminished secretion of urine, it very rarely happens that any purely homœopathic remedy will relieve the sufferer, and yet diuretics frequently remove the effusion and thus temporarily benefit the patient to a great extent. A case of this kind was related to me by Professor Henderson some months ago.

Regarding the effect of homœopathic remedies in palliating the sufferings from organic disease, my own experience has been that when these sufferings have consisted chiefly or essentially of *perverted* functions, they often prove amenable to our treatment, and are capable of being modified or subdued from time to time; this is most frequently the case when the sufferings consist of perverted sensations, as evidenced by pains of various kinds; but it is also not unusual to find the more grave perversions of function, such as palpitation in cardiac diseases, vomiting in gastric affections and the like, yielding more or less to the influence of our remedies. When, on the contrary, the function has become *defective* by the organic changes in the

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viscus, as, for example, when constipation occurs from tuberculous disease of the intestines, or diminished secretion of urine from organic affections of the kidney, or atrophy from affections of the mesenteric glands, I have never found any remedy which could *palliate* the symptoms, in the strict sense of the term, relief in such cases being only attainable by *partial cure*, and hence to be effected only in those instances where a restoration to a healthy structure is more or less possible. Again, *indirect palliation* is seldom if ever attainable by homœopathic means; and hence it follows, that to afford relief to such a case as that mentioned by Professor Henderson, where indirect palliation was the alone means of alleviation, remedies other than homœopathic appear called for. An explanation of this is at once found in the fact so often referred to, viz: that the action of homœopathic remedies consists solely in the restoration of natural functions, whereas the palliation in the above case was obtained by producing an unnatural irritation of one organ for the purpose of relieving another.

In the preceeding cases it might be considered that there was a necessity, as it were, for auxiliaries to the homœopathic remedies, in as far as it has been shewn that something more than a simple restoration of natural function was required; and to a certain extent I believe such a conclusion would be just. Viewing Homœopathy in its present condition of partial development, the sphere of action of its remedies appears to be limited to two points, viz: first, they can cure all diseases where a simple restoration of normal function is required; and second, they can influence certain diseases indirectly by improving the general health. We must not, however, at once definitely conclude from this that certain diseases will never come within the range of pure homœopathic treatment; because, since all idiopathic disease originates primarily in dynamic changes, and since it is conceivable that all dynamic changes may be imitated by medicinal action; we may in a more developed condition of our system obtain the means of tracing back the most complex diseases to their primary dynamic changes, and, by counteracting these homœopathically, destroy, as it were, the first links of the chain of morbid actions, and thus ultimately overcome all

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the secondary effects. At present, however, this is at times unattainable; in such cases it appears to me that auxiliaries are decidedly called for.

There is still another class of cases in which I have found decided benefit from auxiliary means, wherein their use may be defended more on the score of expediency than contended for as necessary; and although one has an instinctive dread of admitting the doctrine of expediency into any practical system, as there are few principles more open to abuse, and under the cloak of which more error has been allowed to creep in and obtain a firm footing; yet at the same time it will generally be found necessary to a certain extent in every species of reform; and I believe that for the following reasons we must admit it into our system also. Viewing the homœopathic remedies as direct aids to the restoration of natural function, it follows that when any function has become disturbed by some external cause which has remained constantly in operation, one of two things must be effected before a cure can be obtained, either the cause must be removed, and a remedy given to aid in the restoration to the relieved organ of its normal action; or, should the exciting cause remain, a remedy must be given capable of neutralizing its morbific influence, as well as restoring the natural function to the organ at fault. Now to insure the removal of the exciting and predisposing causes of many of our ailments, man would have to return to a state of nature, and to eschew the habits of over-work and over-indulgence which have become nearly universal in all civilized countries. Experience, however, will prove to us that while in regard to the ailments traceable to over-indulgence in any way, we are bound to be unceasing in our efforts to dissuade, and uncompromising in our mandates to abstain from all such degrading causes of evil; in the, alas! equally large class of diseases in our country which are distinctly traceable to over-fatigue and excitement of mind and body, our suggestions are for the most part powerless. It is very well to tell a man in an anxious business to keep his mind easy, and to recommend to another whose every moment is assiduously and laboriously occupied, to take a little recreation; but when a man's prospects and happiness are entirely

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wrapped up in his success in business, our suggestions are of necessity unheeded, and the sufferer only feels the impossibility of obtaining relief if such be the cost of his amenity. Thus it happens that the over-worked merchant, in spite of his repeated headaches and dyspeptic attacks, continues his wine and malt liquor, as the only means he has at command to enable him after the fatigue of the day to digest his late dinner; and thus it is that the sedentary clerk becomes wedded to his blue-pill and black-draught. If persons so circumstanced are induced to change their mode of treatment, before any serious constitutional injury has accrued, there is usually but little difficulty in effecting a cure by homœopathic means, even though the employment continues of the same exhausting character. But if the system has already become in a great measure worn out, any attempt to adhere strictly to homœopathic treatment, unless relaxation from business can be obtained at the same time, will be followed at first by so decided an increase of suffering that few persons will have the courage to persevere. The following questions, therefore, present themselves. Are such cases to be viewed as hopeless? or can any middle course be pursued, by which some degree of palliation may be obtained? And under such combined treatment will the system, by being in a great measure freed from the evil influences of continual stimulation, or drugging, gradually increase in tone, so that a time may at length arrive when all remotely injurious medication can be dispensed with? The two latter questions can, I believe, be answered in the affirmative. There is a middle course which expediency warrants, and which practice proves to be successful; and such a course is the adoption of homœopathic treatment, without at once forbidding the use of palliatives. I believe I shall be enabled to show that other modes of treatment interfere much less with the action of homœopathic remedies than is generally supposed, and accordingly that benefit will result to the general health from the use of our remedies during the time that other palliative measures are resorted to; while at the same time it almost invariably happens that after a certain period these palliatives can be gradually done away with.

2. I shall now proceed to lay before my readers the grounds

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I have for believing that *The occasional use of auxiliaries does not of necessity destroy the good effects of pure homœopathic treatment conducted at the same time.* The only argument that has ever been adduced against mixed medication, is that one remedy will interfere with and modify another to such a degree, that it is impossible for us to calculate the combined result, however well acquainted we may be with the action of each remedy by itself, in which declaration it is taken for granted that two stimuli cannot act on the body at the same time without influencing each other. This, however, is contrary to many acknowledged facts. Are there not at all times innumerable diverse stimuli influencing the body without mutual interference? All the five senses may be acted upon by different stimuli at one and the same moment, and yet each sense answers as well to its appropriate stimulus as if the others were unacted upon. Again in the unwarrantable poly-pharmacy of the old school—although the purely dynamic action of the drugs employed is usually lost sight of, still many of the peculiar effects of each ingredient continues manifest in the mixture. Scammony still purges, Mercury still produces an increased flow of bile, Digitalis still affects the heart's action, Squill still acts on the kidney, and Opium still allays pain; though all these remedies are given at one and the same time. I have elsewhere in the pages of this Journal * referred to this subject, although I was not then prepared by practical results to carry my ideas so far as I feel warranted in doing now. The first circumstance which attracted my attention to this, was that among my dispensary patients I every now and then met with a case where the action of the homœopathic medicine was striking and satisfactory, and yet on inquiry I found that the patient had used other medicinal articles at the same time. These latter, moreover, could not have been the cause of the improvement, inasmuch as they had been employed previously without any such beneficial results having followed. In this way I learned that medicinal articles of diet, such as green tea, spirits, malt-liquor, onions, and various spices; various strong odours, as peppermint, smelling

* See *British Journal of Homœopathy*, Oct. 1847.

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salts, aromatic vinegar, &c.; and sundry aperients, as castor oil, salts, senna, &c.; and certain herb infusions, as chamomile tea, sage tea; together with local applications, as ointments, lotions, &c., had been unwittingly or clandestinely employed by patients in attendance on the dispensary; and, nevertheless, in many of these instances the beneficial action of the homœopathic medicine was apparent. Subsequently I had opportunities of more closely watching the effects of a combined treatment on persons who were not fully convinced of the truth of homœopathy, but who occasionally took our remedies for certain ailments; and in this manner I have known toothaches and headaches relieved, and colds checked, by homœopathic medicines, in individuals who were habitually using medicinal articles of diet, aperients, and local remedies. I have known coffee produce sleep in a person who was taking one and a half grain doses of quinine three or four times a day. I have seen a severe bronchitic cold yield to Aconite and Bryonia in a patient who used Colocynth and Aloes as an aperient every second day; and I have seen a neuralgic affection much mitigated by Belladonna and Arsenic in an individual who took a full dose of Opium three times daily.

The conclusions which I feel disposed to adopt, from my experience on this subject, of the influence of various remedies on each other when employed together, are, that—1st. Remedies which are employed in sufficiently large doses to produce other than purely dynamic effects, are but little interfered with by other remedies given at the same time. 2nd. Remedies administered in doses so small as to produce dynamic actions only, require for the development of their action a specific susceptibility in the organism, and when this susceptibility exists they will generally produce their effect in spite of other remedies administered at the same time, provided (*a*) that the other remedies do not also act upon the same parts of the organism, and thus prove direct antidotes; or (*b*) that the other remedies are of such a nature, and given in such a dose, that their influence is expended in producing other than purely dynamic effects. 3rd. Many of the remedies employed allopathically do not produce any dynamic effects unless their use is continued for

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some time; and such remedies seem to interfere very little if at all with the action of homœopathic medicines given at the same time. 4th. There is every reason to believe that to enable any small dose to act dynamically in a case where other remedies are employed, some hours should be allowed to elapse between the taking of the one and of the other. 5th. None of the results obtained by the mixed system of treatment are such as to induce one to wish to see it adopted in any cases, except such as cannot be treated successfully by purely homœopathic remedies, since it is only palliation which can be procured in this way.

I have thus brought to a close the remarks which I have thought it necessary to make respecting the occasional employment of auxiliaries to homœopathic treatment, and concerning the influences which their use is likely to exert over the action of homœopathic remedies administered at the same time; and it only remains for me to add the practical conclusions which appear to flow from their consideration, and these are as follows:

1st. Homœopathic treatment is the only known means of *directly* influencing the functions of the body, so as to assist in restoring them to a healthy condition when they are diseased.

2nd. Disordered functions may be restored to health by means which are not homœopathic, but such means act *indirectly*, and are hence in no case to be preferred to direct means, when a choice between the two can be made.

3rd. Pure homœopathic treatment is therefore in all cases to be preferred to every other method of cure, where the object is simply to restore the natural function to a diseased organ.

In this view of Homœopathy it will be seen that as a direct means of cure it stands unrivalled; and, moreover, that viewed abstractly it appears to embrace all diseases, and hence becomes theoretically perfect. But on attempting to reduce it to practice in its present condition of partial development we occasionally meet with exceptional cases, in which remedies acting in a less direct manner appear to be of more use—and in such instances the employment of auxiliaries seems advisable. It is most obvious, however, that the more carefully the homœopathic principle is worked out, the more satisfactory will its practical

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application become, and the fewer will be the cases in which any divergence from the strict path of our great Founder will be deemed necessary. Indeed, I believe that even at present in a well conducted practice, such cases will not amount to anything like one per cent. of the number treated. The latitude of choice contended for, in certain cases, in the above remarks, must on no account be employed as an excuse for avoiding the deep and protracted study which is wanted to enable one to become a successful homœopathist; since it is quite obvious that if we admit of any slip-shod admixture of direct and indirect methods of treatment, the science of medicine will for ever remain in its present imperfect and unsatisfactory condition. It is only by continually bearing in mind that all divergence from strict homœopathic rules is to be regarded as an evidence of imperfection, not so much in the science itself, as in the power of the individual practitioner to appreciate and apply the science to practical purposes, and hence is to be alone resorted to in the event of previous failure, (of course I refer solely to *indirect medication* and not to mechanical assistance and the like) that we can hope to escape arriving at a middle course of practice, which, like the streets of Paris with their mid-road gutters, would form a marked exception to the hackneyed proverb, *in medio tutissimus ibis*.

As, however, it is to be expected that exceptional cases will now and then occur, it is well to be provided with some general rules by which we may be capable of recognizing them when presented to us, and for this purpose the following criteria may be borne in mind, viz:

1st. Certain cases occur wherein something more is required than the simple restoration of a disordered function, and in such cases something more than ordinary homœopathic treatment may occasionally be advisable.

2nd. Cases requiring the strict limits of homœopathic treatment to be diverged from, occur usually in constitutions which have already been injured by other, and more harsh methods of treatment, and hence it follows that they are most frequently met with in the transition stage, and will become more and more rare as homœopathic practice becomes more generally adopted.

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3rd. When homœopathic treatment requires to be assisted by the employment of other remedial means, it is usually for the purpose of overcoming some one symptom traceable to causes not purely dynamic, and it generally happens that the necessity for such additional measures is only temporary.

4th. Experience appears to prove that the action of well selected homœopathic remedies is much less easily interfered with than is usually supposed, and hence the occasional administration of some allopathic drug does not necessarily do away with the beneficial effect of the homœopathic medicines previously or subsequently had recourse to.

5th. Cases wherein the natural function of a part cannot be directly restored, must be treated by such means as will remove the obstacle to direct restoration, ere the homœopathic remedies will prove successful; *e. g.* a varicose vein must in many instances be supported, or some means employed to remove the static pressure of the super-incumbent column of blood from its coats, ere any homœopathic remedy will be capable of restoring the normal tone to the vessel.

In two classes of individuals the preceding observations will probably give rise to feelings very different from such as I should wish to inspire. Any allopath who reads them with the jaundiced eye of prejudice, with which I fear too many of our productions are perused, will at once glory in the avowed imperfections of our system, and will select some admission for the purpose of proving a wholesale system of self-condemnation. But no one with any knowledge of medicine can avoid perceiving that every admission made in the above remarks may be allowed full scope, and, nevertheless, the homœopathic system continue to be as distinct from allopathy as it ever has been. By avoiding the sources of failure, which I conceive have been pointed out, we shall avoid many of the disappointments which occasionally check our onward progress, but we shall not on that account take a single step backwards towards the beaten track of medicine, from which we have felt constrained to depart. In denouncing allopathy, we do not of necessity resolve to abstain from every mode of treatment which has ever been adopted by individuals practising that system, for that would be

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impossible, since from the purely empirical character of much of their practice, methods of treatment the most diverse have been frequently had recourse to—and in adopting homœopathy we have merely embraced what we believe to be a true and leading principle in therapeutics. But the having thus gained possession of one great truth does not surely disqualify us from retaining other truths besides. All truths relating to the same science must co-apt, and any apparent contradiction will be found to depend upon some false alloy which has unwittingly obtained admixture. We therefore accept with cheerfulness and gratitude the truth of homœopathy, but we do not on that account reject anything which is really true in other systems. Another class who will not welcome the foregoing remarks, are the sectarians and system-mongers in our own ranks, who look with horror on anything which appears like an extension of our franchise; these men are so wedded to tasteless remedies and delicately prepared globules, that everything beyond their range is viewed as rank heresy. By them we shall be told that cases similar to those referred to as having been benefited by the use of auxiliaries to ordinary homœopathic treatment, have got well under their care without any such addenda; and I have no doubt that it may be true, since there are few, if any, curable diseases that will not get well under every variety of management. But we must not forget that curing is one thing, and allowing to get well is quite another. A person may rigidly adhere to the homœopathic treatment in a case where the addition of other remedies would greatly expedite the result, and nevertheless the patient may ultimately recover; but if more time is required in the latter than the former mode of treatment, we are not warranted in pursuing it, unless some ulterior benefit is likely to accrue from the delay.

Having already uttered my manifesto against the half-and-half practice, which might be unfairly founded upon the above admission, I need say no more on that subject here, but merely remark that the careless alone will ever be induced to follow so ignoble a course; and if such persons adopt homœopathy at all, they will never approach to any degree of perfection in its practice, and hence, will at best afford their patients only the

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negative advantages of our system. I may, however, remark on the other hand, as a well known fact, that many talented and highly esteemed practitioners have long been convinced of the truth of homœopathy, and have practised it in a great measure, who have hitherto been deterred from openly avowing their adhesion to our cause, since they could not see their way clearly to that total rejection of all allopathic appliances which is advocated by many of our colleagues.

I thus leave these remarks to work what effect they may on the minds of my readers, fully convinced that the points they refer to are deserving of most serious consideration, and satisfied that the only sure and comfortable way of progressing in our attempts to advance the cause of medical reform, is to look all our difficulties boldly in the face, to acknowledge willingly any defects in our system which we may discover, to examine dispassionately all well attested facts which are presented to our view, independently of the system of medicine in which they may have originated, and to be at all times ready to follow TRUTH wherever she may lead us, regardless of the frequency with which she may require us to retrace our steps.

SKETCH OF THE PROGRESSIVE DEVELOPMENT OF THE HOMŒOPATHIC SYSTEM.

In a work,* published shortly before his untimely end, by the lamented Dr. Griesselich, than whom no one was more qualified for the task he proposed to himself, we have a most interesting and instructive history of the development of Homœopathy, and the gradual growth of the system, together with the numerous opinions and technical varieties that exist among those who acknowledge the fundamental therapeutic principle we owe to Hahnemann. Such a work is very much wanted by the student of homœopathy, who, on first taking up the subject is amazed

* *Handbuch zur Kenntniss der homöopathischen oder specifischen Heilkunst auf dem W_ge der Entwickelungs-geschichte,* bearbeitet von Dr. L. Griesselich. Carlsruhe, 1848.

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at the diversity of opinion and practice he finds to exist amongst the adherents of homœopathy, and must feel greatly at a loss to account to himself for the discrepancies that he meets with. We consider, therefore, that Dr. Griesselich has rendered a great service to us, by the impartial account he has given in this work of the development of the system from its commencement to the present time; nor do we think we can do a more acceptable service to our readers, and to those who wish to become conversant with our system without the trouble of wading through a mass of literature, which to those unconversant with the German language is completely inaccessible, than by presenting a brief resumé of the contents of Griesselich's work, correcting our author where we find him in the wrong, and adding to those parts that have been left imperfectly treated.

Of the various methods of treatment. Hahnemann was the first who shewed that all the varieties of treatment might be brought under three general heads.

1. The *allopathic* or *heteropathic* method, which is that in which a cure is sought to be effected by remedies that act in another part than that affected by the disease, whereby a healthy part of the organism is rendered diseased, the object being to conduct away the morbid process from the parts originally affected.

2. The *enantiopathic* or *antipathic* method, that is, treatment by remedies capable of producing a state the opposite of that sought to be cured, whereby the diseased part itself is sought to be acted on.

3. The *homœopathic* method, treatment by remedies that produce a similar state to that sought to be cured.

The two first are sufficiently explained in the *Organon*, to which we must accordingly refer the curious reader, as our business at present is with the third alone.

Hahnemann's experiments with bark, as is well known, gave him the first clue to the homœopathic therapeutic law. These experiments were made in 1790, but it was not until 1796 that he published his ideas on the subject in *Hufeland's Journal*, under the title of "Essay on a new principle for discovering the curative powers of medicinal substances," and this essay contains

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the germ of his system, and should be read attentively by all who wish to trace the real history of homœopathy.* In this essay, Hahnemann insists upon the necessity of instituting experiments with medicines upon healthy persons, in order to learn their powers, for which purpose he says that histories of cases of poisoning are useful. He further says, that we should in our treatment imitate nature, which sometimes cures a chronic disease by super-adding another, and *employ in the* (especially chronic) *disease we wish to cure, that medicine which is able to produce another very similar artificial disease.* He likewise speaks here about the primary and secondary (the direct and indirect) actions of medicines. In this essay is the first indication of the principle, *similia similibus curantur,* the application of which, however, he seems inclined to limit to chronic diseases. The name *homœopathy* was not employed for a long time afterwards. In 1805 he published the *Medicine of Experience.*† Here he says that two irritations that greatly resemble each other cannot exist together in the same body, but the stronger will annihilate and extinguish the weaker. The therapeutic maxim he now states thus: *to cure diseases we need only oppose to the abnormal irritation of the disease an appropriate medicine, that is another morbific power, whose action strongly resembles that of the disease.* But in order to do this, the medicines must be proved on the healthy; the primary actions they exhibit must resemble the symptoms of the disease in order to cure it. The power of the medicinal irritation he believes to be so great that no morbid irritation is superior to it,—this is the root of his excessive and always increasing diminution of the dose.

In his *Organon* (1st Edition, 1810) he says, that *all true medicines are powers* (potenzen) *capable of exciting artificially a similar anti-disease in the organism, and thereby of removing and annihilating the natural disease.* By the ingestion of the analogous medicine, a similar affection or artificial anti-disease

* We do not consider it necessary to give a detailed analysis of it in this place, as it has been translated in the volume recently published by the British Homœopathic Association, and is probably in the hands of all our readers, or can readily be procured by them.

† Vide *Brit. Jour. of Hom.* vols. I. and II.

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is, as it were, inoculated. In the Introduction he gives a great many instances of homœopathic cures performed unwittingly by physicians. For Hahnemann's explanations (for he was not content with the original one he gave but proposed another afterwards) of the homœopathic law, we must refer the reader to the new translation of the *Organon*, just published, suffice it to say, he attached little value to any explanation himself, and certainly those he gives are very unsatisfactory.

As the very first condition of curing, Hahnemann requires the proving of medicines on the healthy individual, and even in his first "Essay" he gives a considerable array of the pure effects of medicines from his own and others' observations. Years later (1805) he published a special work on the subject, "*Fragmenta de viribus, &c.*" the basis of his "pure Materia Medica," which went through several editions and consists of six volumes.

Hahnemann finds a warranty for his views in many facts interspersed throughout the writings of his predecessors, who yet had other principles of treatment, and he lays before us historical references for the truth of his principle from the writings of Hippocrates and later medical authorities, as also for the necessity of provings on the healthy.

At first Hahnemann only used the term *specific* in the same sense as later he employed *homœopathic*, which first occurs in his writings in 1808, and subsequently in the *Organon*, but without dropping altogether the term specific—indeed he calls remedies indifferently *homœopathic*, *specific-homœopathic*, and *homœopathic-specific*; but the meaning he attached to the term specific differs entirely from that attached to it by the old school. Whilst the latter used the word as applied to diseases and medicines in a generalizing sense, Hahnemann employed it in an individualizing sense. He did not consider that diseases in their manifestations, nor medicines in their effects, could be arranged like natural bodies into classes, families and genera; on the contrary, they all were to him individual and special, and he constantly deprecates all attempts at generalizing them.

In the "Essay" above alluded to, he says: "I do not expect and do not believe there can be a thoroughly specific remedy for any disease of such and such a name, burdened with all the

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ramifications, concomitant affections and variations which in pathological works are so often inconsiderately detailed as essential to its character, as invariably pertaining to it." And again: "I entirely deny that there are any absolute specifics for individual diseases in their full extent, as they are described in ordinary works on pathology; I am, on the contrary, convinced that there are as many specifics as there are different states of the several diseases;" and he thus distinctly defines his position as that of an *individualizing* specific physician. Hence the *similia* must not be adapted to the class or genus of disease, but to the particular case of disease in all its peculiarities.

Yet Hahnemann regarded some diseases as grand individualities—as of a specific character for which there was a certain specific remedy, in the more extended sense of the word—as for instance, the old smooth scarlatina of Sydenham, the more recent miliary scarlatina, the hooping-cough, the condylomatous disease, the autumnal dysentery, &c. And yet even among such diseases cases present themselves where the general specific is not applicable, but for which a special specific must be sought agreeably to the characteristic features of the case. Homœopathy is not content to say, such and such a remedy acts on the mucous membranes, but its aim is to tell what is the particular mode in which the remedy acts on the mucous membranes.

There has been a good deal of discussion respecting the words *homœopathic* and *specific* as applied to our system of medicine. The partisans of the former word declare that it is the best, and that *specific* indicates a relapse into the old system of medicine, but this assertion is evidently absurd, and is made in ignorance of the subject. Neither is it a whit less erroneous to say that homœopathy divested of the hyperdynamic theory and of the psoric theory is a relapse to the specifics of the old school, for the latter never acknowledged physiological provings of medicines as the guide to their discovery.

In place of *homœopathy* other names have been proposed, such as homœosympathy, homœodynamics, homœoorganics, homœotherapeia, dynamopathy, homœopharmacopathy, specific medicine, and Hahnemannism.

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We pass over an account of the various opinions that have been propounded by homœopathic and allopathic authors as to the exact meaning of the term specific, as also the numerous theories broached with respect to the abstract process that takes place in the homœopathic cure, for which we must refer the enquirer to Dr. Griesselich's work, as their mere enumeration would occupy more space than we can afford, for what after all is but of minor importance, and the next point we arrive at is the so-called *homœopathic aggravation.*

Hahnemann first alludes to this phenomenon a year after the publication of the Essay alluded to, in the detail of a case where he treated a person affected with violent abdominal pain with veratrum album. The patient took more of the medicine than had been prescribed, and the "artificial nervous colic," as Hahnemann calls it, rose to such a height that the patient thought he was dying. A permanent cure however was the result.

This is an example of the homœopathic aggravation, with which the dose question is intimately connected, for it was originally to avoid this that Hahnemann reduced the dose, and in doing so he not only gradually invented his extreme dilutions, but also fell upon the notion of the increase or development of medicinal powers by the acts of trituration and succussion.

Hahnemann expresses himself very clearly on this point, he says, (*Org.* § clvii) "the homœopathically selected remedy usually immediately after ingestion—for the first hour, or for a few hours—causes a kind of slight aggravation (where the dose has been somewhat too large, however, for a considerable number of hours), which has so much resemblance to the original disease, that it seems to the patient to be an aggravation of his disease. But it is in reality nothing more than an extremely similar *medicinal disease,* somewhat exceeding in strength the original affection;" he says its occurrence is the rule, and that it is a very good prognostic in acute diseases especially (§ clviii). He alleges it to belong to the primary action of the medicine, and that in the case of long acting medicines in chronic diseases it will sometimes be observed during the first six, eight, or ten days (§ clxi). He, moreover, accurately distinguishes betwixt the homœopathic aggravation which shews itself simply in an

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increase of the disease present, and the occurrence of symptoms peculiar to the medicine, which were not observed in the disease before the medicine was given. These two very different actions have frequently been confounded by homœopathic writers under the common name of medicinal aggravations, which name, however, should be reserved for the first alone, the latter Dr. Drysdale has proposed to call *medicinal perturbations.* (*Brit. Jour. of Hom.* Vol. vi. p. 24.)

These two phenomena occur sometimes separately, sometimes together; it is no longer a question if the homœopathic aggravation do occur, but the frequency of its occurrence, and whether it be desirable for the cure are still matters of doubt. It certainly cannot be considered desirable to produce the medicinal perturbations we have alluded to, although these, in consequence of the smallness of the homœopathic dose, are seldom of much importance, but when produced by large doses they no doubt retard the cure.

Much of an erroneous character has been written by homœopathists on the subject of the homœopathic aggravation, which is partly owing to the neglect of the study of diseases on the part of the observers, who ascribe everything to the medicine. Schrön calls the homœopathic aggravation an "unfortunate dogma," and Schneider denominates it "a phantom."—Rummel remarked that the medicinal aggravation was the exception, that it would occur just as well from smaller as from larger doses, and that it frequently belonged to the course of the disease.—Kurtz conceives that medicinal aggravations are almost impossible where the remedy is truly and perfectly homœopathic; but that where the selection is wrong they may occur from too strong or too weak doses; but in this he only expresses the truth partially, for they are frequently merely exacerbations in the course of the disease, as Kämpfer and Trinks observed.—Trinks indeed says, that after small and very small doses, sometimes all, sometimes a few troublesome morbid phenomena would increase without subsequent amelioration, whereas on employing stronger doses no homœopathic aggravation was perceptible but only amelioration.—G. Schmid is of this opinion, and ascribes the phenomena to imperfect excitation which was not sufficiently endur-

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ing and exhausted itself in vain efforts.—Kämpfer distinguishes aggravations into critical and non-critical, that is, where amelioration does or does not ensue. In looking for the homœopathic aggravation in acute diseases we run the risk of losing the time when the physician's aid might prove must useful.—Goullon distinguishes: 1. The actual increase of the disease. 2. The acceleration or increase of the induced or approaching crisis, and the transformation of vegetative diseases into another state (*e.g.* the suppuration of warts).—Schneider defines the so-called homœopathic aggravation to be, either a one-sided medicinal action on certain parts caused by the powerful character of the dose, or spontaneous aggravation of the disease, or the excitation that sometimes precedes the crisis, or an apparent aggravation of certain symptoms, or "the psychical effect of the homœopathic theory," that is to say—fancy. Neither he nor many others have ever seen an aggravation ensue from proportionally large doses of the homœopathic remedy.—G. Schmid declares the homœopathic aggravation to be an effect of the dread of the stronger doses of medicines, and says it should be attributed to the spontaneous increase of the disease, or to the *perturbatio critica*.—Romano proposes the pulse as a test for distinguishing betwixt the aggravation of the disease and that caused by the medicine; in the former case, the pulse, he says, will be accelerated, in the latter not, a distinction which, Griesselich alleges, does not hold good in practice: we must judge of the nature of the aggravation we observe by the totality of the symptoms. Some organisms are sensitive to the very smallest medicinal irritation, consequently in them symptoms peculiar to a medicine will be excited whether they be well or ill; such states are called *idiosyncrasies*. There is no doubt that phenomena peculiar to the medicine may occur whether our choice be appropriate to the disease or the reverse; but there is a greater probability of such phenomena occurring from large than from small doses, although they may result also from the latter. Increase or exacerbation of the disease may very well be distinguished from real medicinal aggravation, the former are quite independent of the medicine. Some kinds of exacerbation, however, are evidently dependent on the medicine and are favourable; thus we sometimes observe after the inges-

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tion of a *simile* in a disease occurring in paroxysms, yet another severe fit and then the disease is cured, or in other cases we observe after a short excitation, diminution or cessation of the malady. The so-called crises ought never to be confounded with the homœopathic aggravation.

Of Isopathy. A landed proprietor applied to Mr. Lux, veterinary surgeon in Leipzic, for remedies for the rot and the malignant pustule. Lux could not give him any,* but confided to the inquirer the great secret of nature that all contagious diseases contain in their own contagious matter the instrument of their cure, and he advised one drop of the blood of an animal affected with malignant pustule to be potentized to the 30th dilution, and the same to be done with a drop of the nasal mucus of an animal with the rot. In justification of this procedure Lux adduces the cure of frost-bites with snow, and of burns with heat. The formula of his therapeutic principle is, *æqualia æqualibus curantur.* He counsels all contagions to be potentized, as sheep-pox, cow-pox, grease, itch, syphilis matter, hydrophobic saliva, the lymph of plague buboes, and the contagion of cholera—if we can find it. He adduces as further proofs of isopathy the cure of sulphur, mercurial and bark diseases by sulphur, mercury and bark. The immediate consequence of this theory was that all manner of secretions and excretions of men and animals were potentized and introduced into the homœopathic pharmacopœia. Gross took up the cudgels in its favour (for which, by the way, Hahnemann rates him soundly in the last edition of the *Organon*), he declared "that *simile* was not sufficient, and that, therefore, it might well happen that the apparently appropriate remedy left us in the lurch;" he protested that he had long regarded the maxim *æqualia æqualibus* as the proper one, and considered that of *similia similibus* as an apology for it. This was giving a sad blow to Homœopathy, Gross saw this and retracted his opinion shortly afterwards. He gave great praise to vaccinine in the 3rd dilution, as a remedy for variola, and even as a preservative from the disease. He also potentized his own blood, but in

* See some interesting cases of the cure of malignant pustule in the *British Journal of Homœopathy*, Vol. V.

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this he had been anticipated by an anonymous author, a Dr. K., who found that his potentized blood administered by olfaction had a direct influence on the circulation; and with it he cured cases of plethora and metrorrhagia. Another anonymous author cured with potentized blood cases of great congestion of the head and oppression of the chest. Hering, of Philadelphia, in 1831, alleged that the virus of serpents and of rabies were the remedies for hydrophobia, that variolous virus was useful in variola, and itch virus in itch. Psorine, as it was called, became a great remedy in the so-called psoric diseases. A bug in the 30th dilution cured the inflammation arising from a bug-bite, and he observed great effects from the potentized juices and parts of healthy human beings. He advised the eruption matters of patients with skin diseases to be potentized and given to them—this was *autopsorine.* The exanthemata should be combatted in the same way; cholera patients should swallow the matters they ejected—potentized; and yellow-fever patients should be treated in like manner; the scales of scarlatina convalescents should be used as a prophylactic against that disease; and typhus patients should have milk-sugar laid on their skin to catch the typhus virus, which was to be used as an antityphus remedy. He called this treating by *simillima*, not *æqualia*, and Hahnemann says the same. (*Chron. Krank.* vol. i. p. 188.) Hering afterwards alleged that the various organs of the body if potentized acted on the same parts when ingested (lung on lung, heart on heart, &c.), that the products of disease acted very powerfully, thus leucórrhœa was cured by potentized leucorrhœal matter, gonorrhœa by urethral mucus; he even speaks of the expectoration of phthisical patients under the name of *phthisine*, and of *ascaridine*, &c. In spite of all this Hering declares himself against Lux's Isopathy.

Stapf, while admitting the facts of isopathy, alleges that they do not speak for *æquale* but *simillimum;* he thinks homœopathy is thereby enriched. He does not very well like the application of the process to other morbid products than those of contagious diseases, and considers we should only use the morbid product for the patient from whom it is taken, and hence such products

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should not be kept as medicinal preparations.—Hahnemann is very cautious on the subject, he will not altogether deny the power of isopathic preparations—especially psorine—but will not admit the practice to be anything but a kind of homœopathy. —Helbig rejects isopathy *in toto*.—Rau dislikes it, but will not deny its efficacy altogether, at least in contagious diseases.— Thorer sees in the isopathic preparations only *simillima*, not *æqualia*, limits its employment to contagious diseases, but prefers simple homœopathy even in these.—Dufresne is of a similar way of thinking.—M. Müller seeks to incorporate isopathy with homœopathy, by making out the homœopathic *simile* to be really *æquale*.—Kammerer declares the law of isopathy to be as correct as that of homœopathy, and relates two cases where *cuprum* 30, was serviceable in diseases caused by copper, and adduces several facts from popular medicine.—J. E. Veith considers isopathy to be an overstraining of homœopathy, and says that *autopsorine* only should be used, as it would be wrong to give the morbid products of one patient to another.—Kurtz esteems isopathy highly, and refers to ancient authors (Kircher, van Helmont, &c.) who have spoken of it.—Genzke says that the flesh of animals affected with rabies may be eaten without injury, and that the contagion of glanders, &c., may be conveyed into the mouth or stomach of animals without communicating the disease; we may, therefore, consider it certain that trituration and solution in alcohol would destroy them entirely. He acknowledges only one contagious virus, *anthracine*, which in many cases cannot be destroyed by any culinary or tanning process. He doubts, however, the cures said to be performed with anthracine. He condemns isopathy altogether, from a numerous array of experiments made by him.—J. B. Buchner likewise disapproves of isopathy; he considers, at all events, it should be confined to the person from whom the morbid product is taken.

Isopathy has recently assumed a new form in the hands of Dr. Herrmann, who declares the healthy organs of animals to be the proper remedies for the same organs when diseased. As we intend shortly to give an account of this new heresy, we shall

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not dwell longer upon it here; suffice it to say, that Gross has testified to the efficacy of this "discovery." Genzke has attacked, and we may say, exhibited its futility.

There is almost no end to the extravagances of the isopathists; the person mentioned above as having potentized his blood, did the same by his tears, and let his son smell the preparation, who forthwith was affected with pain in his lacrymal gland. The evacuations both upwards and downwards of cholera patients have been "potentized." To get scarlatinine milk-sugar was tied on to the body, and to obtain morbilline, measly patients held globules in their hands. According to Attomyr "potentized" itch matter (psorine) developed lice in the head of a healthy person who proved it. Teeth affected with caries, and the matter from fistulous ulcers were potentized and termed caries dentium and fistuline. Other curious matters that have been "potentized" by our isopathists are ascarides, lumbrici, tape-worms, the water from dropsical swellings and hydroceles, the expectoration of phthisical patients, &c.

Psorine is the only one of the isopathic preparations that has been proved on the healthy, and yet unless the administration of the morbid product be confined to the person from whom it was obtained, it is evident that it would savour of routine practice and empiricism to administer isopathic remedies unproved. J. E. Veith says that he experienced the very best results from giving herpetic matter to the patient from whom it was taken. His mode of administering it was to digest the herpetic secretion for some hours in water, and to give a few drops of the 1st or 2nd dilution once or twice a day. Emmerich asserts that on triturating the matter of a malignant corroding herpes, a few hours afterwards violent itching and smarting occurred all over the body, but especially on the hands and calves; and whilst preparing the matter from the pustules of pustular itch, vesicles appeared on different parts of the body. It is obvious that preparations with plain water only would be the best mode of making isopathic preparations, as these organic substances must undergo some change from trituration and admixture with alcohol.

Of the proving of medicines.—Before Hahnemann only two

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medical authors had insisted on the necessity of these—Haller and Alexander. The former only said they were necessary, the latter tested the effects of some medicines on his own person. About twenty years ago Jörg instituted a proving society, and published the results of his experiments with medicines on the healthy. These he undertook, partly for the purpose of ascertaining the exact mode in which medicines acted, and partly in order to shew Hahnemann's experiments and therapeutic principle to be false. But as he set out with the determination to find homœopathy false, he failed in discovering another principle upon which remedies acted, and we need hardly say that he equally failed in the other object he proposed to himself. Homœopathists have gladly availed themselves of the fruits of his labours, which his foregone conclusions and prejudices had rendered useless to himself.* About the same time that Jörg made his experiments Wedekind proposed at the Congress of naturalists and physicians at Heidelberg, the institution of similar trials, but for ten years nothing resulted from his efforts, until at length they evaporated at the Congress at Erlangen, in a miserable swallowing of Hepar Sulphuris and Colchicum. A further step in the same direction was made a few years since by the Vienna Society of Physicians, who imperfectly proved a number of medicines, the results of which we have given in our last volume, p. 265.

Of Hahnemann's provings.—In the *Essay on a new principle*, Hahnemann does not lay down the rules for making trials of medicines on the healthy person. In the *Medicine of Experience*, however, he gives pretty full details respecting the mode in which these are to be conducted. He there says, the medicinal substances to be proved must be given alone, all distracting influences must be removed, the phenomena must be registered in the order of their occurrence. For testing the weaker medicinal substances he advises a considerable dose in solution to be taken on an empty stomach. This dose, or a still stronger one, to be repeated when the first has exhausted its action. For the investigation of still weaker substances, it is necessary to have a considerable number of persons of sensitive, delicate constitution.

* See a Review of Jörg's writings in the 3rd Vol. of this Journal.

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In the *Organon,* Hahnemann says, that the medicines to be proved must be taken in quite a simple form as powders or tinctures, the salts and gums in a watery solution, watery infusions of plants and their recent juices are to be taken immediately after their preparation. Each must be taken alone. The person who proves must, he directs in the first edition, take fasting, about the same dose as is usually given in diseases, he must remain some hours longer fasting and carefully observe himself. Should nothing particular occur after this dose he must next day take twice as strong a dose, and if necessary a still larger one on the following day and so on; the sequential order of the symptoms is best observed after but one dose, as also the duration of its action; but if we wish merely to ascertain the symptoms of a weak medicine without reference to their order of succession, it should be taken every day in increasing doses. To ascertain the symptoms of medicines for chronic affections, eruptions, morbid growths, &c., a couple of doses per day should be taken for several days, these should be "so large that an effect is perceived from their ingestion." For the more particular mode of writing down the symptoms observed, we must refer the reader to the *Organon* itself.

In the fifth edition of the *Organon,* whilst repeating the directions we have just enumerated, he at the same time says (§ cxxviii) that recent experiments have shewn that medicines do not exhibit all the power when taken in the crude state which they do when potentized by trituration and succussion. "Thus," he says, "we now find it best to investigate the medicinal powers even of such substances as are deemed weak, by giving to the experimenter daily on an empty stomach from four to six small globules of the 30th dilution of the substance moistened with a little water, and letting him continue this for several days." If but slight changes are observed from this, more globules are to be taken daily until they become more distinct.

Hahnemann regards as belonging to the medicine, symptoms observed by the person which might at some anterior period have occurred spontaneously; their reappearance during the trial shews that the individual is particularly disposed to have such symptoms excited in him. Those provings are the best which the physician institutes on himself. He also affirms that

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pure symptoms of medicines may be observed even when they are given in chronic diseases. From what he says, it appears that the bulk of the symptoms of the so-called antipsoric remedies recorded in his *Chronic Diseases* were derived—1. From trials with medicines given in globules of the 30th dilution; and, 2. From the observation of patients who got the medicine (also in the 30th dilution) for their disease. In both these points Hahnemann had followers among his disciples.—Hering proved the *theridion curassavicum* in the 30th dilution, and recommended that all medicines should be proved in the same way.—A society of homœopathic physicians in Thüringen took for their rule only to use the 30th dilution for provings on the healthy—they never published their observations however.—Fröhlich was not content with the 30th, but must use the 202nd, and Hering declared he would make pharmacodynamic trials of the highest dilutions, the 400th, 800th, 1000th, 2500th, &c.

Wolf declared himself against these provings with the 30th dilution; Strecker says they should be rejected; Watzke and Trinks are of the like opinion.

Another consequence of this was that many physicians recorded as medicinal symptoms, the appearances that were observed in the course of a disease after a medicine had been given. Peterson is for putting in the sphere of action of the remedy those symptoms that disappear after its employment; a plan that has actually been adopted by Bönninghausen and Jahr in their manuals. "But," says Griesselich, very justly, "provings that are only made with high dilutions of medicines on the healthy, must necessarily give rise to a great many erroneous conclusions, as we thereby are in danger of accepting all the subjective symptoms of the prover as genuine coin; a materia medica founded solely on *subjective* details cannot be our object, as the requisite counterpoise of *objective* symptoms is here wanting. The really pure pharmacodynamic experiment is that performed on the healthy subject, the results of all other kinds can only be regarded as adjuvants to this; the foremost of such adjuvants are the phenomena observed in cases of poisoning, next are those observed in patients in whom medicinal symptoms occur after large powerful doses—those symptoms observed in patients only can have little or no value, as they

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cannot be regarded as *pure* effects—and to admit symptoms into a *pure* materia medica that have disappeared in patients under the employment of a medicine, would just be to let in Beelzebub after expelling Satan."

On the subject of physiological provings an excellent essay has been written by Piper (*Hygea* xii. and xiii.) which those engaged in the work would do well to peruse. He prefers giving the medicines at night (Hahnemann recommends the morning). Insoluble mineral substances he advises to be triturated with nine parts of milk-sugar, which should be moistened immediately before ingestion. Soluble substances are to be taken in the form of powder alone, or with milk-sugar if very strong. Vegetable substances in powder or tincture, not as watery infusions or decoctions as Hahnemann advises. Extracts he does not approve of. Conserves are allowable. Diligent chewing of the substance favours its action. At first but small doses of the substances are to be taken, these to be increased daily. Large doses are often expelled quickly from the organism without penetrating it. Dr. Griesselich gives also some useful directions to provers worthy a perusal, but which we have not space to give in full; he condemns the plan of taking 50, 100, or 200 drops of a tincture, as the alcohol must disturb the action, and advises instead the fresh juice of plants, finely levigated powders mixed with water, infusions and decoctions.

Of the primary, secondary, curative, and alternating actions. The primary action, according to Hahnemann, is the change produced in the health for a longer or shorter period by the action of a medicine on the vital force: it is a product of the medicinal and vital force, belonging more to the former. The secondary action, or re-action, is the opposing action offered by the vital force, to this primary action—the effort of the vital force to restore its integrity. In the primary action the vital force seems to allow itself to be overcome by the medicine and acts merely passively: the result of the revived activity of the vital force is either the *secondary*, or in cases of disease the curative action. The secondary action is the direct opposite of the primary action, if such an opposite exist: if there is no such state then the primary action is merely extinguished, curative

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action ensues. As examples of this he adduces, first, the increased heat, then the increased cold of a hand dipped in hot water, the reverse action, in a hand dipped in cold water, the diarrhœa at first produced by purgatives which is followed by constipation, &c. In experiments with medicines the primary action only is observed, secondary action does not ensue after such small doses, except in the case of narcotics. With some medicines some of the primary effects may be opposed to each other; this he terms *alternating action:* these "represent the alternating condition of the various paroxysms of action of the primary action," and are not to be considered as secondary action.

In his *Essay on a new principle*, Hahnemann termed the primary action the direct, the secondary the indirect action; he likewise named them positive and negative actions. He held that the primary symptoms of the medicine must agree with those of the disease in order to be curative: those remedies whose primary action is the opposite of the symptoms of the disease he calls palliatives. As a rule Hahnemann has recorded only primary actions in his materia medica, when secondary actions are given they are indicated as such. Alternating actions are also frequently indicated.

Hering was the first to oppose this division of symptoms into primary and secondary actions—the latter he regards as alternating action; in the re-action he sees nothing but the *restitutio in integrum*, accordingly no action, but a termination of action.—Piper is likewise of opinion that in proving medicines we should divest ourselves of all foregone conclusions respecting primary and secondary actions.—Helbig entertains much the same views as Hering.—Watzke considers it wrong to regard the two as contradictory actions, he holds them both to be the common product of the medicine and the vital re-action, the differences they exhibit only demonstrate "the preponderance of the one or the other feature in one and the same process."—Attomyr declares himself of Hahnemann's way of thinking.—Kurtz is of opinion that Hahnemann's explanation is not tenable, he maintains that variation in phenomena of action is the natural law [illegible] everything that is not called into action by its own will; [illegible] this variation opposite actions are produced. His paper

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in the *Hygea*, vol. xxii., is worth perusal. He further shews that Hahnemann himself in later years did not distinguish carefully betwixt primary and secondary symptoms, but mixed them up together (in the *Chronic Diseases*).—Trinks and Cl. Müller likewise are of opinion that primary and secondary actions are not separable.—Griesselich declares himself against Hahnemann's division of the actions, and says if the prover before taking the drug was usually cheerful, his bowels regular, &c., while during his trial he became gloomy, the bowels irregular, &c., and if, after the termination of these phenomena, all became as it was, there is no curative action, but only a *restitutio in integrum*. If during the trial he is at one time cheerful at another gloomy, has now constipation and again diarrhœa, &c., these are alternating states; but if after the trial is completed his normal state returns, the alternating action has ceased, but the medicine has nothing to do with the cessation.

In 1801, Hahnemann, speaking of Belladonna, says he would like to know "what organs it obstructs in their functions, what it modifies in other ways, what nerves especially it stupefies or irritates, what derangement it produces in the circulation, in the digestive operations, how it affects the intellect, how the disposition, what effect it produces on certain excretions, what modification it causes in the muscular fibre, how long its action lasts, and how that is rendered powerless;" and these we may consider to be what he wished to know respecting all medicines, and accordingly we may infer that he would be desirous of availing himself of all the aids to obtaining this knowledge that chemistry, the microscope, and pathological anatomy could furnish, and although he elsewhere speaks slightingly of physiology, he evidently refers to that so-called science which occupied itself almost exclusively with speculation and theory, and interested itself little in facts, observations and experiments. Most of the recent writers on the physiological effects of medicines, have insisted more or less urgently on the necessity of availing ourselves of the aid of pathological anatomy, chemistry, and microscopy; among these writers we may mention Böcker, Eulenberg, Hampe, Goullon, Arnold, the Vienna provers, and ourselves.

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Respecting trials of medicines on animals Hahnemann declares these in his *Essay* to be inadmissible, at any rate, says he, we cannot learn from them the finer internal sensations and changes that the human being can describe. He further says, that many medicines act differently on animals from what they do on man. Accordingly, though he seems himself to have instituted such experiments occasionally, we nowhere in his materia medica find that he has adopted symptoms obtained from that source, and his disciples have generally followed his example. Piper is of the same opinion as Hahnemann on this point. It is, however, evident that our knowledge of the action of remedies may be much increased from this source, as we may push the experiments to what length we choose, and examine the animal at any stage of the proceedings, ascertaining exactly the changes produced in the various secretions and excretions, organs, and tissues of the body; moreover, such experiments are indispensable for veterinary medicine. We may observe, however, as Genzke has remarked, that the violent and fatal experiments of Orfila and some others on animals, are of no use for the homœopathist, whose experiments should be made so as to ascertain the slow action of drugs upon the system, and the alterations and transformations effected thereby.

Of the homœopathic materia medica.—Hahnemann's materia medica (R. Arzneimittellehre) contains the symptoms of sixty-five medicines chiefly belonging to the vegetable kingdom, but likewise several mineral and a few animal substances, as also the symptoms produced by the poles of the magnet. Some of these medicines have been very perfectly proved and correspond to a considerable number of diseases of frequent occurrence, these are termed *polychrests;* among them are Nux vomica, Ignatia, Chamomilla, Rhus, Pulsatilla, &c. The symptoms admitted into the materia medica are derived from several sources, viz: 1. From pure physiological experiments, *a.* at first with strong doses; *b.* afterwards with globules of the 30th dilution.

2. From histories of poisonings related by allopathic physicians.

3. From the observation of patients in whom other symptoms

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were observed before, than what were noticed after taking the medicines, and these may be subdivided into, *a*, symptoms from large, allopathic doses; *b*, symptoms from small, homœopathic doses.

4. Symptoms that occurred after taking a medicine, that had formerly appeared as the signs of disease, but had ceased for a considerable time.

It is evident that there must be a great difference in the value of such symptoms, and that it would have been important to know their exact source, which, however, Hahnemann has left us no clue to discover. In the Materia Medica the symptoms are chiefly derived from pure physiological experiment, but in the "Chronic diseases" the symptoms of the medicines, which are very numerous, were almost exclusively obtained from observations on patients. At first there was no attempt to arrange the medicines into classes—as in the old works on Materia Medica we have anti-phlogistics, anti-spasmodics, and the like—but subsequently Hahnemann fell into what we cannot but consider the error of classifying the remedies into anti-psorics, anti-syphilitics, and anti-sycotics. The medicines contained in the *Chronic Diseases* consist chiefly of mineral substances, but a considerable number which had already appeared in the *R. Arzneimittellehre*, occur again in this work, with the addition of numerous symptoms. In arranging the symptoms, Hahnemann adopted a certain schema, according to which those of each medicine are detailed. In the Materia Medica he begins with the phenomena observed in the head and intellect; next follow those of the forehead, eyes, ears, nose, lips, chin, teeth, tongue, digestive apparatus, perineum, urinary and genital organs, respiratory mucous membranes, chest, heart, back, arms, legs, general symptoms, sleep, fever, and lastly, those of the morale and disposition. In the chronic diseases the same arrangement is retained, except that the last mentioned division is put first.

On first looking on such a schema of the symptoms of a medicine, the reader feels quite confused and embarrassed at the total want of connexion betwixt the symptoms, the number of apparently meaningless, unimportant, and trivial symptoms; and this impression is not altogether untrue. Although each prover had

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to record the symptoms he observed in a diary, wherein the age, the sex, habits, peculiarities of constitution and temperament of the person, the period at which the symptoms occurred, the dose of the medicine, were carefully noted, yet Hahnemann withholds altogether these diaries and lumps all the symptoms together, rarely giving us the least information on the points just alluded to. The groups of symptoms, likewise, are split up so as to accommodate their different parts to the schema, which is the more to be regretted as such groups would undoubtedly be our best guides in the selection of the remedy for any given case of disease. Many homœopathic writers have perceived and pointed out the defects of Hahnemann's Materia Medica.—Thus Gross says, that the characteristic symptoms are not sufficiently striking, and that the newer remedies are but imperfectly proved: he confesses that Hahnemann recorded symptoms obtained from patients, and that many mistakes have occurred respecting the psychical symptoms.—Begoz and Gastier deplore the wilderness of symptoms, and would like to see the characteristic features more prominent.—Aegidi laments the imperfections of the pure Materia Medica: he talks of the defective provings, the false observations, the want of true characteristics.—Rummel acknowledges the confusion of the Materia Medica, and the want of character of the medicines.—Wolf considers new provings necessary.—Helbig and Geyer are of the same opinion.—Hering proposes a variety of modes of supplying the defects of Hahnemann's Materia Medica.—Many others have expressed similar opinions respecting the imperfections of the pure Materia Medica. It is also well known that Hahnemann has misquoted or misapprehended many of the authors from whom some of his symptoms are taken, so that a careful revision of the Materia Medica is indispensable. To facilitate the search for the appropriate medicines, to give prominence to their characteristic symptoms, and to register their curative effects, books were published called Repertories, an account of the best of which we have given in the fourth volume of our Journal.

In order to improve our knowledge of the pure effects of medicines, it was deemed necessary to re-prove those medicines which Hahnemann had already proved, and to subject unproved or

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imperfectly proved medicines to a regular proving. Thus Calcaria carbonica, Colocynth, Thuja, Aconite, Bryonia, Natr. mur., have been re-proved and the diary of each prover given, as also Hahnemann's erroneous quotations corrected. Among new remedies that have been proved, we may mention Kali chloricum, by Martin, Hypericum perforatum, by G. F. Müller, Asparagus, by J. B. Buchner, Pœonia, by Geyer, Juglans regia, by C. Müller, Berberis and Mercurialis perennis, by Hesse, Nux moschata, by Helbig, Lachesis, by Hering, Kali bichromicum, by Drysdale and afterwards by the Vienna Society, the Bug, Prunus, Kreosote, &c., by Wahle, &c. Mineral waters also have been proved: Preu proved that of Kissingen; Alther that of Pfeffers; Gross, Teplitz; Watzke, Franzensbad; &c. The effects of animal magnetism and of the passions have also been recorded so as to be available in disease. Some have undertaken the task of correcting the erroneous quotations of Hahnemann, and pointing out the doubtful symptoms he has taken from other authorities; thus Frank has purified Arsenic, and Roth, Opium.

The best instructions that have hitherto heen given for studying the Materia Medica, are undoubtedly those of Constantine Hering, translated in the second vol. of this Journal, to which we direct the student's attention. As helps to the study of the Materia Medica, or of particular portions of it, we may mention Noack and Trinks' *Handbuch*, Wurmb's paper on Arsenic, translated in our fourth vol., Attomyr on the characteristics of the dysenteric and croup medicines, in our third and fifth vols., Griesselich's papers on the remedies that have a relation to the uterine system, Black's on those bearing on headaches, in our fifth vol., and Hartmann's comparisons of various medicines.

Of the Psora doctrine.—Hahnemann himself tried to meet the imperfections in the homœopathic treatment, not alone by improving the technical details and increasing his medicinal provings, but also by the invention of his celebrated *psora-theory*. The mode in which he was led to this theory it is interesting to trace. He observed that before its discovery it was indeed possible to remove chronic affections in a manner infinitely superior to what the old system was capable of effecting, and in such a way that the patients rejoiced in their improved

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state, but this was only an improvement, not a radical cure, for errors of diet, exposure to the weather, &c., would produce a recurrence of the disease in a worse form than before, and now no longer removable by the formerly useful medicines, and a new medicine selected in conformity with the symptoms would produce but a transient amelioration. This occurred with all chronic non-venereal affections, the commencement of the treatment was happy, its continuation less favourable, the issue hopeless. And yet many facts shewed that the homœopathic doctrine was founded on incontrovertible truth. The want of success in the treatment lay not in the deficiency of appropriate medicines. Hahnemann observed that these diseases after being apparently subdued always recurred with additional symptoms; this led him to the notion that in treating the symptoms that presented themselves he had to do with only a part of the whole; to treat them therefore with success, their whole extent must first be ascertained. He inferred that they depended upon a miasm of a chronic nature, because the best constitution and regimen were not able to conquer them. He noticed that the cause of the obstacle to the cure seemed to lie in a previous scabious eruption. The commencement of all the subsequent sufferings usually dated from that time, and patients who did not confess to any infection with itch, yet shewed by the occasional occurrence of itch vesicles, herpes, &c., that appeared from time to time, "the infallible signs of a previous infection of this character." This circumstance, and many observations of other physicians and of Hahnemann himself, of chronic diseases occurring after supposed itch, revealed to him the enemy, to which he gave the name of *psora*, (the internal itch disease *with* or *without* cutaneous eruption), and for which he ascertained many efficacious medicines, and their successful employment in diseases, where infection could not be ascertained from the patient, convinced him that such had at one time actually occurred, which he frequently found to have been the case by enquiries among the patient's friends, &c. He thus thought he ascertained the excessive frequency of this origin of chronic diseases, and that the thousand and one chronic diseases mentioned by pathologists were, with few exceptions, products

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of the protean psora, partial expressions of that chronic exanthematous miasm; the exceptions being those originating in syphilis and sycosis.

Hahnemann considers psora to be the most ancient and generally diffused of chronic miasmatic diseases. The skin diseases mentioned in the Mosaic history, the leprosy and St. Anthony's fire of the middle ages, are nothing but the psora of the period. Baths, cleanliness, &c., produced this effect on the horrid leprous affections of the middle ages, that towards the end of the 15th century they assumed the form of ordinary itch, which is more easily driven from the skin by means of Sulphur, Lead, &c., whereby the disease is only aggravated. For infection with the itch miasm, it is only requisite that it "touch the general surface of the skin." The miasm, he says, is often widely spread before the person from whom it proceeds resorts to some external application to free him of his itching eruption. In short, the itch in its present form has many more opportunities of spreading among the people than the leprosy of olden times, and it is "the origin of at least seven-eighths of all chronic diseases," the other eighth resulting from syphilis or sycosis, or a union of either or both with psora. It is, he says, a sin against humanity to consider the itch eruption as a local disease, and treat it by ointments or washes to drive it off the skin. He considers the term, repelling the itch into the body, as a false expression; the psora is already in the body, the eruption was only its external expression, the cutaneous symptoms that kept the psora with its secondary symptom as it were latent. He quotes a number of authors to shew the dangerous consequences of driving away from the skin the itch, as also tinea capitis, herpes, and other chronic eruptions, "which only differ from itch in their outward aspect," but are intrinsically the same disease. The infection with the psoric or syphilitic miasm occurs in an instant, washing thereafter is of no avail, the whole body becomes penetrated by it, and after a certain time seeks to free itself from it by the production of a morbid process at the place of entrance of the disease, in this the chronic resemble the acute miasmatic diseases, but these have a definite period of duration.

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If the patient be only locally treated, he remains still psoric or syphilitic, but if he be cured by an internal remedy the disease is radically healed. The part which is first attacked by the psoric miasm at first presents no change, the eruption appears after some days with febrile symptoms. The infecting fluid is contained in the psoric vesicles; psora is no longer contagious after its eruption has gone. When the itch is still the chief symptom, it is readily cured by the specific internal remedy, but if the disease be let alone both external and internal disease increase, the latter being silenced by the former, until the annoyance of the itching induces the patient to resort to repellent remedies, whence the greatest evils result; he may thereafter long remain apparently well, only betraying occasionally signs of the slumbering psora, until some accidental circumstance, an acute disease, &c., arouses it to activity, and it exhibits various phenomena according to the peculiarity of the patient's constitution, &c. The reappearance of an eruption on the skin does not alter the chronic disease nor render it more curable. Acute diseases not unfrequently leave behind them after-sufferings; these are, he maintains, of psoric origin. Previous to the discovery of the psoric doctrine, Hahnemann had attributed a vast number of chronic diseases to coffee, these he now ascribes to psora. In an Essay, written by Hahnemann, "on the venereal disease," so early as 1816, the germ of the psora theory is given. In the Chronic Diseases he now ascribes to psora a much more general influence in the production of chronic diseases.

Twenty years previous to the appearance of the *Chronic Diseases*, Autenrieth had attributed almost the same importance to psora in the production of chronic diseases. An analysis of his work is contained in the essay on Psora, in our last volume, which we hope to complete in our next number.

Stapf declares that the work on Chronic Diseases contains the "most surprising revelations respecting the nature and treatment of chronic diseases." With it a new era commences in Homœopathy, which is advanced much nearer perfection.—Peterson, acknowledging the correctness of Hahnemann's psora doctrine, seeks the origin of psora in the animal kingdom, and

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there among the amphibia; he believes psora to be derived from lepra, holds it possible to cure the psora (not the itch alone) with a single remedy, and draws many wonderful inferences from these premises. In another essay he pursues the subject still further, discovers in cholera the symptoms of psora, its successful treatment with antipsorics he considers to be a proof that it is of psoric origin. By this method of reasoning we should consider as venereal all diseases we can cure with Mercury, &c.—Rau considers it true that a number of chronic diseases arise from ill-cured itch. He perceives in Hahnemann's psora doctrine an effort on the part of the Reformer to supply a perceptible want in homœopathy, as by it the necessity of going back to the morbid state of the organism in order to estimate the value of the external phenomena is recognised. The essence of the doctrine consists in this, "that we should pay attention to internal hidden qualities, and particularly to latent dyscrasias." The psora doctrine, as it stands, he thinks untenable and hypothetical, and he proposes that instead of calling the medicines antipsorics we should term them *eucrasic*, as opposed to the dyscrasic element of many chronic diseases. Elsewhere he finds the truth of the psora doctrine to consist in this, that the obstinacy of many diseases arises from derangements in the vegetative life, which are frequently after-diseases of itch, syphilis, and sycosis.—P. Wolf will not admit psora to be such a general cause of chronic disease as Hahnemann would have it, and he seeks to silence the opponents of it by saying that the doctrine has had almost no influence on practice.—Schrön defends homœopathy as it was before the psora doctrine was invented against its founder, and thinks that the cure with homœopathic remedies is not founded on their relation to psora, but on the truth of the maxim *similia similibus*. Cures were performed before the psora doctrine was broached, as the Homœopathic Journals before 1828 testify; 22 of the 50 remedies termed antipsoric in 1828 had already existed in our Materia Medica, and had effected cures without being raised to that rank; chronic diseases were cured by remedies that did *not* come under the head of antipsorics, examples of which he gives. There is, he says, no doubt the doctrine has exercised a great influence on

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practice, and he is of Helbig's opinion that it is a contradiction to deny a universal remedy and to acknowledge a universal cause.

C. Hering wrote an Essay on the subject; previous to doing so he had propounded the hypothesis that viper's poison and the virus of a rabid dog must act more surely in hydrophobia than datura, cantharis, &c., that variola and itch virus were the surest remedies for variola and itch; he alleges that with respect to the latter disease this had been proved. He considers it to be most important to find a prophylactic for itch, and to protect persons cured of psora from new infection; he asserts it to be certain that in the case of a psoric infection, not only a general ideal psora but the peculiar kind of psora of the infecter is communicated, thus in cases of phthisis the infected person has that disease communicated, though he be not of a phthisical constitution. He holds all epidemic fevers to be psoric, also many acute contagious diseases to be of a psoric nature; that in fact there is no division, generally speaking, betwixt psoric and non-psoric diseases. Psorine, he says, has a great power to produce eruptions and to restore the lost or weakened cutaneous functions. None, he says, are proof against its potencies, whilst many are unaffected by inoculation of it; psorine 30, can, he says, produce itch, which however unlike the natural itch goes off with the primary action.

Puffer refers to the reciprocal relation of the skin and the general organism, and cites his own and others' experience of the disappearance of eruptions, ulcers, &c., being followed by hydrocephalus, apoplexy, &c., and acknowledges that a great truth lies at the root of the Hahnemannic psora doctrine. He affirms scabies to be contagious and not of a parasitic nature, and considers the efflorescence on the skin as essential, and that the fluid from the vesicles is capable of inoculating the itch, adding the authority of Schubert, who had produced itch by inoculation with scabious lymph that had been kept for half a year. The acarus he considers to be produced by the organism affected by the itch disease, of which it is the consequence and not the cause, and he affirms that there must be a disposition to itch in a person before the acarus can communicate to him the disease. He is opposed to the treatment usually adopted of

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killing the acarus. He accounts for physicians not observing the diseases consequent on itch, by the long period of its incubation, and by the fact that after removing the itch, hospital physicians usually lose sight of the patient. He affirms Sulphur to be the specific remedy for itch, but denies Hahnemann's assertion that it may be cured, in from two to four weeks, by a globule of a high dilution. He counsels the Sulphur to be used externally and internally.

Hebra, Professor of Skin Diseases in the General Hospital of Vienna, considers itch, metastases, psoric dyscrasias, and the like, to be mere myths. The acarus is for him the sole pathological deity in itch, and to drive it off the skin should be the object of our therapeutics. He denies that inoculating the fluid of the itch pustules will produce the disease, the acarus alone can do that, and the disease may be cured by picking the animals out. If the patients do not scratch they get no eruption; paralytics who cannot scratch have the itch, that is the acarus, in its receptacle without any eruption. He affirms that there is no danger in healing up ulcers or dispersing skin diseases as rapidly as possible.

Nathan, an allopathic physician, has criticised Hahnemann's psora doctrine. He places it in the category of dyscrasia theories. If, says he, we substitute for psora, general cachexia, and with this proviso attentively read Hahnemann's description, "we obtain an insight into the sum-total of these pathological states such as is not to be found in any other description."

Griesselich himself considers that the psora doctrine, so far as it is true, supplies several deficiencies in Hahnemann's homœopathy. But Hahnemann goes too far when he alleges that, before the discovery of the psora doctrine, the treatment of chronic diseases was invariably unsuccessful, for he himself asserted, so early as 1797, that he had cured the most severe chronic diseases. The psora doctrine is the complement of the otherwise merely hyperdynamic doctrine of Hahnemann, an acknowledgment that the so-called codex of symptoms is not the sole indication, and that diseases are not merely dynamic derangements of the health, but that the material parts of the organism have a share in their production, although elsewhere Hahnemann seeks to vindicate the

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pure dynamic nature of the psoric infection by saying, "the nerve receives the miasm and imparts it to the other nerves;" a view which needs no serious refutation, as no one believes that the nerves can conduct any thing but what they are by nature constituted for. Although Hahnemann speaks of the hereditary predisposition (Erbanlage) as one of the causes that modify the form of the psoric disease, yet he nowhere talks of the hereditary transmission of chronic diseases, but ascribes all to actual itch, though the only sign thereof in the whole anamnesis of the disease may be an itching or slight eruption of the skin at one period or another of the life. He admits, to be sure, a kind of chronic disease which does not arise from a chronic miasm, but from exposure to noxious agencies—and which may be cured by a removal from these. He considers such diseases to be inappropriately termed chronic diseases. Hahnemann will not allow that the skin can be diseased without the implication of the general organism—he rejects entirely the notion of local diseases, hence he enjoins that all treatment of disease must be from within, with certain technical exceptions which we shall afterwards revert to, but which do not invalidate the general rule. While Hebra practically denies all connexion betwixt the cutaneous affection and the disease that occurs after its removal, Hahnemann sees such a connexion in every case of chronic disease, and the experience of every practitioner will doubtless prove to him that there is in some cases such a connexion. It matters little whether we give to the general disease the name of psora, dyscrasia, cachexia, or acridity; we recognize in a great number of skin diseases the reflexion of a general affection of the organism, and at the same time a safety valve for the internal disease, which physicians of all ages have attempted to imitate by their setons, issues, &c. whereby they never cured the general disease, but only gave it another direction. There is, however, on the other hand, no doubt of there being independent (true local) cutaneous diseases, the history of whose development will serve to distinguish them from those that are not so, and we need no more fear applying to them directly an appropriate remedy, than applying a remedy directly to the diseased mouth, throat, or stomach.

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The psora doctrine, viewed in its narrowest sense, as a mere doctrine of *itch*, is palpably one-sided, as the infection with itch cannot always be proved, and the previous occurrence of itching of the skin, or of an indefinite eruption is no proof of scabies, the only diagnostic test of which is the acarus and its tracks, about which neither Hahnemann nor Autenrieth say one word. To shew the identity of psora with other skin diseases, it must be demonstrated that these likewise possess the acarus, which, however, they do not. As little can it be proved that the acarus is a product of the disease or *generatio æquivoca*. That Hahnemann regarded the fluid from the itch vesicle as containing the contagion, is owing to that being the generally received opinion in his day. Now-a-days it is generally believed by the best observers that the acarus alone can produce the itch. Roth mentions a case where a melancholic patient was inoculated with "itch matter" and recovered, but he gives us to understand that the itch was cured spontaneously, which could not have been the case had it been real scabies. Schubert does not inform us if his successful inoculation with itch-matter produced the acarus, so that we may be permitted to suspect that real scabies was not the result; and there is no doubt that various eruptions of the skin may be produced by a mere irritation of it. That the acarus will not infect every one is probable, just as there are persons who cannot be infected with contagious diseases, and whom fleas, bugs, and other parasites will not attach themselves to.

There can therefore, Griesselich contends, be no retrocession of the itch virus, as no such virus exists. Nor can the acarus itself be driven in, therefore we cannot admit the possibility of a true itch metastasis. We must therefore cease to accept the psora doctrine as Hahnemann taught it. That diseases may arise *after*—nay, that they may be called into existence by—true itch, is however not to be denied; but before admitting that the itch was more than the exciting cause we must consider the state of the system of the person attacked by itch, and the remedies resorted to for its cure. A delicate man, with a hereditary tendency to phthisis, contracts itch; the whole body becomes covered with the eruption; he is worn out with the incessant and intolerable itching; he tries this violent remedy

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and the other until at length by some powerful application to the skin he drives off the eruption, whereupon the concealed disease (Hahnemann's latent psora) breaks out and the patient is carried off with rapid phthisis. Such cases are frequent enough, and could be cited by the upholders of Hahnemann's psora doctrine as proofs of its truth, while it is evident that the itch and its treatment can here only be regarded as the agent that arouses the latent disease that already existed in the organism, just as is frequently the case with measles, scarlatina, typhus, vaccination, &c.

"Thus," concludes Griesselich, "we may place scabies, a parasitic disease, in the category of other causes and excitors of disease; it is not necessary to regard it, with Hahnemann, as almost the *sole* cause, or with others, as *never* the cause of disease.

There is no doubt whatever, Griesselich asserts, that the psora doctrine, has had great influence on practice. It has led us to pay more attention to the whole course of the chronic disease, and not to content ourselves with the symptoms actually before us; it has led us to refer chronic diseases to a determinate cause; it has also led to the increasing our remedial treasures with a number of important medicines, and to the increase of the modes of employing remedies in chronic diseases. The arrangement of medicines into antipsorics, antisyphilitics, antisycotics, and apsorics, is palpably erroneous, as either of the three first classes may be used in apsoric diseases, and the last are often indispensable in psoric, syphilitic and sycotic maladies. Another influence the psora doctrine has had on practice is this: that when a disease, even an acute one, does not seem to yield readily, a psoric cause is immediately divined and the chief antipsoric, sulphur, administered, without much regard to the maxim *similia similibus*.

"The truth of the psora doctrine lies," says Griesselich, "in the undeniable existence of so-called humoral diseases, and in the reciprocal relations of the skin and internal organs." The so-called antipsorics are nothing but very powerful remedial agents. Griesselich shews himself as an advocate of the modern humoral pathological doctrines.

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We must refer the reader for our own opinion of psora, to a paper in the last Vol., and we hope ere long to be able to enter more minutely into the subject.

Of the choice of the remedy.—Hahnemann says (*Org.* § xviii, 5th Edit.) "that the sum of all the symptoms in each individual case of disease must be the sole indication, the sole guide to direct us in the choice of a curative agent." This agrees with his remark (§ vii.) that the totality of its symptoms must be the principal or the sole means whereby the disease manifests itself; but he also (§ v.) refers to exciting and maintaining causes, and to the possible existence of a chronic miasm. He makes the choice of the remedy a purely empirical act, and gives no scope to the reasoning powers.—Rau has endeavoured to shew that this apprehension of the disease, according to the totality of its symptoms, does not forbid deductions respecting the internal processes of disease; he does not approve of a mere mechanical search for similarity of symptoms, but says that the comparative value of the different symptoms should be attended to.—M. Müller, likewise, has endeavoured to free homœopathy from the imputation of rude empiricism, and to shew that the choice of the remedy should be a work of reason and judgment. He alleges that the most diverse internal changes may exhibit the same symptoms, and that therefore the homœopathist should strive to ascertain the *character* of the disease, to which he should oppose, not merely the collective symptoms, but the character of the analogous medicine. He refutes the reproach that homœopathy is identical with symptomatic treatment; the former occupies itself with the totality of the symptoms, the latter with those merely that strike the eye.—Schrön takes physiology and pathology under his protection, against Hahnemann, and shews that the codex of symptoms cannot be the sole indication. He proves that Hahnemann himself admits other elements as adjuvants to the choice of the remedy, as exciting and predisposing causes, prevailing diseases, psora, &c. Schrön acknowledges the symptoms to be the most important indication, but contends that the physician must make use of all that can throw light on the disease or facilitate his choice. Hence he desires to see the characteristics of medicines better laid down.—

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Kurtz entertains very much the same opinions.—P. Wolf understands by the complex of symptoms, the totality of the pathological elements from the commencement of the disease until the time when the physician sees the patient, the symptoms must be considered in their whole development and history.—G. Schmid, acknowledging that the choice must be guided by similarity of symptoms, says that one of the greatest difficulties in practice is to determine what this similarity really is, for here we have to distinguish betwixt the apparent and the real, and to attend to all the circumstances that can enlighten us respecting the similarity between medicine and disease. He lays great stress, accordingly, on the characteristic features of medicine and disease, as does also Watzke.—Mosthoff also asserts that we have not to do with a mere superficial similarity of disease and medicine symptoms, for that the similarity, though an important, is not the sole thing to be considered in the selection of a remedy.—C. Hering also teaches that it is the concordance in characteristic symptoms that must guide us in our selection, pathology must teach us the peculiarities of diseases and cases of disease, iamatology, (?) those of the medicines.—Rummel and Helbig give us instances where an apparent similarity was deceptive, and shew how only the most careful comparison of all peculiarities can lead to the desired end.—Peterson considers the mere number of the symptoms of disease and medicine that are alike, sufficient to guide us in our selection, which would certainly be to reduce the art to a mere thoughtless mechanical counting.—Griesselich sums up the requisites to be attended to in the choice of a remedy, thus: 1. The individuality of the patient in its widest sense, according to predisposition, &c. 2. The phenomena of his disease from the commencement to its present state, as regards duration, connexion, severity, &c. 3. The ascertainable cause that acted, as a consequence of which the disease burst forth; external noxious agents—consequently the ætiology, semiotics, and diagnosis of the disease. But as we wish to oppose to the disease a remedy resembling it, and that in its peculiarities, we require to attend to the same circumstances as in the investigation of the disease; we must employ remedies that correspond to the cause, characteristic symptoms and indi-

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viduality of the disease. Hahnemann himself has excellently pointed out the characteristics of some medicines. See the introduction to Nux vomica and Pulsatilla, in his *Materia Medica*. He has also pointed out some remedies for the causes of disease: as Arnica and Rhus for contusions, Opium for the consequences of fright, Aconite, Ignatia, Staphisagria for the effects of other emotions. From all the above it is evident that the homœopathic is a causal and rational treatment—that there are many homœopathists mere mechanical symptom-adopters, will not deprive it of these epithets. Hence Hahnemann, in the first edition of his work, called it Organon of *rational* medicine, and his followers have a perfect right to call their art, the *rational-specific* healing art.

The result of the treatment depends chiefly on the proper selection of the remedy. It is evident that a remedy that corresponds only to the cause of the disease, not to the individuality, the history of the disease, the organic development of the symptoms, cannot be a suitably similar remedy, and hence the so-called isopathy is a one-sided system, just as it would be one-sided practice to give Nux vomica only because the patient was of a choleric temperament and quarrelsome disposition.

In cases where the patient feels very ill, but the symptoms are too indistinct to admit of a proper choice of a remedy, Hahnemann advises Opium to be given, which removes the torpor of the nerves on which this state depends, and the symptoms become distinct. This observation has been confirmed by various authors. P. Wolf has found Moschus to be an excellent excitor of the vitality in such cases. Wine likewise is not to be despised. These remedies are particularly applicable to acute diseases. For similar circumstances in chronic diseases, Acid Nitr., Sulphur, or Mercury have been successfully employed. Hahnemann also recommends mesmerism for a similar object, and Aegidi extols electricity, not in strokes but in a continuous stream, repeated every two or four days, the patient being isolated. Where the irritability is too great, if it be the consequence of a previous treatment with inappropriate remedies, Hahnemann advises here again mesmerism, besides which antidotes to the medicines taken may be given; if the irritability

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depend on other circumstances, Nux vom., Puls., Ignat. are serviceable when otherwise indicated.

Although the provings of medicines are and ought to be our chief guide to the selection of the remedy, yet we are also guided by the previous successful results of its employment in a similar disease—by the *usus in morbis*. Hence the importance of a well digested selection of clinical records, which we hope soon to see in the possession of the English practitioner; there exist plenty materials for this purpose, from which a very useful work might be compiled.

(*To be continued.*)

ON THE USES AND ABUSES OF HOMŒOPATHIC DISPENSARIES.

By Dr. Drysdale.

In the progress of a new method of medical treatment aspiring to the dignity of a system of medicine, such as Homœopathy professes to be, the claims of the poor have naturally not been forgotten. Accordingly, in this country, wherever homœopathy has gained any footing, dispensaries or other medical charitable institutions have been set agoing, either by individual zealous non-medical friends of the system, as was the case with the first one in London, or by the unaided efforts of the medical men themselves, as mostly happened in the provincial towns. The originators of these institutions have hoped on the one hand to give an acceptable charity to the poor, and on the other to obtain from the richer classes a cheerful and sufficient support to that charity. In the former of these hopes they have obtained a superabundant measure of success, for the applicants are in most instances far more numerous than the means of relief: but in the latter they have been for the most part disappointed, and after incurring considerable pecuniary loss, they have felt themselves compelled reluctantly to abandon their benevolent undertaking.

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Such being the fate of many homœopathic dispensaries, as we shall presently shew, it may be well to inquire somewhat more narrowly into the principles of the dispensary system, and see if there is not some defect in the mode of conducting these institutions, in order, if posssible, to remedy the evils in existing dispensaries and prevent them in future ones. On entering a little way into the subject we at once perceive that it is one of much greater magnitude than might be anticipated without some reflection, for it is, in fact, co-extensive with the whole system of medical charity. For as there is generally only one homœopathic physician in a given locality, (or where there are two or three they are all of the same grade or standing in the profession) he must act in every medical capacity to the whole community. In considering medicine as an art or profession to be exercised for the mutual benefit of its members and the sick, the community may be looked upon as divided into three classes in relation to the profession, viz: 1st. Those who are able to remunerate the doctor satisfactorily. 2nd. Those who can pay a small sum; and, 3rd. Those who are wholly unable to pay for medical treatment. Let us, for example, suppose an isolated community of 1000 persons, and one medical man, which is about the proportion usually existing in this country: of these, we shall suppose 400 can pay a sufficient fee—to them it is unnecessary to allude any further; about an equal number we shall suppose belong to the respectable labouring and lower middle classes and cannot pay a full fee, but are able to remunerate medical attendance by the profit on drugs, or by means of associating themselves into clubs and benefit societies. In a larger community there is division of labour by means of grades in the profession adapting themselves to the different classes of the public; in a small community such as we suppose with only one doctor, he is in a manner bound to make such arrangements as may suit the different classes, for a respectable man has a sort of right that he should not be treated as a pauper when he is willing to remunerate according to his means. There remain then the 200 poor, and the question is, upon whom devolves the duty of extending to them in charity the benefits of medical aid. Clearly it lies equally upon all the 800 according to their means, but as it is only the

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medical man who is competent to exercise the art of medicine, he contributes his share in labour and skill, and the rest contribute the necessary expenses for the accessaries of the treatment. It is obvious that one great difficulty is to avoid confounding the last two classes of patients, viz: the respectable labourers and the paupers. The effects of so doing are very injurious to all classes, and may be shortly stated. In the first place, as the medical man must set apart some portion of his time for the reception of pauper patients, their number must be limited. If, therefore, patients from another class present themselves among the poor, a double injury is done. On the one hand, a corresponding number of poor patients are deprived of medical advice, and on the other, the medical man is deprived of his justly earned fee. Now if it is in consequence of defective arrangements that the above mentioned respectable patients of the lower class are driven to the dispensary, and thus displace the poor, then, in addition to the evils already enumerated, the feelings of a respectable labouring man, willing to pay according to his means, are wounded by being forced to accept of eleemosynary aid. Still worse is it, when the contributions of the rich fail to meet the expenses of the establishment, if it be attempted to keep it up by small payments from the better class of patients, under the so-called self-supporting system, for then we have all the above evils repeated in an aggravated form. We have now the really poor deprived to a much greater extent, as we shall presently see, of the medical aid their poverty gives them claim to; the doctor is defrauded; the better class of patients are insulted by being sent to a charitable institution; while at the same time it is no charity to receive what they pay for; and they are also deprived of the power of testifying to the author of their cure their gratitude for an often priceless service, which they cannot well hold to be done by their payment to an abstract entity such as an institution; whilst the rich evade their fair share of contribution to the aid of their suffering brethren.

In presenting a general view of the homœopathic dispensaries, I have divided them into three classes:—

1st. *The purely charitable.*—These are supported entirely by voluntary contributions, and the patients receive advice and

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medicine gratuitously. The non-medical management is undertaken by a committee, responsible for the expenses.

2nd. *The self-supporting.*—In these a certain proportion of the patients pay a small fee which goes to the support of the institution. The dispensaries of this class are managed by a committee, and the medical officers have no risk nor do they derive any pecuniary advantage from them.

3rd. *The remunerative.*—In these all the patients pay a small fee, unless they bring tickets from subscribers. The risk of the expenses of dispensaries of this class is necessarily borne by the medical man, and the profits, if any, accrue to him.

In order to obtain information on the statistics and financial prospects of the homœopathic dispensaries I addressed a circular to the medical officers of nearly all, as far as I could ascertain, requesting information on these points. From almost all these gentlemen I received speedy and courteous replies, containing information, the substance of which is given here.* If the dispensary at any place was on the remunerative plan, it was requested that the fact should simply be stated, and no other information was asked, for fear of trenching on the private affairs of the medical man.

Homœopathic Dispensaries.

I. *Purely charitable.*

Edinburgh—5, James'-square. Drs. Russell, Wielobycki, Sutherland, and Lynchinski.

Total number of cases treated since it was opened in October 1841, to the end of 1848 . . . . . 11,740.

The average expenses have been about £70 per annum.

N.B.—This dispensary was opened by Drs. Black and Russell at their own risk, and they continued liable for the expenses, which often exceeded the income to a considerable amount, for the first six years. Last year a non-medical committee came forward and undertook the risk and management of the non-medical department, and paid off

* Up to the time of going to press I have not been favoured with any reply from Dr. Curie, of the London Homœopathic Institution, and from Dr. Epps I have received a note intimating his refusal to furnish any information, on the ground that one of his works was unfavourably reviewed in this Journal.

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most of the debt incurred by the medical officers for the expense of the establishment, but there is still a sum of £20 due to them.

LIVERPOOL—2, Harford-street. Drs. Drysdale and Hilbers, and Mr. Moore.

Total number of cases treated since the opening of it, on the 25th November, 1841, up to the 31st December, 1848 . . . . . 17,894.

The expenses are about £110 per annum.

N.B.—This dispensary was opened by Dr. Drysdale at his own risk, but the subscriptions soon defrayed the expenses, and the medical officers are at present guarded against pecuniary loss by a reserved fund of £200, contributed by two zealous friends of homœopathy, with the hope of forming the nucleus of an hospital fund, from the surplus of income over ordinary expenditure. Within the last two years, however, the income has fallen short of the expenditure, and the reserved fund has been encroached upon to a considerable extent.

MANCHESTER—6, Chatham-street, Piccadilly.

Total cases since opening in 1842, up to 2nd February, 1848 . . . . . 10,263.

A house-surgeon was appointed in 1847, with an adequate salary, and by this means a large number of cases were visited at their own houses.

Expenses, with a house-surgeon, about £200 a year.

N.B.—This dispensary was opened at the risk of the medical officers, Dr. Davids, Mr. Phillips, and afterwards Dr. Walker; but eventually a responsible committee was formed, and the institution was so well supported that the income amounted to about £140 in 1846, and in the hopes that it would increase a house-surgeon was appointed at a salary of £60 per annum. Afterwards, however, the income fell off so much below the expenditure that the committee deliberated whether the dispensary should be given up or carried on as a self-supporting institution. The latter alternative was adopted; we shall accordingly consider it again under that head.

BRIGHTON—6, Prince Albert-street. Dr. Madden, Mr. Cobbe, and Mr. Wardroper.

A gratuitous dispensary was opened by Dr. Madden in 1845, but the subscriptions (amounting to £14 per annum) being quite unequal to the expenses, it was discontinued. It has been again opened in

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the present locality by a responsible committee at the beginning of this year.

BIRKENHEAD.

Total cases from January 1845, to June 1848 . 2395.

The expenses about £ 45 per annum.

N.B.—This dispensary was opened by Dr. Norton at his own risk. It was well supported by the subscriptions for the first two years, then the income fell off so much that the institution was given up, and the medical officers were obliged to pay the balance of the expenses amounting to £ 20.

CHESTER.—In the first year of the establishment of this dispensary the number of cases amounted to 891. But the subscriptions being wholly inadequate Dr. Norton was obliged to abandon it after incurring considerable expense.

LONDON.—St. James' Homœopathic Dispensary—8, Duke-street, St. James', opened by Dr. Quin and Mr. Hering, in 1842, closed in 1846 for want of adequate support.

West London Homœopathic Dispensary — 2, London-street, Fitzroy-square. Opened by Drs. Dunsford and Belluomini in 1841, from which time to June, 1848, the number treated was above 2000.

Reconstituted by Mr. Engall and Dr. Dudgeon in June 1848, from which date the total number of cases up to 1st June, 1849, is . . . . . 1440.

The expenses amount to about £ 40 per annum.

N.B.—This dispensary was at one time carried on at the risk of Mr. Engall. Since it was reconstituted there is a responsible committee.

Westminster and Lambeth Homœopathic Dispensary—13, Cannon-row, Bridge-street, Westminster.

This Dispensary was opened in 1842, by Drs. Laurie, Hamilton, and Mayne. It was closed, I believe, in 1846, and the physicians incurred some pecuniary loss.

The number of patients treated up to the end of 1844, was 713.

Marylebone Homœopathic Dispensary—3, Charles-street, Manchester-square.

This was opened in February, 1846, by Drs. Partridge, Dudgeon, and Malan. From that time to February 1848, the number of patients treated amounted to . . 1312.

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The subscriptions being inadequate to its support it was then given up, the deficiency, amounting to about £40, having been made good by Drs. Partridge and Dudgeon.

Westminster and St. George's Free Homœopathic Dispensary for the cure of Consumption and Diseases of the Chest.

N.B.—This dispensary is just opened at his own risk by the medical officer, Mr. Wilson.

Islington Homœopathic Dispensary. Opened 25th February, 1845.

Total cases up to the end of 1848 . . . . . 1500.

N.B.—This dispensary was first opened on the self-supporting system, but for the last two years has been gratuitous, The committee, however, decline the responsibility of the expenses, which is sustained by the physician, Dr. Chepmell.

Leicester Homœopathic Dispensary.—Opened 1st January, 1846.

Total cases up to the end of 1848 . . . . . 1095.

The expenses about £80 a year.

N.B.—This dispensary was opened by Dr. Sydney Hanson at his own risk and carried on for two years, but having incurred heavy pecuniary losses he was obliged to discontinue it as a purely charitable dispensary and adopt the remunerating plan.

Torquay Homœopathic Dispensary—6, Carey-street.

Total number of cases in the first year ending 5th March, 1849 . . . . . 314.

The expenses are about £70 per annum.

N.B.—This dispensary is under the management of a responsible non-medical committee. The physician, Dr. Mackintosh, has no pecuniary risk.

Exeter Homœopathic Dispensary.—Dr. Guinness. Opened in February, 1848.

Total cases since then up to 1st May, 1849 . . . 112.

Belfast Homœopathic Dispensary—5, Academy-street. Dr. J. Macgregor. Opened in May, 1848.

Total cases treated from that date up to 31st December, 1848 . . . . . 280.

At Clifton, Cheltenham, and Bristol respectively, Drs. Black, Ker, and Trotman see gratuitous patients at their own houses at

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certain hours. Apparently no one else in these towns considers it his duty to aid in contributing homœopathic medical treatment in charity to the poor.

II. *Self-supporting Dispensaries.*

NORTHUMBERLAND AND NEWCASTLE HOMŒOPATHIC DISPENSARY.—Dr. T. Hayle. Opened in 1844.

Total number of cases from the commencement up to 31st December, 1848			2311
Of these the number of patients who paid was .			1296
Who were treated gratuitously			1015
The total amount of the receipts from the commencement of the dispensary to the end of 1848	£720	15	6
Of this there was paid by the patients . .	558	0	6
Contributed by charitable individuals . .	162	15	0

LEEDS HOMŒOPATHIC DISPENSARY.—Dr. Irvine and Mr. Cresswell. Opened in November, 1844.

Total cases from the commencement up till November, 1848			2537
Of these the number of patients who paid is . .			836
Treated gratuitously			1701
Total receipts during that time	£308	14	9
Of this there was paid by patients . . .	236	3	3
Contributed in charity	72	11	6

MANCHESTER HOMŒOPATHIC DISPENSARY.—Dr. Walker and Mr. Phillips.

Total cases from the commencement of the self-supporting plan up to 1st April, 1849			3636
Of these the number who paid is			2981
Gratuitous			655
The total amount received from the paying patients between the above dates, is . . .	£161	0	0
Total subscriptions and donations in the same time	167	0	0

BIRMINGHAM HOMŒOPATHIC DISPENSARY — 13, Old-square. Dr. Fearon, Mr. Parsons, and Mr. Lawrence. Opened in May, 1847.

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Total receipts from patients from May 10th, 1847, to 31st December, 1848 . . . . £501 17 0

Total charitable subscriptions and donations up to 31st December, 1848 . . . . 85 0 0

The total number of patients cannot be accurately ascertained. The proportion of gratuitous patients to the paying patients was about 2 to 3.

INSTITUTION OF THE IRISH HOMŒOPATHIC SOCIETY—1, Harcourt-place, Merrion-square, Dublin. Dr. Charles Luther, Dr. G. Luther, and Dr. Walter. Opened in 1846.

The total number of cases cannot be ascertained accurately, but it is large. The receipts from patients amount to about £70 or £80, and those from charitable contributions to about £80 or £90 per annum.

III. *Remunerative Dispensaries.*

In these, for the reasons above given, we cannot give many details, but may mention their names, and where practicable the number of patients, &c., as an evidence of the diffusion of Homœopathy.

LONDON.—London Homœopathic Medical Institution—Hanover-square. Dr. Curie.

30, Adam-street, Bryanston-square.—Dr. Malan. Opened 21st February, 1848.

Camberwell Homœopathic Dispensary—4, Denmark-hill. Dr. Massol. Opened in 1844. Total cases, 1400.

City Homœopathic Dispensary.—Mr. Kidd. Opened in 1847.

LEICESTER.—Dr. Hanson.

CHESTER.—Dr. Norton.

DUBLIN.—Abbey Street Homœopathic Institution. Dr. Goodshaw, the physician, expects that the subscriptions will be sufficient to enable him to put this dispensary on the gratuitous plan next year. The number of patients prescribed for is about 60 or 80 a week.

BRISTOL.—Dr. Trotman.

BIRKENHEAD.—Dr. Wright..

From want of sufficient information I am unable to classify the London Homœopathic Medical Institution completely; but it appears to have been among the self-supporting class during the first years of its existence, and latterly in the remunerative. The number of patients, as given in *Sampson's Homœopathy*, p. 208, are as follows:

Total cases from October, 1839, to 1st May, 1845 . 3784.

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A considerable number of these were in-patients in the hospital, in Hanover-square, between May 1844, and May 1845.

This presents us with an aggregate ascertained number of 55,320 patients gratuitously prescribed for. This is already something, and shows a considerable diffusion of homœopathy among the poorer classes; and when we recollect that the number of applicants as patients is far greater than can be attended to, many being daily sent away, and when we see that the above have almost all been treated by 20 medical men, who form only about one-fourth of the whole body of homœopathic practitioners in this country, who are able and willing to do the same if only the opportunity were furnished them by the establishment of similar institutions, we have an idea of the spread of the system that may be attained by properly working the dispensaries. But now, when we look more closely into their present condition, we find the state of matters not at all satisfactory. First, among the purely charitable we find that of the total number that have been started, as far as I can ascertain three-fifths have been abandoned after a longer or shorter period, and generally with a pecuniary loss to the medical officers, besides all the gratuitous labour: and among those that survive we find the Edinburgh Dispensary still in debt to the medical officers, the Liverpool one rapidly consuming its reserved fund, and none of the rest, except the West London, have as yet an existence of more than three years. This state of things is far from encouraging, and gives reason to fear that in a few years they will all be extinct, unless other and more vigorous measures are taken for their permanent sustenance.

If we turn now to the self-supporting class we find the prospect still less hopeful, for if the first class are in danger of perishing for lack of support from without, the second are certain to go to pieces before long from the inherent defects of their internal constitution. Let us take for example the Manchester Homœopathic Dispensary: at the end of 1847 that establishment was in a most satisfactory state for all parties concerned as a purely charitable institution. See in what state it is now! and to which of the parties it is satisfactory? Let us take them in turn. 1st. To the subscribers it cannot be very satisfactory to see that while they still contribute to the amount

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of £167, they have only 655 really poor patients instead of above 3000 as formerly, and, therefore, its functions as a charity are greatly curtailed. 2nd. To the honorary medical officers it is far from satisfactory to find that, while they willingly and cheerfully give the above stated amount of labour to the really poor, after it is all done only a fifth part has been in the cause of charity. 3rd. To the house-surgeon it can hardly be satisfactory when he reflects that if he chose to practice independently as a general practitioner and receive from those same patients those same fees, which would be given to him far more willingly than to a mere "Institution," he would have the whole amount instead of the portion assigned to him. And, lastly, to the patients themselves it is anything but satisfactory, for to those who pay it is no charity, and they naturally feel themselves insulted by being obliged to go to a charitable institution; and they are also deprived of the power of manifesting that sense of reciprocal benefit that every independent mind wishes to obtain between the patient who often receives an incalculable benefit, and the physician who is the instrument of bestowing it. This illustrates very well the self-supporting system: it is in reality in the light of charity a mere deception; or, at least, in as far as it is a charity it is a most expensive and wasteful one; for in any medical establishment the one essential thing is the labour of the medical man, and all the rest is accessory. Now in this scheme, in order to give that to one poor patient you must give it also gratuitously to from one to five other patients, who are comparatively not poor; and thus, when the time and amount of labour to be bestowed in this way are necessarily limited, the number of the really poor benefitted must be so insignificant that one is naturally tempted to ask, what is the use of the parade of a charitable institution for them?* As a charity they are, in fact, little more than a sham, and this deceptive

* It would be better to separate the charitable part, and drop the title of dispensary altogether, and term such institutions "Benevolent Associations for Cheap Physic to the humbler Classes:"—the benevolence consisting in using the labour of the physician intended for the poor, without fee, which, however, is exacted all the same from the patient for other purposes, such as an establishment, reports, and other appliances, to blow the trumpet of a spurious and vicarious charity.

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character almost neutralizes what of good they do, by concealing from the benevolent among the public the very small extent to which the duty of charity has been performed. Moreover, it is obvious that these institutions can only remain in existence till such time as there are enough of homœopathic practitioners to fill up the different grades of the profession, so that all classes can be attended as private patients, or till such time as the few individual homœopathic physicians in each town come to consider it as a duty to the humbler classes themselves, to make arrangements for attending them at a suitable rate of remuneration, in some such mode as will be suggested further on.

The self-supporting dispensaries are therefore, from their nature, neither capable of permanency, nor are they, from what has been noticed above, to be recommended as temporary expedients. In the latter capacity we may consider as greatly preferable, the 3rd class, or remunerative dispensaries. In these there is no deception or waste; the public know that by subscribing they may procure a proportionate amount of charitable medication, the doctor can proportion his own amount of gratuitous treatment to his ability; and the paying patients come there on the independent footing of reciprocal service between them and the doctor. They are, therefore, in every respect the most commendable as a temporary plan. They cannot, however, be permanent any more than the class just considered, for whenever the homœopathic body becomes sufficiently numerous a purely charitable dispensary is called for necessarily, and then it becomes proper for the respectable poorer classes to be met by other arrangements, separating them altogether from the gratuitous patients.

Such being the present state of matters, it may be fitting to inquire how these defects are to be remedied? To answer this it will be necessary to examine into the motives which determine the formation and support of public medical institutions on the part of the public in general on the one hand, and medical men on the other.

The first and grand motive is, of course, charity as a Christian duty. This might almost be inferred from the fact of the existence of such institutions exclusively in Christian countries, and is

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so obvious on the least consideration that it is unnecessary taking up any time to shew that it must always be the great and only permanent motive in sustaining them. This duty is, of course, equally incumbent on the whole community, and it would be as absurd to expect from the medical profession more than their fair share as it would be to expect that the bakers should feed the poor because they only can make bread. Nevertheless it has not been so viewed; and from a combination of causes the profession having shewn generally a desire of honorary appointments in public institutions, the public have come to fancy very often that the gratuitous attendance on the sick, instead of being an onerous and irksome duty, is something very pleasant and profitable in some way or other.* And we have often the spectacle of medical men having the whole trouble of dispensaries, and besides, having

* At p. 8 of the Second Annual Report by the Acting Committee of the Edinburgh Homœopathic Dispensary, we find the following passage: "That the labour of the Physicians was great, will be easily understood, when it is considered that upon *six* of them (at the most, and there were seldom so many) devolved the whole duty of giving constant attendance at the Dispensary, which continued to be open at all hours, day and night; and of visiting during one week *forty-five* patients, each of them perhaps three or four times a-day; and these not gathered into an Hospital, nor even confined to one district, but scattered over the city and its suburbs, from Leith Walk to Bruntsfield Links, and residing very often in the remotest and most inaccessible localities. Add to this labour the anxiety and mental suffering, without which no right-hearted man can witness the cruel ravages, especially among the poor, of a disease in all its features so appalling, and before which, at least when fully developed, the most skilful treatment becomes comparatively powerless, and there will appear large acknowledgments due to those who willingly undertook and manfully discharged these painful duties. The Committee take this opportunity of recording their high sense of the value and desert of these services; and would, at the same time, tender cordial thanks to those who, by providing food and clothing for the most destitute of the patients, not only relieved their sufferings and promoted their recovery, but in so great measure lessened the anxieties of *their Medical attendants, who have frequently and warmly expressed their thanks for this kindness.*"

On turning to p. 10, we find the extent of this kindness to be thus stated: "Amount received (in charitable contributions) for food, blankets, &c., Eleven Pounds, Eight Shillings!" Thus, in a new and terrible pestilence, after the Medical officers, from zeal for science and from charity, have undertaken an overwhelming amount of labour, not unaccompanied with danger, they are complacently represented by the Committee as being thankful to the non-medical supporters of the Dispensary for but touching with one of their fingers the common burden of Charity. This really passes my comprehension.

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to solicit subscriptions for their support, instead of being requested as a favour to give their gratuitous labour for them.

The motives besides charity, usually alleged, are: desire of experience, desire of notoriety, and zeal for science. However these may be with allopathic medical charities, which are comparatively well supported, consisting of hospitals and dispensaries with paid visiting surgeons and responsible committees, and where the profession is over-stocked and there are numbers of young medical men pressing forward ready to take the place of the over-worked, yet it by no means exonerates the public from the blame of casting their own share of the visiting of the sick on over-burdened unpaid medical officers, thus making the work still only half done, and that half not well done, from over-work of the physicians.

But we shall see how far such motives can aid in the permanent existence of homœopathic dispensaries. As regards experience, the class of patients may be said, in the purely charitable, to furnish almost none of any value, for the patients are so irregular in attendance that it is impossible to obtain results in any sufficient number of cases; the only cases likely to be instructive almost never come back, for when a patient is cured, not once in twenty times does he come back to say so; therefore, after devoting the greatest care to following out his cases, the physician finding his efforts to obtain positive results frustrated again and again, is compelled to rest content with doing his best without hope of satisfactory experience. In this respect the remunerative dispensaries are much better, as they are attended by a different class, and valuable experience may be gained. Therefore, while the field of remunerative dispensaries is still unoccupied, no homœopathic charitable dispensary need exist from the motive of obtaining experience.

Then, as to the physician obtaining notoriety from his connexion with a dispensary, what has been already said of the class of patients that frequent it shews that nothing can be gained in that way, at least till the other field is fully occupied.

Again, as to the physician being actuated by zeal for science: this motive tends to incite us to wish to diffuse the

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knowledge and practice of our special department of practical science as widely as possible, and for this purpose to exhibit the results in as copious and convincing a way as possible. The purely charitable dispensaries are, as above said, the worst for that; and while there are still so few homœopathic doctors, and so wide a field among the respectable poorer classes as the Manchester, Birmingham, and Newcastle self-supporting dispensaries show, there is as yet no call for pauper dispensaries on that score. From this it is plain that at present it happens, in as far as such motives on the part of the medical profession are concerned, there would not now be a single charitable homœopathic dispensary in Britain. That they do exist, is as far as the physician's share in them goes, solely from a sense of the duty of charity, and to afford the opportunity for the non-medical homœopathic public to give medical charity. But we have not done with the motive of zeal:—that motive also applies to the non-medical. All great practical discoveries in science have always, as is right and fitting, attracted the sympathies of some persons not connected professionally with it, and these feel it a duty to help on the general diffusion of a discovery which they believe to be good, and accordingly the greatest advancement is often given by the wealth of such patrons of science—for the professors of art and science are never rich, but as a rare exception. A good deal has been done, and more attempted, by zeal in perfecting and extending the homœopathic practice, by founding institutions for obtaining hospital statistics. We have seen with this view, an hospital in Leipzig and one in London, the latter we owe to the efforts and munificence of almost one individual, whose zeal deserves the warmest commendation. But though these have done a good deal in giving homœopathy an impulse, yet it was found impossible to maintain them long enough to render much service in furnishing statistical results—for it is too great a task for one individual, and as such individuals are very rare, their efforts are too fitful a source to expect any permanent good to flow from them.

All the stronger contrast to this is presented by continued existence of three homœopathic hospitals, founded and maintained by the Roman Catholic sisters of St. Vincent de Paul, for

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charitable purposes, and from no particular zeal to homœopathy. The charitable motive is one continuous and sustained, and from it have flowed the greatest benefits to homœopathy, for here, as elsewhere, " mercy is twice blessed, it blesseth him that gives and him that takes." While on the one hand homœopathy has furnished an appropriate medical means in the hands of those benevolent females often delicately nurtured, it has received back ten-fold value in the statistics yielded by their hospitals. We may safely say that the rapid spread and firm hold of homœopathy as a practical system, depends mainly, if not entirely, on the statistical results furnished by those three hospitals. Indeed, without them I do not think it would have gained any footing among people of such a practical character as our countrymen—for instance, who would stand by on the faith of a theoretical principle and see a case of acute inflammation of the lungs go on to death, with no other medication than impalpable doses of medicine, the sum of which would hardly amount to the millionth of a grain, did he not know from oft-repeated hospital experience that such a case was only the exceptional one, and on an average happened twice as frequently under all the vigorous appliances of allopathy? We may safely say a large majority of those now practising would not, and would have been tempted to interfere with allopathic means on any indication of check to the progress of acute cases, and thus homœopathy would have been merely a curious art applicable to a limited number of odd cases of chronic disease. It is needless to go further in shewing the value, indeed necessity, of hospital statistics in the establishment and progress to completion of any department of practical medicine, as they are almost self-evident. It is also equally clear that a protracted period of their existence is necessary to enable them to furnish statistics of any value, and such is only compatible with a continuous source of support, such as charity. From zeal, therefore, we can hope for nothing but occasional useful impulses in the cause of science, but for any steady practical utility we must rely on the indirect support of charity. The most effectual mode, therefore, in which the non-medical friends of homœopathy can benefit the development and perfection of the art, is

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simply to concentrate all the efforts of charity of the homœopathic section of the community upon homœopathic institutions, and if this is done effectually it will be enough, and more than enough, for all the wants of science.

Judged then by this standard, do our present homœopathic charitable institutions come up to what is required in medical charity from that portion of the community who hold homœopathy the representative of medicine? Do they really represent the whole medical charity of the homœopathic body concentrated? If so we cannot commend that body, and as yet they are very far from their duty. Edinburgh, with its grandiloquent professions of religion, is it really satisfied with £70 a year! Is that the whole medical charity of a community supporting six or seven medical men for their own benefit? Can Liverpool fail to reach £110 a year, the very moderate sum required for such an amount of cases seen, and allow the very existence of its dispensary to be dependent on the misappropriation of a sum contributed by two munificent individuals? Are Birmingham, Leeds, and Newcastle to remain satisfied with a vain show, outwardly fair enough, but when analyzed presenting an effort for charity of only the sum of £51, £18, and £40, respectively?

Manchester still bears the palm in the amount of Annual Subscriptions, but could it not raise the additional £40 or so, to emancipate its funds from misappropriation, and raise its function to that of a complete charity? As for London, its efforts are so distracted and divided that they are literally lost, and find no place for criticism in comparison with its wealth and the numbers of the homœopathic community—the doctors equalling in number all the rest in the kingdom put together; and yet it has failed to support more than one institution for a longer period than a year or two,* and allowed to fall useless to the

* The West London Dispensary, the only purely charitable homœopathic institution in London, of any duration, crowded with patients and eking out a languishing existence on betwixt £30 and £40 per annum of subscriptions; a miserable sum that does not admit of securing the services of a dispenser, whereby the whole work is thrown on the two medical attendants, represents the sum total of the medical charitable efforts of the thousands who have profited by homœopathy in health and purse, in the great metropolis!

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ground from want of support the efforts to establish an Hospital, made with almost unexampled liberality by one zealous lay friend of the cause!

It is therefore plain, I think, that the present state of homœopathic charitable institutions by no means represents the concentrated medical charity of the homœopathic part of the community, and therefore if we only had any effectual machinery brought to bear on it and effect this concentration, we should soon see a different state of these institutions, which might be vastly more complete and permanent.

Suppose then the homœopathic part of the community, forming a compact isolated body, resolve to concentrate all their efforts on homœopathic charitable institutions, and begin to address themselves to the task and to consider how their efforts may be most advantageously expended. They will find that the field presents a wide and interesting prospect as they approach it. Indeed we can find almost no more interesting objects of charity than the class to whom dispensary aid is usually given, and if the system was worked to its full extent, an incalculable amount of good might be done at a comparatively trifling cost. The objects it more particularly has in view are among a large class who are always trembling on the verge of pauperism, whose labour, with their improvident habits, is barely sufficient for themselves and families when in health, and therefore when sickness comes they are, if unaided, in a short time precipitated into the gulph of pauperism from which they may never again emerge. With a little assistance to such when sick we may, as it were, go a step higher in the stream of pauperism, and cut off at the source a portion of it, which further on would represent ten times the amount.

The various degrees of perfection of medical relief to the sick poor may be stated as follows:—The first and lowest form is simply to open an establishment where the poor may receive advice and medicine gratis, on personal attendance at stated hours. The admission to be as far as possible free and open to all comers, without the additional trouble and loss of time to the patients in seeking a recommendation. This form of dispensary is already a great boon to the poor, and does much good. It is

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obviously, however, very incomplete and only meets one class of patients, viz., those who can walk, while the bedridden are all excluded; and also it frequently happens that in different stages of the same disease for which a patient is treated he is unable to come, and thus the treatment is broken off to the great injury of the patient. The next stage is, therefore, the addition of visiting surgeons, who can undertake that class of patients who are confined to their own homes. It now frequently happens that many poor patients, though not reduced so low as absolutely to require being sent to an hospital, and cherishing that feeling of honest independence which makes them shrink from that to the last, are yet unable to command some of those comforts, in the shape of additional food and clothing, that are almost essential to their cure from disease. In such cases a plan might be permanently adopted, such as was done temporarily during the visitation of Cholera in Edinburgh lately, viz., a department engrafted on the dispensary—which might be called an Ambulatory Hospital —by means of which, supplies of blankets and the more immediately suitable kinds of food, and properly experienced nurses were distributed to the most destitute patients. This might be termed the third stage, or Ambulatory Hospital. To carry out this scheme would, of course, require the cases to be enquired about; if this is done by benevolent visitors they might at the same time be of service to the sick family, by recommending the different members to various existing helps for tiding it over the time of trouble, or there might be a provident fund attached to the dispensary, for advancing small sums to be repaid by instalments. This fund would maintain itself nearly, if not quite: and they might at the same time encourage the sick by advice to adopt more provident habits, and to join sick clubs or benefit societies, which in future would keep them from the necessity of dispensary advice.*

The last form of medical charity is the hospital. This is of

* I purposely omit all mention of religious conversation, as the differences of opinion on these subjects would infallibly be made (involuntarily, but not the less certainly) a pretext for neglecting the duty of temporal visitation of the sick altogether, or at least in association, which is the only effectual way of doing it at all in towns; desultory individual efforts can never have any appreciable effect.

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course the most complete, as it supplies all the necessities of the sick—it is also essential in a complete system of medical relief, for there is a class below those to whom the others are applicable, who can be met by it alone; and there are also various kinds of disease which require removal to an hospital, even when occurring among the other classes of recipients of medical charity. It is also the only form fitted for accurate medical experience.

Here there is a wide field for the benevolent before the duty is done. Now for the means: and first, the medical part, as on it must hinge the extent of the rest. The medical man must be looked on as a day labourer, for whatever number there may be in university towns of medical men, who have some independence besides the proceeds of their labour, and therefore can give a great part of their time to the poor, yet the mass of the profession are not in that position, and all arrangements in which they are concerned must be calculated on the supposition that they gain their bread by daily labour, and that of the most unremitting kind, which knows no rest nor sabbath. At present then, by an approximative calculation, I estimate that the proportion of gratuitous consulting practice to their total private practice has been on an average 5 to 2 for several years, to those physicians connected with our larger homœopathic dispensaries and who live by their profession. That is, on an average, each day the doctor after working sufficiently to maintain him in his position in society, for every 2 patients seen, has still 5 more gratuitous ones to see. I do not think more can be done properly—in fact I think it is too much to be well done. People are apt to think that it is no great trouble to sit and prescribe, when often at a glance the physician sees the nature of a case and can indicate the remedy, but it is not so; and even if it were so easy, still when the oft-repeated tale falls on his ear for the 50th time and upwards that day, day after day he becomes so wearied that he cannot do the work well. I would not advise the number of new patients to exceed 20 a week for each doctor at a consulting dispensary.

Again, if a physician were to visit the patients at their own homes, the time required would of course be greater, and if he were to give a seventh part of his labour to the cause of charity, he could only pay from one to three gratuitous visits daily, or

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one or two new cases per week,—a number wholly inadequate to express the medical charity of the other members of the community. Therefore it is quite obvious that paid medical officers are indispensable for the completeness of the dispensary system, in addition to the honorary services of the medical men.

Then, as to the duties of the non-medical part of the community, how are they to be performed, and how are we to obtain the machinery adapted for carrying out their share of the work? I can think of no other way than the literal interpretation of the divine injunction to visit the sick, by simply visiting them as a personal and individual duty incumbent on the whole community.* The objections to that from without, such as the nature of diseases, are very few, and apply to few diseases; the chief objections are, I fear, from within, and are of the nature of the "lion in the way." If, however, a considerable body did come together and take an interest in an institution, they might form a large active committee, keep a list of all persons who were favourable to homœopathy, each member might take a certain number on his list and visit them, and get subscriptions and interest them as much personally as possible; then a regular system of visiting the patients might be organized, and the members take their turn at stated periods to visit and enquire into cases, as above suggested. Even if only the first part was done, a much larger amount of subscriptions might be collected than we have yet any idea of, for no organized plan has yet been tried.

Having thus entered somewhat at length into the general question, I will now conclude with recommending what appears to me the best plan for conducting homœopathic dispensaries in the present position of our method in this country.

The dispensary should be, if possible, immediately opened on the purely charitable plan, with a responsible non-medical committee. The admission of patients free, with a preference for subscribers' recommendations when there are too many applicants.

* I cannot consider the subscribing a few shillings a year to a dispensary or hospital is to be held as adequately discharging the duty of visiting the sick. Nevertheless, I have scarcely ever met with any non-medical persons, except religious missionaries, who were in the habit of visiting the sick.

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When there is fear of abuse, a certificate may be required from the clergyman, or any respectable householder, that the applicant is a fit object of charity.

The physician should impress on the committee as their means increase, to procure a house-surgeon as soon as possible, and gradually to raise the standard of utility of the institution as high as possible.

In the same town, if there are several medical practitioners of different grades in the profession, all matters respecting the attendance of classes of the community who can remunerate the medical profession, may be left to themselves. If there is only one, or two of the same rank, they must waive their dignity, for the sake of the patients if not of themselves, and make such arrangements as to see the different classes at their suitable fees. But for the lowest class of paying patients, viz., those just above the dispensary patients, the respectable labouring men, I would strongly advise the formation of a homœopathic medical club—either for medical attendance alone, or a homœopathic medical department to be engrafted on some already existing sick or benefit club. The tendency of such associations is excellent, as it is in fact like life insurance in the upper classes, a provident and independent thing; and it tends amazingly soon to elevate the tone of feeling among that class. It should have no connexion with the dispensary, as they are uncommonly sensitive of the least appearance of accepting alms, when they have the feeling of independence thus generated. I have been told also, by medical men who have club patients, that though there may be a few troublesome ones among them, on the whole they give little unnecessary trouble. It is calculated by Mr. Neison (*Vital Statistics*, p. 108) that among 1000 adult persons, there will occur 274 cases of sickness during the course of a year. Now on these data, if each member contribute four shillings a year, or about one penny a week, that would give above 14 shillings for each case, a sum considerably greater than that paid to the Union surgeons. Besides the great advantage to the poor themselves by such a provident scheme, a proportional advantage would be reflected on homœopathy, if it is really worthy of the place we claim for it, viz., that as these are in the hands of poor and provident

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persons who have calculated the averages to a nicety, if it is shewn that the duration and cost of sickness are less on an average (as we are certain they are) than under allopathy, a vast impulse will be given to it through that class of people in England.

When there is as yet no homœopathic public in a place, then I think, as before said, the Remunerative Dispensary, with a department for gratuitous patients on the recommendation of subscribers, is the most desirable as a temporary expedient, to be discontinued as soon as there is a sufficient number of the homœopathic public to support the other plan.

The self-supporting dispensaries I utterly condemn in every form, shape or degree.

A FEW NOTES ON A FEW MEDICINES.

By Dr. Chapman.

The narrative of cases bears the same relation to medicine that biography does to history. Each narrator has a sort of affectionate interest for his subject; he is in a manner personally mixed up with it. If the case is successful he has a feeling of satisfaction in the result of the treatment; if unsuccessful and there is much suffering, he again feels himself to have been an actor in the eventful drama.

"——— Suæque ipse miserrima vidi,
Et quorum pars magna fui."

This was the actual inspiration of Falconer in his poem, "the Shipwreck." He had suffered and seen others suffer the horrors of the disaster he so touchingly describes.

"One touch of nature makes the whole world kin."

If no man is a hero to his valet de chambre, and no woman perfect in loveliness to her maid, still less is the human being, of whatever degree, removed from the close observation of his medical attendant. The knowledge of the infirmity, and of the sufferings of his patient, begets sympathy for him. In the beautiful stories in the "Diary of a Physician," this is happily exemplified.

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But in strictly medical cases the reporter can only speak of the physical conditions, and of the medical treatment: yet even with this limitation, his reports are interesting to the medical reader.

Whether the treatment seems to have been bad or good, the successful result a lucky hit, or an instance of wise choice in the selection of remedies; or the failure appears to have been inevitable, or the consequence of ignorance or error in the treatment, the case itself is still interesting.

These observations on a few of the homœopathic remedies have not the advantage of fully detailed cases; the paper is written on the spur of the moment, and has no pretension of conveying instruction to others. What seemed of value or interest to the writer may have neither value nor interest for the reader. The fitting penalty in that case will be incurred—it will not be read.

Ammonium Carbonicum.

A young gentleman, about 15 years old, had been in the house and in familiar intercourse with his two sisters, who had measles in a very mild form. His parents were anxious that he too should have the disease and be done with it; but he did not sicken, nor shew any sign of its having affected him. After a few weeks he went to school. In a little while his tutor observed that he exhibited unusual lassitude, and had lost his spirit for his studies, and for the vigorous exercises of his schoolfellows. He was in consequence sent home.

His parents were anxious about him, and were told by the physician that he was probably suffering from latent measles. He was a delicate youth with a very feeble circulation. He continued to be listless and unlike his former self; quiet and passive, instead of being vivacious and active; sauntering and lolling on a chair or sofa, instead of running and leaping; indifferent to books, instead of being a vigorous reader.

Some three months after his exposure to measles he suddenly lost a great deal of bright red blood from the right nostril. On being seen his pulse was found to be very quick, with a good deal of tension; the skin was very hot; he made no complaint, and said he felt no pain nor uneasiness. Aconite and Arnica were given to him.

The epistaxis continued to occur daily for four successive days, and to a great and even alarming extent. Several remedies were tried,

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but there was no guide for the choice of a medicine beyond the colour of the blood, and the febrile heat. As the warmth of the skin was general over the whole body, the proposition to have the nostril plugged was resisted, that measure being kept in reserve if there should be coldness of the extremities, and collapse. The bleeding was thought to be critical; the opinion of latent measles was still maintained; and what was felt to be a just apprehension was expressed that if the nostril was plugged dangerous cerebral symptoms might ensue, and perhaps convulsions, and perhaps death.

The parents of the youth had confidence in the opinion of their medical attendant, and abided by his decision; and as he was the heir, not only of their hopes, but of a very worthy name and of great possessions, this confidence of his parents increased the sympathies of the practitioner and his anxiety for the result.

The bleeding was not diminished by the means hitherto used, but on visiting the patient on the fourth day of the bleeding, he complained, for the first time, of severe pain in the forehead, and of a sensation that the brain was forcing itself out just above the nose. About a grain of the third trituration of Ammonium Carbonicum was given to him. One of his serious bleedings had occurred just before. In three or four hours after he was covered with measles. The disease was of a benignant kind; he had only a few doses of Pulsatilla, and in a few days was convalescent. He recovered his strength after the great loss of blood he had suffered, much sooner than could have been expected, and has continued well from that time, three years ago, to this.

Bleeding from the nose, sense of oppressive fulness in the forehead, pushing sensation as if the forehead would burst, and the brain would protrude through the forehead, are among the characteristic symptoms of Ammonium Carbonicum.

A few days after the successful termination of this case, the same practitioner was consulted, by letter, for a farmer's daughter in Ireland. She was represented as anemious, reduced in flesh, very pallid, and very dejected; she was a young woman of twenty-two or twenty-three years of age, and had been subject for several years to repeated and copious bleedings from the nose. The only characteristic symptom, that was mentioned in the letter of consultation, for the choice of a remedy for the epistaxis was that it was brought on by washing the face and hands in the morning. Ammonium Carbonicum, of the third trituration, was sent to her. After a few doses the

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bleeding of the morning recurred no more, and she speedily recovered her strength, her flesh, her colour, and her spirits. Enquiries was lately made about this case, and it was ascertained that the cure was permanent.

Ammonium Carbonicum is very useful for the appropriate cases of coryza, especially in hysterical females, or in feeble or aged persons.

This remedy is very valuable in many cases of hysteria, and especially for some of its strange and anomalous forms in which other complaints are, as it were, simulated; but especially where there is great excitement of the sexual organs of the female, swelling, itching, and burning of the pudenda, irritation of the clitoris, and acrid leucorrhœa, with the sensation of excoriation or ulceration in the valva; for hysterical syncope, for instance, preceded by vehement palpitation of the heart, and great precordial distress; for chlorotic listlessness and lethargy, and utter dejection of mind, it seems very suitable, and particularly so if there are the local sufferings adverted to.

The brain and the heart often seem seriously compromised in women, in whom there is that erethistic condition of the sexual organs; but as soon as this condition is relieved, the seeming affections of brain or heart at once disappear. In these and other cases of the like kind of hysterical perturbations, where other disorders are simulated, Ammonium Carbonicum is a very useful remedy.

Acidum Hydrocyanicum.

A lady who maintains herself by teaching drawing, about 30 years of age, suffered from nervous exhaustion, the result of over work and anxiety. She had no appetite; the circulation was languid; her symptoms were such as are generally comprehended under the term "nervous dyspepsia." But she had one very remarkable symptom; sometimes she would be forced, she said, to scream out suddenly, she knew not why; this scream was followed by faintness, sometimes even swooning: she at such times had, either before or subsequently to faintness, tightness of the chest, and acute pain as of spasm of the heart. She was sometimes wakened out of her sleep with this scream and these overpowering sensations.

As this scream seemed to resemble very much that of those poisoned with prussic acid, this remedy was prescribed for her in the third dilution. She had no return of the screams, the perturbation of her heart was relieved, and also her dyspeptic symptoms. Three

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months after the commencement of her treatment she reported herself as comparatively well.

This case is reported, not only on account of its individual interest, but as suggestive of the use of Hydrocyanic Acid for Angina. During the last few years many deaths have been reported in the newspapers which were said to have been from "spasm of the heart," and in many of these cases there were no appearances of organic lesion of the heart on the examination of the bodies after death.

Some of these cases are most interesting on account of the value of the lives of those who perished in that manner. The illustrious Dr. Arnold, so conspicuous for his love of truth, his liberality, his mental endowments, his personal character, and, above all, that he was the first person who propounded the doctrine and acted on it, that the mission of a schoolmaster was to be a "missionary" for boys, was one of these. He had no organic disease; he died from "spasm of the heart," as it is called. Some hours elapsed between his first seizure and that which closed his life. There was time here for the interposition of specific medicine.

Another instance was the recent one of Mr. Horace Twiss, the biographer of Lord Eldon, and otherwise a very noticeable man. Five months elapsed between his first seizure and the final one. Lord George Bentinck is a third instance; but he died of his first attack, alone, and remote from aid of any kind. He who had moved the senate with his fervour, and conciliated the nation by his honesty, died suddenly in a field, unnoticed and unregarded. Such is the vanity of human greatness, of wealth, station, distinction, and renown.

Hydrocyanic Acid might be also useful for threatened pulmonary apoplexy.

It is well known that it has been recommended by Montagk as one of the remedies for Asiatic cholera, especially for the apoplectic condition that is found towards the termination of some of these cases. As it may be interesting, the principal appearances that have been, at different times, found on the necrotomy of those who have died from this poison, are transcribed:—

"The muscles are darker than usual; the brain is dotted with blue points and is congested. The ventricle turgid with blood. Effusion of blood under the skull; the dura mater covered with a thick, black,

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bloody layer. The mucous membrane of the stomach is red, with bloody streaks, especially towards the orifices; its villous coat is of a reddish brown colour, and can be easily detached. This is also remarked of the villous coat of the duodenum. The villous coat of the entire intestinal canal is covered with reddish mucus; as far as the ascending colon, congested blood-vessels. A quantity of fluid, dark, violet-coloured blood in the liver, spleen, and kidneys. The bile is dark blue, blood in the trachea, violet colour of the larynx, trachea, and of the œsophagus through its whole tract. The lungs are of the same colour, and filled with violet-coloured blood. The lungs denser and heavier than natural, reddish, dotted with black points, filled with a black blue blood of an oily consistence. The right ventricle and left auricle of the heart are filled with blood. No serum in the pericardium, nor in the chest. The arterial blood looks like liquified liver. The blood is of a thick, greasy, oily consistence, not coagulated anywhere, of a dark blue-black colour."

In the case of those who die from Asiatic cholera, on the necrotomy the blood is found to be of the colour and consistence of treacle.

As a point of historical interest it may be interesting to record that during a part of what has been called the Georgian Era, which elapsed between the accession of George I, and nearly the close of last century, many ladies of rank and fashion used to die suddenly. During that time a "cordial for the nerves," called "laurel water," was a favourite remedy among these dowagers. In fact it was a dram. This contained a good deal of prussic acid, and it was not till it was discovered that these deaths were due to the poison contained in it, that "laurel water" was consigned to the limbo of forgotten things.

In the last stage of Asiatic cholera, when diarrhœa has ceased, and the vomiting has decreased, when there is anguish with pressure on the chest, and the patient becomes cold, with gradual extinction of the pulse, this remedy is deserving of trial.

It is probably specific also for that form of dyspepsia which is dependent on chronic inflammation of the stomach and bowels.

It is worthy of trial in catalepsy.

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Acidum Benzoicum.

A beautiful girl of 15, from her infancy to the age of adolescence, had been in the habit of wetting her bed: in all other respects she seemed perfectly well. Benzoic Acid, in the second and third triturations, was given to her, and was speedily and permanently efficacious. In many other cases of enuresis in children, the effect has been equally beneficial.

It seems to have a specific action in relation to the urinary organs where there is irritability of the bladder. It is said to obviate the various depositions resulting from the excess of uric acid, and so to be effectual in preventing calculus in the bladder. It is thought to be especially indicated for those who suffer from the gouty diathesis.

It also seems indicated in syphilitic gonorrhœa, where there is a chancre, of no very malignant character, with gonorrhœa. The urine, in such cases, is of a very dark colour, and is very strongly scented.

It has been used, with advantage, in nephritic colic, when the same characteristics of the urine have been observed.

It is well worthy of study in reference to cases in which the urinary organs are affected; in short, in many complaints in which the urine has the characteristics mentioned above, this remedy would probably be found very useful.

Acidum Nitricum.

Six years ago a lady was suffering from dysentery: she was of a very dark complexion, was much depressed in spirits, and there was every reason to suppose that the liver was inactive. There was great tenesmus, and what is vulgarly called "neediness"—frequent desire for evacuation, with unsuccessful effort. This was preceded by colic. Various remedies, and among them, merc. cor. had been given without apparent benefit. Nitric acid, in the 3rd dilution, was given to her, and the effect was immediate: she very speedily recovered.

The colic preceding the stool, itching of the rectum, and hepatic disorder seem to be indication for its use in diarrhœa and dysentery.

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In cases of chronic diarrhœa it has been found of great advantage; also in sufferings from the abuse of mercury, and in aphthous affections, for which mercury in large doses had been given.

Acidum Phosphoricum.

The writer has used this remedy in cases of milky urine in children, of which he has seen many instances, with immediate effect; under its use the urine has speedily become natural in appearance, and the children who were cachectic recovered flesh and health. In the "diabetes chylosus" of Hoffman, a disease not infrequent in some parts of the West Indies, it would probably be specific.

He has found it very useful in the exhaustion from onanism, venereal excesses, and nocturnal pollutions; and no less in the cases of those who will not believe that the brain is not brass, and continue to overtask it. Senators, literary and professional men are frequently the victims of this kind of exhaustion.

Arnica Montana.

The following case is very illustrative of many of the pathogenetic effects of this medicine:—

The patient thus describes the commencement of his sufferings: "I went to bed languid and exhausted; my sleep was much disturbed, and I awoke six or seven times, each time from dreaming that I was dying and that my bed was surrounded by my friends, assembled to take their last leave of me. On the following day I had intense headache, which was accompanied with a feeling of great weight and heaviness in the eyes, and a sensation of oppression and drooping in the eyelids, as if they could not be raised. The left wrist was powerless for half an hour, with the feeling generally that I could not use my arms. I had the sensation of an oppressive weight at the upper part of the chest, with a feeling of constriction in the throat. In walking I was feeble, as if I had been suddenly blighted with old age; this was on the second day.

"My subsequent sensations were, a want of power in both ankles, with a feeling of a heavy weight on each instep. There was in my throat, as it were, the sound of a subdued whistle. There was a

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feeling at the upper part of my head as though the brain was sore and tender. There was a total want of appetite for ten days, during which time I loathed the very sight of food. I suffered from a constant dry cough, which shook the whole frame. I felt as if I was bruised over the whole body. The *testes* felt hard, and there was swelling and tenderness in them. The thighs were of a livid colour, with blue and yellowish marks, presenting the appearance of a 'black and blue' eye, as it is called. There was also the sensation of a great weight across the lower part of the loins, and a feeling of being drawn in, as if a cord was tightly drawn across. I had all the while a longing desire to be in the free open air of the country."

The victim in this case had been making an *opodeldoc* of Arnica, to the influence of which, in any and every way, he is peculiarly susceptible. He is lymphatic, and leads a sedentary life.

During the first two or three days there were, ever and anon, a few patches on the face, and especially the forehead, disappearing and recurring, which resembled the arnica rash, with dullness and pain of the head; repugnance to food, which lasted during the whole illness; eructations; pains in the limbs as from a bruise; loss of strength, and of all sense of health; the sensation of being good for nothing. Some soryza.

After a few days the larynx and trachea became affected. He had a dry, short, and hacking cough.

He had only camphor and ignatia up to this time.

The chest then became affected; he had pains over the thorax, stitches with cough, which increased the pain; aching pains of the chest; a great deal of hypochondriacal anxiety; there was then great tightness of the chest, with difficulty of respiration. He had phosphorus.

He had been suffering with this progress of Arnica symptoms about a fortnight, when he was, one night, overtaken with great cardiac distress; stitches in the cardiac region; faintness; feeble, hurried, and variable pulse; irregular rythm of the heart; the horror of instant death.

Aconite and arsenicum were given to him. In a week after he went for a few days into the country; but it was fully a month from the commencement of his sufferings from Arnica, before he was delivered from this medicinal disease.

The effects on the mind and disposition were no less remarkable than those on the body. He is naturally cheerful, kindly, genial; but

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throughout this arnicated perturbation of his organism, he was downcast, waspish and peevish. He is naturally very sensitive; and this keen sensitiveness of the mind was greatly exasperated. He had more or less hypochondiacal anxiety through the whole of his illness.

Of the effect of Arnica in mechanical injuries, nothing need be said.

In some cases of fever, and some of dyspepsia, the reports of its efficacy have been fully verified.

In cases of hæmoptysis, and epistaxis, it has been found of great benefit.

In cases of gout and rheumatism it has been given internally and applied topically, with signal advantage.

For the after-pains of puerperal women, given internally, and applied topically, it has been found most useful.

Angustura.

This medicine, according to Noack and Trinks, has a remarkable action on the motor and spinal nerves. The two following cases exhibit its curative action in this respect:—

A lady, about 50 years old, oppressed with gloom, of a saturnine complexion, suffered much from pain in her spine, at the nape of the neck, and the sacrum especially; at either of these places the pain was much increased by pressure. She had great difficulty in walking, and seemed threatened with paralysis of the lower limbs. She had a sensation of tremulousness and uneasiness in the muscles of the neck.

Various means were used for her relief, with little or no effect. Angustura was prescribed for her. This medicine has very materially relieved her. She is cheerful, the pain is much less, and she walks with much more ease and comfort.

Another lady, about the same age, was also threatened with paralysis of the lower limbs. There was considerable aggravation of her sufferings from a few doses of angustura, followed by amelioration. It is but just to say that she has, since that time, made rapid progress to entire recovery, which is likely to be complete, under the influence of Vital Magnetism, or Mesmerism as it is more familiarly called.

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Angustura seems well worth trying in cases of spinal irritation, and of opisthotonos.

Alumina.

Many children, almost from birth to their second year or upwards, are subject to constipation—not brought on by unwholesome diet, nor by aperients. This occurs if they are suckled, or if they are reared by hand. The mothers of such children are generally of a meagre, adust habit of body, who themselves require anti-psoric treatment. The constipation seems to depend on inactivity of the rectum. The evacuations are scanty, and expelled with difficulty. In such cases *alumina* has been given, and seemed to act best.

When the evacuations are white, in such cases, aconite, china, and digitalis have been given, as well as alumina.

Aloes.

A lady had dysentery after her confinement; as this occurred two or three days only after the birth of her child, and she was a very feeble, delicate person, it was very distressing. Various remedies were tried, with little benefit. As she felt very faint after each evacuation, or attempt at one, aloes was given her, and the disease at once gave way.

In a case of metrorrhagia it was given with happy effect. The "hiero-pikra," which chiefly consists of aloes, is the chief emmenagogue used in the United States; and the emmenagogue pills in use in this country generally contain aloes.

In suitable cases it is one of the most appropriate remedies for piles, where the disease does not proceed from the abuse of this drug, and where there is no constitutional complication, but where there is burning in the rectum and tenesmus.

Ammoniacum.

A little boy, 7 years of age, had been vaccinated in his infancy; a few weeks after vaccination he began to suffer from eczema of one of his legs. This distressing disorder had grown with his growth. It was intercurrent with asthma; every now and then he had attacks of bronchitic asthma, perhaps two or three a year, but chiefly in the winter months. While he was asthmatic, his skin-disease receded; as soon as his breathing became natural, the affection of the skin

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returned. It distressed him much: he scratched grievously, and his drawers were generally stained with blood. It may be here observed, parenthetically, that chronic skin-diseases may be often traced back to the period of vaccination in such a way as to show that the virus was communicated in that way.

In other respects this young gentleman seemed healthy. When he was seven years of age he had measles, from which six other children of the same family were suffering. It was very mild in all the cases but two. In the case of this boy, the attack was very severe; he had a good deal of fever, and great heat of skin; constant restlessness. The measles only partially thrown out. He had Aconite.

The leg affected by eczema became perfectly dry and wrinkled; the skin looked like shrivelled parchment. He was then covered over the whole body with the dark dots of the "morbus maculosus;" his fever much increased, and great anxiety. Arsenicum was then given to him.

On his being relieved of the fever, and the disappearance of these spots, the lungs became congested; dullness on both sides; great difficulty of breathing, and anxiety. Constant movement of the *alæ nasi;* the countenance dark, with the anxious and parched look characteristic of the pulmonary affection. No expectoration. For this state of things he had chiefly phosphorus, which seemed in some measure to keep the disease in check; but no beneficial progress was manifested. While yet suffering in this manner he had one of his attacks of asthma, and it was expected that his life would be extinguished. Ammoniacum, in the 2nd dilution, was then given to him; a dose every hour at first, and afterwards at intervals of three hours. The effect was almost magical. In a few hours he breathed more freely, the constriction of his chest was relieved; he began to smile on those around him. The cutaneous affection of the leg reappeared, and the case proceeded favourably to convalescence and health.

This will be found a very valuable addition to the remedies for pneumonia. It is used in the old-world practice as an expectorant, and it is advised that it be given with great caution as it is apt to bring on pulmonary congestion.

One of our colleagues was called to see a case of angina, which supervened on the stopping of an old ulcer on the leg; he gave ammoniacum, the ulcer returned, and the angina ceased.

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It has been recommended, but to be given with great caution, in hydrothorax: also for saburral colic, for diabetes, and bronchorrhea.

"Wibmer recommends Ammoniacum for weakness of digestion, and yet he states, in his Materia Medica, that it produces weakness of the digestive organs. J. W. Schwartz recommends it in amaurosis, and yet refers to Wichmann's observation, that ammoniacum has occasioned obscuration of sight. In comparing the physiological effects of Ammoniacum with the symptoms of the disease which the physicians of the old school have cured with that remedy, we shall find that those cures have all been effected in accordance with the principle, *Similia Similibus Curantur*."

Anthrako-kali.

Experience has shewn that this remedy is useful in cases of chronic herpes; several dispensary patients, who had chronic cracks and ulcerations of the nostrils, were relieved by its administration. It seems worth trying in lichen.

Aurum.

Seven years ago, a gentleman, after a few other medicines, was put on a course of this remedy under the following circumstances. He was a young man—but he was old in that kind of achievement of which Horace speaks in his ode to Venus—

"Jam militavi non sine gloriâ."

if that sort of ignoble glory consists in a conspicuous "corona veneris." He was a grievous sufferer from secondary syphilis, and hydrargyrosis; a notable specimen of a victim of sexual and mercurial abuses. He had been repeatedly salivated, was wasted to a shadow, a breathing skeleton. He had nodes on his legs, and the aforesaid corona veneris; portions of the frontal bone had exfoliated. He had taken opiates habitually, and, as he said, £ 18 worth of Sarsaparilla during the twelve months that preceded his trial of homœopathy. He had been suffering in this manner about two years. He might have used the words of the "Sweet Singer of Israel:" "My wounds stink and are corrupt, because of my foolishness. I am troubled; I am bowed down greatly; I go mourning all the day long. For my loins are filled with a loathsome disease; and there is no soundness in my flesh. I am feeble and sore broken: I have roared by reason of the disquietness of my heart."

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He improved considerably under the use of *aurum:* and after he had been under treatment several months, he was recommended to go into the country to a farm-house. After being there a week or two, suffering from nocturnal pains still, but in other respects much better, he went to Manchester, and saw a medical friend there who gave him a night-draught of Henbane. He took a single draught. He then gave up all treatment.

His medical adviser had lost sight of him for six months, when he one day met him, brisk, plump, hilarious. He was quite well, and coolly observed that perhaps the homœopathic treatment had done him some good, but that he had been cured by his Manchester friend, with that single draught of Henbane. It is hoped, notwithstanding, that this may be recorded as a case of homœopathic cure. The cure was permanent; and he seemed ever after, like the disappointed and scared bridegroom in Scott's wonderful tale, "The Bride of Lammermuir," to be "a sadder and a wiser man."

This remedy was given in a case of Ozæna, that was suspected to be of syphilitic origin. It was a very chronic case: and as no impression seemed to be made on it with this and other remedies, after a trial of some months, the patient withdrew.

It would probably be a good plan in such cases, to inject solutions of whatever medicine might be given internally.

It was used, after other remedies, with great benefit in a case of Otorrhœa, in which there was disease of the bones of the ear.

The Muriate of Gold is the preparation preferred by the writer.

Arsenicum.

Of this powerful remedy it is difficult to say anything, lest one be tempted to say too much.

There was a luncheon set forth a few months ago. Two of the party present partook of a pheasant, which had been brought from a district in which the farmers had used arsenic plentifully in their wheat fields. Numbers of pheasants had been found dead in these fields. From this narrative it will readily be conjectured that this particular pheasant did not die from the effects of "villainous salt-petre," as Shakspeare calls gunpowder, and a bit of lead, but from the arsenic in one of those wheat-fields.

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The lady and the gentleman, who fed on the bird, were both affected in like manner. The lady's case is given.

About half an hour after luncheon, she felt faint, and had an urgent call to the water-closet. The evacuation was copious, but there was no subsequent diarrhœa. She became very restless, and could scarcely keep herself quiet an instant; yet with the least movement, nausea and vomiting were brought on. She suffered greatly from thirst, and burning in the stomach. The pulse was very weak and hurried; there was utter prostration; the countenance was anxious and almost cadaverous in its appearance. There was considerable dyspnœa, great tightness, constriction and sense of burning of the chest. She was sleepless through the ensuing night.

Her medical attendant, a homœopathic surgeon, on the suspicion of her having arsenical symptoms from having eaten arsenicated flesh, had freely given her milk, and the white of eggs. She had in succession, for her group of symptoms, during the several days she was ill, Ipecacuanha, Nux vomica, Bryonia, and Phosphorus. The last remedy was of great service in relieving the dyspnœa, and the tightness and burning of the chest.

The gentleman, whose case this was, mentioned that the other pheasant-eater, who had suffered precisely in the same way, was also ill several days.

So many cases will occur to each reader, of the cure of headaches, of a periodical character, that it may be superfluous to recite any in this place. But two may be briefly stated.

A gentleman had been for many years subject to a periodical headache, occurring once a week, sometimes twice, and lasting each time some hours. In all other respects he seemed well, and said he was so. This head-ache was *stunning;* he became incapable of all movement, or of attention to any subject. He could only rest his head on a table or the arm of a sofa and bear it as he best could. Arsenicum was given to him, and during many months he has only had one or two slight paroxysms, and none lately.

The other case is worthy of record, because one of our worthiest and most able colleagues was induced by that cure to investigate, and since to practise homœopathy, and through his instrumentality several other medical men have become homœopathic practitioners.

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The wife of this gentleman was subject to this distressing periodical head-ache: it generally had the character of the *clavus*, the boring, circumscribed pressure on a small spot on one of the temples. He had tried his best allopathic resources for her; he had obtained for her the best advice of some of the best allopathic practitioners in the metropolis. At that time he scoffed at homœopathy. He was induced, however, to make trial of a few doses of Arsenicum of the 12th or 30th dilution. She was cured as by magic; five years have passed, and she has had no return of her head-ache.

Asarum.

Several cases have lately occurred of perons suffering from catarrh, in which the most distressing symptom was deafness in one or both ears. Some coryza and sneezing; a sensation as if the ears were closed or plugged up with some foreign substance. In these cases *asarum* was given with good effect.

Asa-Fœtida.

This remedy has been used by the writer with benefit in Otorrhœa, when the bones of the ear have been diseased with offensive discharge. Also in some cases of disease of the bones.

(To be continued.)

PRACTICAL REMARKS,

By Dr. W. Huber.

Every practitioner must have felt how much the difficulty of getting up cases in a complete manner has been increased by the radical changes which diagnosis has undergone in recent times. I believe we are to account in this way for the paucity of practical communications in our homœopathic literature. But ought the solid results of experience in the treatment of diseases to be lost, because not in every instance grounded on anatomical or chemical pathology? Are the new diagnostic helps perfected to such a pitch as always to lead us to the conclusion we are seeking? The scientific practitioner meets daily, in greatest number, with cases in which these boasted sciences

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leave him altogether in the dark. I hold every homœopathic physician bound to avail himself of these methods of diagnosis; but *to cure* is, and ever will be, his chief and highest duty. Therapeutics is the crowning summit of medicine; it is the end to which other medical sciences are the means. Let us, therefore, not imitate our opponents in these latter years, who, in their zealous pursuit of the tributary sciences, assign a subordinate position to the capital one of therapeutics. Whence may this indifference to, or disbelief in, the art of healing among them arise?

I trace it to the new fundamental principle, "Nature alone cures," for which they have latterly discarded the old one, "Contraria Contrariis." And they look to this first principle alone, when they might walk in the light of one subordinated to it. In no science has the word "Nature," "power of Nature," been more misapplied than in medicine. It is the stalking-horse to which every idea, even the most extravagant, is yoked, as it is impossible to appeal from it. But when we consider that the *vis naturæ medicatrix* and its essence are above our comprehension, and is subjectively modified by each one according to his own turn of mind, we shall perceive the impossibility of making any use of it as an objective reality in practice. Europeans paint the devil black, the Negroes vote him white, and both allege his nature as an argument, and will continue to do so as long as they dwell in the region of imagination.

The *vis medicatrix* is something seated in the sick man himself, and can never become the foundation of an objective and practical science, since no propositions or conclusions are deducible from it. I do not deny—what every school tacitly admits—that the remedial power of nature constitutes a ground for the subjective possibility of a cure, but it is not the only one, nor in practice is it the chief one.

The proposition: Nature produces, Nature sustains; therefore Nature can likewise cure, acquires an altered significance when we consider that these internal processes are connected with certain necessary conditions by which they are determined, limited and modified. But if this subjective tendency be made of importance greater than naturally belongs to it, and clothed

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with the absolute and supreme attributes of a first principle, nothing but injury can accrue to the therapeutic system thence derived, as experience has amply proved; indeed remedies appear, according to it, completely superfluous, this first principle repelling all impressions by therapeutic agents.

It is far different with our law of similars. It is deduced from the specific relations exhibited by the body to medicinal agents; it is verified by the healing power evinced by them in diseases of similar nature, and thus rests on an objective experimental basis, and is as closely related to therapeutics as the fountain is to the stream, and from its practical utility takes the foremost rank among the truths of scientific therapeutics. The law of similars does not exclude the *vis medicatrix naturæ*, but rather goes hand in hand with it in harmonious conjunction; they are not contradictory but complementary to each other; they support and bear out each other, since they have a common direction and a common proceeding to one end by similar processes. In like manner as the internal processes by which the organism grows and maintains its structures, possess no self-sustained and absolute all-powerfulness, but are subject to multifarious outward influences, even so the favourable result or cure does not always and exclusively depend on the curative force of nature, but is often determined by outward influences, or remedies. Thus we see that the law of similars does not infringe on the rights of the curative power of nature, that it does not abandon the sick to a relentless fate, that it exalts the character of the physician, and satisfies his conscience by opening to him a wide field for positive action, the careful cultivation of which must be the chief business of the homœopathic practitioner. Next to physiological provings of medicines, it is by bed-side experience that advance is to be made. As so many additions are now yearly made to the number of students of homœopathy, who loudly call for an introduction to the practice of the system, and as yet there are no public *cliniques* in which homœopathy might become attainable by every practitioner who loves the beneficent art; in the mean time, practical results obtained at the bed-side form the most adequate means of acquiring a knowledge of the system. With this idea I resolved to pub-

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lish a few cases for the use of beginners in this study, that I might at all events lighten their difficulties, more or less. This essay, doubtless, is very imperfect, and offers little to interest the advanced homœopathist; but if it puts a clue into the hand of a few young learners to guide them in their toilsome path, my end will be answered.

I shall divide the following cases, for convenience sake, into five groups: Inflammations, Fevers, Cachexiæ, Nervous affections, and Profluvia.

A. INFLAMMATIONS.

I.—*Tonsillitis.*

Josepha Hubinger, æt. 19, fair, of sanguine temperament, of delicate appearance, properly menstruated; she had a bilious fever some years ago. On January 12th, 1846, in consequence of catching cold at church, she shivered strongly for two hours in the evening, then came on general heat, headache, strong thirst, and *sore throat;* lassitude and fatigue felt all over her, which obliged her to go to bed. Next morning the state of the patient was as follows: pressive and shooting frontal headache, heaviness and confusion of the whole head, *photophobia*, tongue rather white, unpleasant slimy taste, much thirst, want of appetite, a little nausea, sometimes inclination to vomit; *deglutition very difficult, with shooting pain in the throat;* constant *need to swallow; tonsils very dark, red and swollen,* especially the right one; great *feeling of dryness in the throat, and hard palate;* abdomen and fæces normal; urine scanty, dark red, without sediment; the thoracic organs normal; skin dry and warm; pulse feverishly excited, at 100, and tense; extreme exhaustion; disturbed sleep; anxious state of mind.

Treatment.—Bell. 3rd dil. a drop every third hour in a tablespoonful of water.

Jan. 13th, in the evening.—Increase of the fever and all the symptoms; a sleepless night.

Jan. 14th.—There is not the least trace either of the fever or the other symptoms; the appetite is returned. No more medicine was given. The lassitude left by the attack was quite gone in two day's time.

II.—*Bronchitis.*

Rosina König, æt. 26, unmarried, of sanguine temperament and tolerably robust, has always been regularly menstruated, and has

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never been ill. On the 15th February, 1846, in consequence of a chill while at work, was attacked with shiverings lasting several hours, followed by heat, headache, thirst, and disgust to food. Then a shaking *dry cough* came on, with feeling of rawness in the upper part of the chest; the cough was sometimes spasmodic, and brought on vomiting, lassitude and fatigue of the whole body, obliging her to stay in bed. Various allopathic remedies were fruitlessly employed, and the cough increased in severity, with streaks of blood in the expectoration, up to Feb. 28th, when the symptoms were as follows: shooting pain in the forehead; *swelling* and *redness* of the face, with burning *heat of head;* the nose dry and stopped up; the tongue loaded with yellowish-white fur; great thirst; mawkish taste; no appetite; constipation; urine scanty, *burning*, and of a *fiery red; violent cough*, especially at night, with expectoration of thin gelatinous mucous mixed with dark brown clotted blood. Inspection of the the thorax and percussion showed nothing abnormal; on auscultation there was found all over the chest *decided vesicular breathing*, and here and there *mucous râles*, especially over the right lung; heart normal; respiration not much impeded; slight oppression on the chest; *skin very dry and hot; pulse rapid*, beating 80 to the minute, *full and very hard.* The headache, heat of skin, and cough usually got worse in the evening. Sleep short—disturbed; feeling of sickness, and anxious state of mind.

Treatment.—Aconite 3, a drop every third hour, in a tablespoonful of water.

1st March.—No change in the general state.

From 2nd to 4th.—Great diminution of the fever; pulse 70; thirst and heat of skin much less; cough less violent, generally dry, no heat of blood. The febrile symptoms were felt in an increased degree for a few hours before midnight, but not to the same degree as formerly.

On the 4th, after a slight exacerbation, a general and abundant sweating came on about 5 p.m. and lasted during sleep almost the whole night, after which the patient woke with a genial sense of decided improvement in her state.

On the morning of the 5th, her head was free from pain; tongue loaded and moist; appetite beginning to return; thirst gone; fæces *normal;* urine abundant and cloudy, a quantity of brick-coloured sediment; cough easy, with loose mucous expectoration without blood. Strong mucous râles in the branches of the right bronchus;

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skin moist all over and pleasantly warm; pulse at 65, soft and swelling.

On 6th March.—*No trace of fever.* On account of the mawkish taste, and *considerably increased expectoration* of mucus, I discontinued Aconite and gave Dulcamara 2, in the same manner. In five days more the bad taste, mucous râles, cough and expectoration had quite disappeared, and the patient was left in her former state of health.

III.—*Pneumonia.*

Charles Reittinger, æt. 17, unmarried, rather robust, of sanguine temperament, had always since his youth been healthy, with the exception of an eruption on the scalp. On 1st March, 1846, without assignable cause he was attacked with headache, giddiness, nausea, and vomiting of food; then strong shivering for two hours, followed by heat, thirst, difficulty in breathing, tired feeling, and langour of the whole system. After a sleepless night and the fever continuing, *cough with bloody sputa* came on, and he vomited several times a bitter fluid without feeling relieved.

3rd March.—Giddiness; *heat; redness* and *puffiness of the face;* white tongue; bitter taste; *great thirst;* no appetite; tenderness of the pit of the stomach, but not of the rest of the abdomen; no stool since yesterday's; *urine red,* scanty; frequent *cough,* with a *little expectoration* of tough transparent greenish mucus, mixed with *bloody* and *rust-coloured particles;* feeling of weight on the chest, with *short* and *anxious* respiration; dullness on percussion over the left inferior scapular region. The stethoscope applied in this part revealed strong bronchophony and bronchial respiration, combined with a good deal of rattling of mucus. Sound of heart normal; *skin dry* and *hot; pulse accelerated to* 95 *beats per minute, and hard;* sleep disturbed; much lassitude; anxious frame of mind. The fever and its concomitants were exacerbated a little in the evening and forenoon.

Treatment.—Aconite 1, a drop every three hours in water.

3rd March, morning.—No change, but there was no increase of fever in the evening, and a quiet sleep, with copious general sweat came on.

4th March, morning.—decided improvement; head free; eruption of *hydroa febrilis,* on the upper lip; no thirst; skin moist and cooler; pulse soft, and fallen to 65; breathing easier; cough, expectoration,

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and auscultatory signs unaltered. In the evening after a short and trifling aggravation of the fever, he fell asleep, and slept in a state of perspiration all night.

5th March, morning.—The patient is quite free from fever, and his head from pain; skin had become cool, and his tongue clean; he can taste better, is not thirsty, and can eat a little; the epigastrium may be pressed on without giving pain; the bowels open, the urine cloudy and sufficiently copious with a good deal of flocculent deposit of a light red colour. Reittinger could now breathe freely, but coughed often and easily brought up a quantity of phlegm, which might be drawn into long strings. Loud rattling in the left side of the chest. The temperature of the skin, and the pulse now perfectly natural. No medicine.

From 5th to 7th March, he got rid of the whole of the fibrine that had exuded into the cells of the lungs, by expectoration; the cough and auscultatory signs gradually disappeared, and on the 8th nothing but vesicular breathing could be discovered in any part of the chest. The patient had lost so little strength as to be able to resume his occupation on the 9th.

IV.—*Pleuritis.*

Maria Hager, æt. 20, unmarried, of sanguine temperament, and strong and regular in her periods. In her 16th year she was chlorotic, but quite healthy since. The present attack commenced without assignable cause on 2nd January, 1846, with a diarrhœa which still continues. On 10th January she was attacked with violent shivering, then heat, thirst, headache, and shooting pain in the left side of the chest, difficulty of breathing, and extreme lassitude. Blood-letting, mustard poultices, and allopathic draughts which were employed for six days only increased the complaint. On the 17th, the state of the patient was as follows: oppressive pain in the head, with giddiness, red and turgid face, eyes sparkling and hot, with yellowish tinge of the sclerotic coat. Her tongue was yellow, she had a bitter taste in her mouth, no appetite, very strong thirst, sometimes nausea and vomiting of a bilious fluid, distention of the abdomen without pain, apparent enlargement of the spleen; since yesterday there have been five greenish liquid motions, unattended with pain. The urine was scanty, scalding, and *fiery red. Cough*, with expectoration of a quantity of *tough slimy* mucus bespecked with *small particles of blood, very great weight* on the chest, as if a weight lay on it; the

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breathing was in the highest degree difficult, short, and anxious; she can only lie on her back. *Violent shooting pain* in the left side of the chest, especially on moving. On inspection, the thorax was found to have a bulging of its lower part on the left side; the intercostal spaces are very prominent outwardly in that quarter. On percussion, the left half of the chest was found to yield quite a dead sound, behind and at the side; at the posterior and inferior parts of the thorax, the respiratory movement could not be heard; a little higher up there was bronchial respiration and mucous râles, as well as bronchophony. The heart, which was displaced to the centre of the thorax, showed nothing abnormal in itself. The temperature of the skin was *burning hot*, with dryness, and *feverish pulse* at 90 beats, *full and hard*. The patient's sleep was very much disturbed, there was much bodily weakness and *anxiety of mind*. Notwithstanding this severe attack she had her menses for three days; they ceased to-day.

Treatment.—Aconite 1, a drop every three hours in water.

On the 17th and 18th there was no change, with the exception of aggravation in the evening.

On the 19th, in the morning, the violence of the fever is broken and the distress considerably relieved. No giddiness or headache, tongue rather cleaner, bitter taste, much thirst, no appetite, abdomen is no longer swollen, continuance of the diarrhœa, (four times since yesterday morning), urine as before; cough less frequent, sputa more easily brought up, and more abundant, without any appearance of blood, dyspnœa diminished, shooting pain less severe, but extending to the centre of the sternum. The pleuritic effusion appeared to be greater rather than less than before; the auscultatory signs unchanged. Skin moist and everywhere in a state of perspiration, the temperature not so burning hot. Pulse, 70 beats per minute. The improvement continued throughout the day, and the patient slept well at night in a profuse sweat.

On the 20th her state was the same. I discontinued *aconite*, and gave a drop of *bryonia alba* every three hours. From the 21st to the 23rd the fever abated still more, the thirst disappeared, there was but one loose stool each day; much turbid urine was passed with whitish sediment; the cough, no longer convulsive, brought up a good deal of sticky phlegm and rarely a trace of blood. There was no longer any oppression on the chest, dyspnœa, or stitch in the side, even on motion; the skin was merely pleasantly warm, pulse softer, at 65, and sleep more composed; feeling of weakness continued. The phy-

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sical signs were unaltered, except that there was more rattling sound, but less effusion.

From the 24th to the 26th this state of things continued. She began to feel some desire for food, the bitter taste disappeared, and there was no diarrhœa; the urine was clearer and more plentiful; the expectoration was abundant and free from blood; the heart was returning to its normal situation, there was feeble bronchial respiration and much mucous rattling.

From the 27th to the 29th the patient continued to improve and become free from fever. Her strength increased daily; the expectoration diminished a good deal; the mucous râles disappeared; the breathing was more bronchial, but sharp and vesicular, with fine crepitation; the lower part of the left thorax is alone somewhat dull on percussion.

By 1st February all cough and expectoration were gone, the heart was in its proper situation; auscultation and percussion showed nothing abnormal; the left intercostal spaces were no longer protuberant; the patient could sleep well and felt so well as to be able to dispense with any further treatment.

V.—*Carditis.*

Franz Rad, æt. 19, a weaver, feeble, of sanguine temperament, has been free from disease since he was a child. Three weeks ago he was affected without known cause, with shivering, then heat, violent shootings in the right side of the chest, and *strong palpitation and dyspnœa.* He thinks he must have been working too hard. The shooting pain in the right side diminished in the course of these three weeks, but the dyspnœa and beating of the heart increased so much as to keep him from his work, and he began to cough and spit up, but only for a few days.

Feb. 21st. *Present state of the patient.*—Head free from pain; yesterday evening epistaxis from right nostril; tongue clean, much thirst, natural appetite and taste; the pit of the stomach and region of the liver are rather tender on pressure; fæces and urine normal; no cough; *heavy oppression of the chest, difficulty in breathing;* shooting pain in the right side of the chest, when lying on that side; *constant palpitation with anxiety, weight on the heart,* making him sigh frequently. On percussion, the dead sound indicating the subjacent texture of the heart was found on one side as far as the middle of the sternum, and on the other side, over an unusual extent of the left side of the thorax. The *impulse of the heart was very strong*

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indeed, striking against the ear with violence; in the left ventricle, instead of the usual sounds, there were blowing and rasping sounds accompanying both the systole and diastole. The sound which was heard with the diastole was particularly loud over the aortic valves, and was distinguishable, with diminished intensity however, along its arch. The sound heard over the pulmonic valves was particularly sharp. *The skin was dry and hot; pulse much accelerated*, beating 100 in the minute, *full, strong*, and bounding against the finger; sleep disturbed with frequent crying out; very anxious; timorous state of mind.

Treatment.—Aconite 1, a drop every 2 hours in water.

In the night of the 21st Feb. he had the first good night's sleep he had enjoyed for some time. On the morning of the 22nd, the impulse of the heart was felt to be much less and does not lift the ear during auscultation. In the afternoon his nose bled a little; auscultatory signs as they were. Night, sleep good.

Feb. 23rd.—much the same. Treatment, the same. All night patient slept peacefully, and perspired strongly.

Feb. 24th.—The *heart-stroke is much softer* and abated in strength; at night, sweating and good sleep.

Feb. 26th,—No change of any kind.

Feb. 27th.—He has nothing to complain of; the breathing action of the heart and pulse are quite natural. *The noise over the aortic valves is gone;* there is only a little blowing murmur still heard over the mitral valve during the ventricular systole, but much feebler than before. The skin is cool, and all the functions normally performed. The same medicine was continued.

March 2nd.—The mitral murmur has also disappeared over the left ventricle, the clicking sound accompanying both movements of the heart might be distinctly heard; the valves acted perfectly. The patient is beginning to be hungry again. The medicine continued.

March 3rd.—On percussion I found the dull sound over the heart to be of normal extent. No medicine. In four days more the patient was well enough to resume work.

VI.—*Peritonitis.*

Susannah Mayer, æt. 30, an unmarried woman, of weakly constitution, of sanguine temperament, regularly menstruated, was chlorotic till after passing her 23rd year, but has since been in good health. She menstruated 12 days since. The present attack came on March

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12th, 1846, without any reason she can assign. She was at first cold, then hot and thirsty, bad headache, lost her appetite, tried to vomit, and passed some loose stools, with slight pain in the bowels. Thinking perhaps she had eaten something indigestible, she took a powder, bought at a druggist's, "for the wind and bile," containing jalap and cream of tartar. From the moment of her swallowing this mixture, the pain in the abdomen became more and more violent, and the surface became so tender that she could not endure to be touched ever so gently; the bowels were moved several times amid fearful sufferings, but this looseness was followed by complete constipation and frequent vomiting. Various allopathic remedies were tried without effect; the patient was always growing worse. On the 20th March, her state was as follows: *Face pale, and expression of fear and anxiety; shooting pain in the forehead,* with heat of head; tongue moist, with yellowish-white coating; bitter taste; *intense thirst;* no appetite; frequent risings and inclination to vomit; vomiting of thin fluid, like verdigris, especially after taking food or drink; *abdomen tympanitic* and its whole extent, unutterably painful on the slightest touch; *unremitting cutting and shooting pain in the bowels,* especially at night; obstinate constipation for several days past; urine *scanty, hot, and red;* respiratory organs and heart unaffected; skin *hot,* but moist; feet cold; pulse at 100, small, hard, and compressed; general debility; *sleeplessness.*

Treatment.—Aconite 1, a drop every second hour, in water.

In the night from the 20th to 21st, there was great aggravation of the pain in the abdomen; the patient kept screaming out most of the night, and vomited up a quantity of green, very bitter bile. The focus of the pain was at the umbilicus, from which it radiated over the whole abdomen to the interscapular and lumbar regions. No stool notwithstanding clysters of oil and water. Warm bandages increased the pain; cold ones gave trifling relief.

March 21st.—The vomiting and anxious feelings are better, and the pain seems rather less; in other respects there is no change. At night there was an aggravation, but slight, and without vomiting.

March 22nd.—Some improvement; abdominal pain diminished, and chiefly felt when pressure is used; less tympanitis; patient has had a small knotty stool, of a dark green colour; urine scanty and fiery; skin dry, its temperature not very high; pulse 90. This state lasted till 6 p.m. from which time the pain gradually subsided,

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the patient fell into a sweet refreshing sleep, with general perspiration, which lasted all night.

March 23rd.—The patient awoke this morning, free from pain; her head still somewhat painful about the forehead; eyes brighter; tongue coated yellow; no thirst; bitter taste; no appetite, but no nausea; abdomen soft and free from pain; no action of the bowels; urine still sparing in quantity, and cloudy; skin very moist, and pleasantly warm; pulse at 70, full, soft and swelling; she is cheerful, and slept quietly the night through.

March 24th.—Pulse no longer quick, but altogether normal. Appetite returning.

25th.—She is quite well, excepting a *bitter taste, belching of flatulence*, and constipation. At 8 in the evening she had rather a smart attack of *colic*; there was *cutting pain* in the small intestines, with periodical aggravations, which made her writhe like a worm; also *thirst, bitter taste*, and *inclination to vomit.*

26th.—*Treatment. Colocynth* 4, a drop of the tincture every third hour. During this day she had several slight attacks of colic. In the evening and night she had a return of the severe colicky pain, but this time it alternated with *drawing pain in the* right *hip-joint and thigh*, together with *stiffness* and *want of power* in the latter. *Warm applications proved grateful and soothing.*

27th—The pain has now quite left the abdomen, but not the right hip-joint, in which it is still felt, now and then pretty severely. The first circumstance determined me to continue *colocynth*, though the latter might point to the employment of some other allied remedy. The propriety of my decision seemed confirmed by there being no colic or pain in the limb up to

1st April—But on the *evening* of that day dreadful *pain in the bowels*, coming on at intervals, of a cutting kind and bending the sufferer forwards; it extended from the pit of the stomach to below the navel, and was at times extremely violent, so much so as to make her think she could not survive it; she sometimes sat up in bed, sometimes lay down, or threw herself from side to side. *The pain was alleviated by warm applications.* She had a bitter taste in her mouth; eructations; efforts to vomit; *pressure at the stomach*, as if a *heavy stone* lay there; difficult breathing; *distention of the abdomen* by wind; constipation; clear, straw-coloured urine; skin moist and cool; pulse contracted, not feverish. The patient was irritated at the

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return of the complaint, and the non-success of the treatment. I discontinued Colocynth and gave her Chamomile 2, a drop every hour in water. In five hours the pain was quite gone; she fell into a quiet sleep, from which she awoke next morning cheerful and free from pain, of which she had no return. The bowels were moved properly and continued to be so daily, the bad taste was removed, appetite and sleep returned. By the 11th she was quite well.

VII.—*Psoitis.*

Anne Schwandtner, æt. 43, unmarried, thin, of choleric temperament, has been regularly menstruated since her 16th year, and has always enjoyed good health. On 4th Jan. 1846, in consequence of exposure to a draught when heated by exertion, she was suddenly seized with *violent shooting pain in the right lumbar region*, extending to the right breast and thigh, and preventing her from moving freely. Next day she had shiverings for an hour, followed by *heat, thirst*, and lassitude.

Jan. 9th.—The following is the state of the patient: Pressive headache and confusion in the head, such as is felt after a long sleep, mawkish taste; tongue white; great thirst; *frequent belchings of wind*; little appetite; *motions rather hard;* urine reddish, with brick-coloured sediment. Slight dry cough; the thoracic organs normal. On pressure, or on *moving the body, violent* electric-like *shooting pains proceeding from the neighbourhood of the right kidney* and going down to the groin and thigh of the same side. She *could not, for pain, raise herself, or rotate the limb.* Skin hot and moist; pulse at 90; sleep uneasy, from the fever *increasing in the evening* and *night.* and contentious dreams.

Treatment.—Bryonia 3, a drop every third hour in water.

Jan. 9th.—No change till night when the fever rose, and she complained of *drawing, shooting pain*, sometimes in the limbs, sometimes in the right shoulder.

Jan. 10th, in the morning.—No fever; no pain in the thigh, which she could use with freedom. On pressing firmly on the regions of the ascending and descending colon, a little pain was still felt, otherwise the patient felt quite well. She slept well at night.

Jan 11th.—No pain, even on pressure; good appetite; bowels regular; patient could leave her bed. No medicine was given. I saw the patient on the 24th, up to which time no relapse had taken place, and she appeared to enjoy excellent health.—*Œst. Zeitsch. f. Hom.*, IV. 2.

(*To be continued.*)

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GLONOINE.

[We have to thank Dr. C. Hering, of Philadelphia, for his kind attention in forwarding us his notes of the pathogenetic effects of this new remedy, which he proposes to term Glonoine. We have thrown the separate observations of the different provers into the ordinary schema, to facilitate the acquirement of a knowledge of its pathogenetic effects, and it will be seen that it has a peculiar and decided action on the head, and will no doubt prove of great advantage in certain forms of headache, as in fact is shewn by Dr. Vinal's two observations.—EDITORS.]

Preparation of Glonoine.

"When a mixture of 2 vols. of sulphuric acid of 1.83, and 1 vol. of nitric acid of 1.23 is poured into syrupy glycerine, a very lively oxydation ensues, the products of which I have not ascertained; if, on the contrary, the above mixture of the two acids is placed in a freezing mixture, and glycerine poured into it, stirring to avoid all elevation of temperature, the glycerine quickly dissolves, without any perceptible reaction; if the mixture be now poured into water, an oily substance heavier than water subsides to the bottom of the vessel, where it is washed with a considerable quantity of water to free it entirely from acids, without any loss, as it is quite insoluble in that menstruum. When well washed it is wholly dissolved in alcohol, and precipitated again by water, or dissolved in æther, and the solution left to spontaneous evaporation, when it is obtained in a state of perfect purity. It is readily freed from water by keeping it for a few days in vacuo over sulphuric acid. In this state this body has the appearance of olive oil coloured slightly yellow; it has no odour; its taste is sweet, pungent, and aromatic; but in making this experiment great precaution should be used, for a very minute quantity held upon the tongue produces a violent headache for several hours. This effect upon the human body was experienced by several persons in my laboratory, and I have frequently felt its effects myself."—A. SOBRERO, *Comptes rendus*, Feb. 15, 1847.

Glycerine was made from sweet oil by mixing this with oxyde of lead, washing it with water, precipitating the lead with sulphuretted hydrogen, filtering and boiling the water, and drying it in vacuo to a thick oily fluid,—Glycerine or Hydrate of Glycoxyde = Gl. O^5, H.O.

In a freezing mixture at zero, 2 parts of sulphuric acid, 1.83 Beaumais, and 1 part of nitric acid, 1.23 Beaumais, were mixed; 1½ of Glycerine, previously cooled in the same freezing mixture, was slowly added to the acids, stirring it to avoid a rise of temperature: it formed a thick, honey-like syrup. Poured into a large quantity of water, stirred and mixed, the new substance settles down to the bottom. The water was decanted off, the oil that had settled at the bottom dissolved in alcohol, again precipitated in water, and, on account of a small powder-like matter settling

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with it, it was re-dissolved in æther and evaporated, and placed in vacuo with sulphuric acid, until perfectly free of water.

Being formed from Glycerine (Gl. O.) by nitric acid (N. O.), it may be called GlONOine = *glonoine*.—C. HERING.

Comparison of Glycerine and Glonoine.—

Glycerine.	*Glonoine.*
Colourless, somewhat yellow.	Slightly yellow.
Not crystallizing.	The same.
Thick, like syrup.	Like olive oil.
Of a sweet taste.	Pungent and aromatic.
No odour.	The same.
Miscible with water.	Sinking in water.
Also with alcohol in all proportions.	Soluble in alcohol ?
Not soluble in æther.	Soluble in æther.

—SOBRERO.

Glonoine explodes like gun cotton, leaving red fumes of nitrous acid. The exploding flame has a bright blue colour.—C. HERING.

Pathogenetic effects of Glonoine.

The following are the names of the provers, with their corresponding initial letter as marked in the subjoined schema.

D. Morris Davis; applied the glonoine in substance to the tongue; is not at all subject to headache.

J. Dr. Jeanes, aged 35; touched his tongue with a quill on which was some glonoine, and also took some globules moistened with it.

W. Wm. Walker, aged 35; took one globule moistened with glonoine.

P. Elliston Perrot, a large, robust man, never had a headache; got a minute portion of glonoine.

F. John French, aged 20; pale, quiet and gentle disposition, inactive mind, subject to headache and epistaxis.

WW. Dr. W. Williamson; took globules moistened with the glonione.

HD. Dr. H. F. Davis; took globules moistened with the glonoine.

V. Dr. L. G. Vinal; took globules moistened with the glonoine.

C. J. B. Castle; took globules moistened with the glonoine.

O. Took 18 globules, each containing $^1/_{5000}$th of a drop.

E. Took about $^3/_{100}$ths of a drop.

S. Dr. S.; took $^1/_{20}$th of a drop.

Jk. Dr. Jackson, of Maine; took the medicine in the alcoholic solution.

H. Henry Hupfeld; tried the glonoine on about twenty persons.

Ha. An unmarried lady, aged 23, pale face, large features, light hair and blue eyes, irritable disposition, and tall. Recorded by Hupfeld.

Hb. A young man, aged 18, in Hupfeld's employment.

R. D. M. J. Rheas.

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— A prover respecting whom there are no details.
Sth. Dr. Smith. No particulars respecting the dose.
WP. Took globules saturated with the medicine.
CGS. The same.
JRS. The same.

Almost all the symptoms here recorded occurred within a few minutes, at most a few hours after taking the medicine. After those symptoms that occurred later will be found the time of their occurrence.

Mind. Coming up the street things looked strange to him, had to look every little while to see if he was in the right street; the houses seemed out of their places, though he was quite familiar with the street. (D.)

The walk home seemed three times as long as it should be. (D.)

Cannot recollect phrenological organs, though familiar with them. (WW.)

Calling to mind old grievances, thinking of persons who have offended him, with determination to vindicate his own conduct. (WW.)

5. Cannot apply himself to books; ideas dull, and even while writing thoughts wander. (After twelve hours. C.)

For three or four hours uncommonly lively, loquacious, great flow of ideas, inclination to buffoonery. (V.)

Head. Faintness and dizziness. (F.)

Giddiness on throwing back the head. (Sth.)

10. Head feels heavy. (Sth.)

Heavy feeling in head; can scarcely keep it up. (Hb.)

Great weight on the brain. (F.)

Pain through the head, with feeling of heaviness. (J.)

Fulness in the head, as though the blood had all rushed to it. (JRS.)

Violent headache and rush of blood. (CGS.)

15. Pulsation in the head for two minutes. (E.)

Throbbing in head on moving about, particularly on going up stairs. (Sth.)

Violent throbbing in the head, with feeling of fulness, but no particular pain. (Sth.)

Feeling of swelling of head, with strong throbbings, aggravated by stooping, especially in the left side. (Sth.)

A curious feeling through the whole head. (J.)

20. Glow of heat, rising from chest to head. (R.)

Headache all night. (C.)

Headache and soreness, increased by rising suddenly or shaking the head. (C.)

Soreness and tightness, with increase of pain from shaking the head sideways. (WW.)

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Sore pain through the whole head; he is afraid to shake it; it feels as if it would fall to pieces. (V.)

25. On shaking the head the brain feels as if hard and loose and sore. (WW.)

Shaking the head produces a feeling of soreness of the brain. (HD.)

The brain feels as if it were smaller than the cavity of the cranium. (HD.)

Heaviness in the head, especially in the forehead. (S.)

Weight over the eyes, changing into temples. (P.)

30. Headache ends at night in dull, heavy pain over eyes. (P.)

Such a heavy pressure in the forehead from above downwards that he is obliged to support the head. (E.)

Pressure in the forehead. (E.)

Headache at first in the forehead, then extending over the top towards the back of the head; a dull, heavy feeling, like what is perceived the next morning after hard drinking. (S.)

Disagreeable sensation of fulness in the forehead, increasing to severe pain. (Jk.)

35. Fulness of right side of forehead. (WW.)

Fulness and throbbing of upper part of forehead. (Sth.)

Throbbing in the left half of the forehead (WW.)

Throbbing in head, particularly the forehead. (R.)

Dull throbbing in forehead, root of nose, and temples. (R.)

40. Heavy throbbing in the forehead, with strong pulsation there. (—)

Pain over the right eye, and at the same time across the superciliary ridges from right to left. (W.)

Pain in the forehead when looking steadily. (WW.)

Pain in the organ of "Wonder," left side. (WW.)

Slight pain in the region of the organ of "Wit," left side; on pressure with the fingers it appeared at first to be sore, but continued pressure seemed to relieve it. (J.)

45. Slight pain in the region of "Mirthfulness," left side. (J.)

Pain in the forehead, on the top of the head, and in the whole head. (J.)

Pain in the organ of "Wonder," towards the right. (WW.)

Pain in the organ of "Wit," left and right side. (WW.)

Slight pain across the eyebrows. (D.)

50. Almost intolerable pain in the forehead, and disagreeable sensations at the base of the brain. (Jk.)

Pain over the eyes, rather in the forehead. (C.)

Violent pain in forehead. (WP.)

Dull headache over eyes; going off in his sleep. (F.)

Dull pain across the forehead, chiefly on the right side. (F.)

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55. Dull aching pain in the forehead, just over the right orbital ridge. (R.)
Dull aching in the forehead, above the eyes. (Hb.)
Dull aching pain all across the forehead and temples. (R.)
Aching in the left side of forehead. (WW.)
Bruised pain in the organ of "Form," left side, afterwards on both sides. (CW.)
60. Inside of head feels bruised in the forehead. (Hb.)
Soreness in the forehead, where the pain had been. (WW.)
Feeling as if the brow had been wetted by iced water, lasting two minutes. (—.)
Throbbing in temples (WP.) (F.)
Throbbing in the left temple. (WW.)
65. Throbbing in the temples and rush of blood to the head, increasing until the temporal arteries were seen and felt to the touch throbbing violently. (D.)
Flushing of face and throbbing of temples. (P.)
Fulness and throbbing of temples (Sth.)
Headache in the left temple, drawing from within towards the nose, leaving behind a dull feeling in the head (O.)
Stitch in the right temple. (WW.)
70. Darting pain from near the right ear towards the right eye. (J.)
Headache as if something was run through his temples. (Hb.)
A cutting pain in both temples, as if it had a tendency to go into the ears. (J.)
Sensation of fulness in top of head. (R.)
Throbbing and fulness in top of head. (R.)
75. In the evening fulness in the top of the head, and throbbing in the temples. (D.)
Throbbing and pain in the vertex, seeming to ascend from the base of the cranium to the vertex at every pulsation of the carotids. (V.)
Throbbing pain in the vertex. (HD.)
Palpitating headache in vertex and temples. (HD.)
Aching pain in the right organ of "Firmness," followed by pulsation. (W.)
80. Pain in the left coronal suture. (WW.)
Pain in the organ of "Benevolence." (WW.)
Dull headache over the whole upper and especially the back part of head. (HD.)
Dull distracting pain in the top of the head. (R.)
Sensation of soreness, as if the brain was bruised, in the top of the head, in the region of the anterior fontanelle, when moving the head; the pain remits, and then returns with increased severity. (R.)

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85. Pain in the left half of the head, worse at the vertex. (WW.)
Fulness at base of brain, and violent throbbings of all the arteries of the head and neck. (Jk.)
Pulsation in occiput. (—)
Pain in the back of the head, towards the vertex. (J.)
Pain in the region of the lower protuberance of the occiput, most on the right side, increased on turning the head. (V.)
90. Aching in left occiput. (WW.)
Dull aching pain in occiput, followed instantly by a pressive pain from within outwards in each temple; these pains increased so as to become quite severe. (—)
Pain in the head on shaking it. (C.)
The headache was aggravated by shaking the head the least. (P.)
Shaking the head from side to side aggravated the headache, but not moving it backwards and forwards. (J.)
95. Headache worse from leaning forwards. (WW.)
Scalp. Numb feeling in the hairy scalp. (HD.)
Eyes.—Soreness of orbit. (WW.)
Stitch in the right orbit. (E.)
Eyes protruding and injected, with headache. (JK.)
100. Under eyelid puffy and swollen. (F.)
Heat in the r. external canthus. (WW.)
Short shooting pain, with heat in the left eyeball. (WW.)
Aching in the eyeballs. (WW.)
Pupils somewhat dilated. (JK.)
105. Scintillations before eyes, as in head affections caused by disordered stomach. (JK.)
Almost continued flashes of light, and vision consequently indistinct. (JP)
Ears.—Stitch in the right ear. (E.)
Sensation of fulness in ears and nostrils, worse on l. side. (WP)
Ringing in ears, and pulse audible. (CGS.)
110. Crackling in the left ear. (JC.)
Nose.—Itching of the alæ nasi. (HD.)
Face.—Aching in the right side of the jaw near the joint. (JC.)
Stiffness of both jaws. (J.)
The chin felt as if elongated down to the knees—it had been hurt 20 years previously. (W.)
115. Face flushed and heated, especially about the eyes. (WW.)
Prickling itching of the face. (HD.)
Redness of the cheeks, upper part, especially lower eyelids, also ears, not forehead. (C.)
Burning taste on different spots of the lips. (D.)
Itching and sensation of swelling of the lips after rubbing. (HD.)

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120. Numbness of the lower lip, with a sensation as if it was much swollen. (Ha.)

Mouth.—Mouth filled with offensive thick saliva in the morning. (WW.)

Accumulation of slimy saliva through the day, too unpleasant to be swallowed, always spit out of the mouth. (WW.)

Offensive breath. (V.)

Oily disagreeable taste. (V.)

125. Greasy feeling in mouth. (W.)

Burning sensation in roof of mouth. (Sth.)

Roof of mouth somewhat tender. (Sth.)

Feeling of swelling and throbbing in roof of mouth (Sth.)

Contractive sensation in soft palate. (R.)

130. Sensation as if the soft palate were drawn upwards. (R.)

Great dryness of the lower surface of the soft palate. (J.)

Tongue.—Tongue large and white, with indentation from the teeth in front. (WW.)

Tongue and mouth burnt, the former felt swollen and raw, and was affected by spasmodic twitching. (JK.)

Shooting in the left side of the front of the tongue. (—)

Throat.—Sharp tickling in the throat. (D.)

Heat in the œsophagus. (WW.)

Prickling in the left tonsil. (WW.)

Slight roughness in throat. (Sth.)

Appetite.—Desire to drink cold water. (F.)

140. Taste in the mouth like pine wood. (WW.)

Stomach.—Uneasy feeling at stomach. (F.) (WW.)

Gnawing in the pit of the stomach. (D.)

Belching. (WW.)

Nausea and pain in the stomach. (C.)

145. Very empty feeling in stomach. (—)

Abdomen.—Pain about the middle of the left hypochonder. (WW.)

Fulness of epigaster. (WW.)

Rumbling in the transverse colon. (WW.)

Flatulency through the evening. (WW.)

150. Rumbling in the intestines. (C.)

Rectum and anus.—During the evacuation (soft) the sphincter seemed to be more constricted and tense than usual. (WW.)

Stools.—A free evacuation of very soft fæces. (WW.)

Awoke early with pain in the bowels, followed by a copious discharge of liquid fæces; six similar evacuations before 10 a.m. (WW.)

Frequent discharge of flatus during the evacuations, with a loud sharp noise. (WW.)

155. Stools preceded by aching pain in the abdomen, relieved by a cup of coffee. (WW.)

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The inclination to stool can easily be postponed. (WW.)
No stool in the morning, very unusual. (WW.)
Diarrhœa with much flatus and borborygmus. (After 12 hours. V.)
Chest.—Gaping and disposition to take a long breath. (WW.)
160. Sensation of constriction of the chest, but respiration not impeded. (JK.)
Heart.—Palpitation of the heart. (WW.) (H.)
Fulness in the heart. (WW.)
Laboured action of the heart, with peculiar sense of oppression.
The heart laboured violently, and a lancinating pain passed from the region of the heart to the back, below the shoulders. (JK.)
165. A dull aching pain at heart, followed by heat or warmth. (—)
Neck and Back.—Slight feeling of a nervous movement from the neck upwards to the head. (J.)
A chilly creeping feeling runs down the back after stooping, and after walking a little glow. (J.)
Burning glow betwixt shoulders. (J.)
Stiffness in the nape. (WW.)
170. Stiffness and pain in the left side of the nape. (WW.)
Pain in the nape. (HD.)
Dull pain in the nape on moving the head. (R.)
A feeling of heat extending from the neck down the spine. (—)
Pain like a cramp at the left side of 6th or 7th cervical vertebra on throwing back the head. (Sth.)
Upper Extremities.—Whilst walking a pain across the shoulders, soon extending down the arms, especially severe on the back of the right hand and in the lower end of the metarcarpal bone of the middle finger. (J.)
Contracting feeling in the right elbow. (WW.)
Pain in left elbow. (C.)
Indescribable pain in the elbows, most in the right, just at the ulnar nerve. (C.)
Pain at the outside of the wrist like that of the elbow. (C.)
180. Numbness and tired feeling in the left arm, requiring a considerable effort to raise it. (H.)
Left arm feels fatigued as if after labour. (Hb.)
Itching in the hands. (HD.)
Increased trembling of the hands, especially of the right hand. He had a constant trembling of the hands ever since a course of mercury. (V.)
Trembling of the hands, a symptom he never had before. (C.)
185. Hands rather cold. (C.)
Stiffness of middle joints of fingers. (H.)

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Lower Extremities.—A cracking of the right hip, and soon after twice of the left knee. (J.)

Pain in both knees below the patella, on each side of the tendon. (J.)

Cracking of the right knee while walking. (J.)

190. Walking relieves the pain in the limbs. (J.)

Pain under left patella. (WW.)

Circulation.—The pulse rises 20, 30, or 40 beats in a very short time. (In all the provers.)

Pulse small and weak. (After 19 hours. V.) (—)

Pulse hard, distinct and incompressible. (JK.)

195. Pulse irregular. (—)

Fever.—Profuse perspiration. (CGS.)

Sleep.—Gaping every moment, feels drowsy. (P.)

Gaping and disposition to stretch backwards. (WW.)

Great inclination to sleep. (C.)

200. Drowsy. (Hb.)

General.—The symptoms that first occurred after taking the glonoine were upwards, afterwards downwards to the arms and knees. (J.)

All the most striking symptoms disappear in the open air. (JK.)

A sensation as if he had not slept for some time. (Hb.)

Great languor. (JK.) (R.)

205. Throbbing in the whole body. (R.)

A feeling of general warmth. (—)

Experiments on Animals.

A tom cat got about 5 drops of glonoine in 20 drops of alcohol. He forthwith began to sneeze and vomit and howl dismally, much thick ropy saliva ran from his mouth. In five minutes these symptoms abated, and he wandered uneasily about seeking some concealed place to lie down. The back was rounded up; the tongue protruded; rapid and spasmodic breathing; panting; occasional spasms in stomach; piteous moaning; ears hot; eyes dull and drowsy; the third eyelid much drawn over the eye. Constant twitching in the ears. He seemed disinclined to move, as though it caused pain; stretches out paws, protruding the claws. The next morning he did not seem the worse.

In another cat, whose nose was touched with the glonoine, the head was thrown backwards upon the neck, saliva flowed freely from the mouth, which was kept open and the tongue protruding. The eyes glaring and fixed, pupil much dilated. She walked backwards, but with difficulty, as the limbs were rigid. Pulse very rapid. On giving her a little more in the mouth, the limbs became quite rigid; the heart's beats uncountable; respiration difficult, rapid. The eyes stood out of the head, the iris scarcely visible. In about two minutes she ceased to breathe, though the heart

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still beat. A few seconds afterwards spasmodic contractions of the legs set in, and continued some time after both circulation and respiration had ceased.

Clinical Observations with Glonoine.

By Dr. VINAL.

Mrs. E. C. T. complained of throbbing headache; dizziness, with flushes of heat to the face and head; feeling of soreness internally in the head when moving it. These symptoms had lasted several weeks and various homœopathic medicines had been taken without relief. I gave her Glonoine 9, two powders. I saw her about two weeks after taking this medicine, and she informed me she had felt relief in half an hour after taking the first powder. I saw her again six weeks later and there had been no return of the complaint.

Miss Ann R. This patient had what she called "pulsating headache," and soreness on moving the head, with dizziness and vertigo after stooping; she had been treated homœopathically for these symptoms for some weeks, without permanent benefit. She got, on the 27th July, Glonoine 6, four powders, one to be taken night and morning. When seen on the 24th August she had had no return of the above symptoms.

REVIEWS.

HOMŒOPATHY IN ACUTE DISEASES, by STEPHEN YELDHAM, M.R.C.S., *late Senior Surgeon to the Royal South London Dispensary, and Assistant Surgeon to the Royal Maternity Charity.* London: H. BAILLIERE, 219, Regent Street. 1849.

MR. Yeldham's object in the publication of the work before us, was to shew the power of Homœopathy over acute diseases, as an answer to the objection so commonly urged against our system, that it may do all very well in chronic, but is hazardous in its application to acute maladies. Mr. Yeldham has very well fulfilled the task he has undertaken, and has presented us with an imposing array of cases of the most severe acute diseases, treated by himself homœopathically. A very interesting feature in these cases is, that in no instance was the patient aware that he was being treated on the homœopathic system; this com-

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pletely overthrows the objections commonly urged against homœopathic cures, that they are the result of faith on the patient's part; but it will no doubt raise the ire of the critics of the "Lancet," who, we recollect, soundly rated Dr. Madden for his dishonesty towards his patients for doing the very same thing that Mr. Yeldham has done. It is indeed a difficult matter to please our opponents. If we cure our patients by "open and advised" homœopathy—faith did it; if we conceal from our patients that they are being treated homœopathically, our adversaries cannot sufficiently reprobate our dishonest and underhand conduct! But to return to Mr. Yeldham. A list of the diseases treated of in this volume will best show their important nature: they are pneumonia, pleuritis, bronchitis, laryngitis, croup, hooping-cough, cynanche, gastritis, hepatitis, peritonitis, cholera, dysentery, diarrhœa, nephritis, cystitis, encephalitis, hydrocephalus, delirium tremens, apoplexy, ophthalmia, puerperal fever, mastitis, convulsions, erysipelas, scarlatina, measles, rheumatism, lumbago, sciatica, tic, fever, hæmoptysis, phthisis, and mechanical injuries. The cases, generally, are very well detailed, though some are rather summarily disposed of, and those of each disease are preceded by some very judicious and critical remarks on the practice of the old school, in reference to the disease under consideration. The cases themselves are well selected, and exhibit, in a most striking manner, the efficacy of the homœopathic system, and do great credit to Mr. Yeldham's skill. There are three introductory chapters on bleeding, salivation, and purgatives, excellent and popular articles on these subjects, though rather too superficial for the professional reader. Although the work is evidently intended for the non-medical part of the community, it might be read with advantage by the allopathic practitioner; and the cases are very interesting, and some of them most instructive to the homœopathist.

Altogether we are highly pleased with Mr. Yeldham's volume, and consider it the best that has appeared on homœopathy for a long time past, whether it be viewed as a work of a merely popular character, or as one illustrative of homœopathic treatment in a large class of the most severe and dangerous diseases.

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We are proud to hail the accession to our ranks of such a thoroughly practical surgeon and careful observer as the author evidently is, and we can sincerely recommend his book to the attention of medical as well as non-medical persons.

LECTURES ON THE CAUSES AND TREATMENT OF ULCERS OF THE LOWER EXTREMITY, by GEORGE PRITCHETT, F.R.C.S. &c. London: Churchill. 1849.

THERE are some diseases for the cure of which other than mere medicinal treatment is required, and among these, certain ulcers, especially of the lower extremities, may be reckoned. Here a mechanical contrivance for the support of the superincumbent column of blood is necessary, and the practitioner's object is to ascertain the best method of effecting this. Bandaging is liable to this objection, that the bandage is apt to slip and become loose. The plan advocated by Mr. Critchett in the little volume before us, seems to be well adapted for the end proposed; it consists in tightly strapping the limb, from the toes upwards, with adhesive plaster.

We shall give the description of the process in Mr. Critchett's words. "You must seat the patient opposite to you, and support his foot upon a small stool about a foot and a half in height, and so constructed as to receive the print of the heel and leave the rest of the foot free. You should be provided with strips of plaster, about two inches in width, and varying in length from twelve to eighteen inches, according to the size of the limb. The best material for this purpose is the simple emplast. plumbi of the pharmacopœia, spread upon soft unglazed calico, and free from resin, which is often introduced to increase its adhesiveness, but which is very liable to irritate the skin. If the plaster be well made, and of the best materials, it will adhere perfectly; I have often found it unmoved for many weeks and even months. It is convenient to provide yourself with a metallic warmer, made with a flat top, upon which you can lay three or four pieces, heated either by hot water, or by small lamps, which are better if you require it for any length of time.

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You then take the centre of the first piece and apply it low down to the back of the heel, and then with the flat part of both hands press the plaster along both sides of the foot. This plan is very preferable to taking hold of the ends and endeavouring to apply them, as it ensures a perfectly smooth adaptation of the plaster to the part, and also because it enables you to regulate that very important point, the amount of tightness you may wish to employ. As you proceed with the remainder, you must always remember the principle is to make one portion fold over another; you must, therefore, alternate them round the foot and ankle. Your second piece should be placed in a similar manner underneath the heel, and then carried upwards, at a right angle to the last so as to cover a portion of each malleolus. The third piece should be again applied to the back of the heel, overlapping the first by about one-third. The fourth piece under the foot and carried upwards, each piece being pushed along so as to allow it to take its own course; this must be continued until the foot and ankle are covered; the strips must then be carried in a similar manner up the leg, increasing in length as the calf increases, and extending as far as the knee, and in some few cases even above this." Over this, a calico bandage is to be applied in the usual manner. Small ulcers situated in the hollow between the malleolus and os calcis, require more pressure than the rest of the limb, which may be produced by applying small pieces of plaster in a crucial manner over the wound, before putting on the strapping. This process is not applicable to the treatment of ulcers in the acute stage, but is only suitable for those in which that stage is passed. For the sub-acute stage the strapping may be applied, but not so tightly as in the chronic. In very large ulcers, almost encircling the limb, and accompanied by profuse discharge, this strapping cannot be adopted, and it is likewise contra-indicated where the skin is very irritable, and becomes covered with pustules, even with the best plaster. It is also often impracticable in cases of very irritable ulcers, but even these are sometimes cured with *very* light strapping; otherwise the treatment seems to be applicable to almost all primary chronic ulcers, especially the varicose ulcer, and even such as are of a specific character. Mr.

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Critchett gives several cases illustrative of the efficacy of his treatment, and likewise details the particulars of two cases of what he calls menstrual ulcers, where the healing of the ulcer was followed by bad consequences, hence he advises caution in the treatment of such ulcers. With respect to the time for keeping on the strapping, he says that if the wound be large, it is better to dress it at first every day, also when the discharge continues thin, it is necessary to change it frequently, but as it gets thick, every third day is sufficient; and there is a class of cases met with in which the discharge is very thick, when the strapping may be allowed to remain on for a week. Twice a week he considers sufficiently often for renewing the strapping in the majority of cases.

This plan of treating ulcers, which is evidently founded on sound principles, and has stood the test of experience, we would recommend to the attention of our readers, as an adjunct to homœopathic treatment, the failure of which, in many instances, may depend upon the want of good mechanical support to the vessels of the limb. In place of the empl. plumbi which Mr. Critchett recommends, but which we should not feel it advisable to employ, as it contains a powerful medicinal agent,—simple soap or wax plaster, or isinglass plaster might be used, which would interfere less with the internal treatment we should employ to hasten the cure; as the object of the homœopathic practitioner can never be to obtain the cure of an ulcer by any outward application, and the strapping here recommended is avowedly only for the purpose of affording mechanical support, which may be obtained equally well by some unmedicated plaster.

HOMŒOPATHIC INTELLIGENCE.

Mr. Dore Blake, of Taunton, and the Coroner.

We extract from the Somerset County Herald, of April 21st, *in extenso*, an article headed—"MELANCHOLY SUDDEN DEATH.—IMPORTANT INQUISITION.

During the last few days considerable excitement has prevailed in this town in consequence of the sudden death, and the circumstances attendant thereon, of Mr. William Lendon, silversmith. It has been rumoured that

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the deceased had been improperly treated by his attendant during the short period which elapsed from the time of his being seized with an apoplectic fit, and his demise. In consequence of the excitement which prevailed it was deemed expedient to call on the Deputy Coroner, W. W. Munckton, Esq. to hold an inquisition on the body, in order that the doubt which existed in the public mind might be cleared up. Thursday was the day appointed for that purpose, and a spacious room at the London Hotel was filled with respectable individuals, amongst whom were several friends of Mr. Blake, who is an homœopathist, and was said to have improperly treated the deceased. In order that our readers may understand the cause of the somewhat extraordinary proceedings, it will be necessary to state that Mr. Blake practises as a surgeon in this town, but is not recognised by the medical profession, inasmuch as he has never passed the Apothecaries' Hall, and his diploma, which he obtained from the Royal College of Surgeons, having been recalled, on account of (as they say) it having been obtained by false statements and imposition, he therefore cannot legally practise as a surgeon. Having attended Mr. Lendon in his last moments, and another medical man having been sent for, but who would not act on account of Mr. Blake's being present, it was currently asserted that the deceased had been improperly treated. Mr. H. C. Trenchard appeared to watch the proceedings on behalf of Mr. Blake, and the medical profession was represented by Mr. Kelly, Mr. H. C. Cornish, and Mr. Foster.

One of the most respectable juries having been impannelled, and having chosen Mr. Richard Turle as their foreman, they were sworn, and the following particulars were adduced in evidence :—

Mr. Charles Baker, draper, sworn—I reside in this town and knew the deceased. On Monday evening, about six o'clock, I saw him whilst standing at my shop, and at that time he was nearly in the centre of the road attempting to get up; he was nearly up, and as he was falling again I caught him under the arm. I asked him what was the matter, and said, "Is it the head?" He said, "Yes." With the assistance of a friend I led him home, and placed him on a sofa. I asked Miss Lendon, whether I should go for a medical man, and she replied in the affirmative. I then went for my hat, and on my return I understood that Mr. Blake had arrived; I then went home.

By a Juror—He was sensible when I caught him by the arm, but I do not believe he was afterwards.

A Juror—What was his appearance?

Witness—At the time I saw him first he appeared to have fallen away in a fit, but there was a great change immediately afterwards.

Mr. George Van Somer sworn—I was in Mr. Lendon's house, in the back parlour, when the deceased was brought in. By Miss Lendon's desire I went for Mr. Liddon, but just before I got to his door I under-

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stood that he was not at home, and then I requested Mr. Blake to see him. Mr. Blake walked faster than I did, and when I got back I found the deceased with his feet bathing in warm water, and his legs wrapped round with blankets. Mr. Blake was then in attendance. After the deceased was brought home, he appeared to be slightly conscious, but shortly afterwards he appeared to be in a deep sleep. He had been to a garden in Tangier, and when he fell he was returning therefrom. I saw him during the earlier part of the day, and then he appeared to be tolerably well. For a considerable time past he had been indisposed, and had complained of a dimness in one eye, for which he placed himself under the care of Mr. Ware, of London, who administered powerful medicines and cupped him. He did not recover his sight. The deceased told him that the cupping had materially injured him. Mr. Blake observed, whilst the deceased's feet were in the water, that he could not swallow any medicine, and then he applied a tincture to the lips. About two hours after he had been brought home he went off gradually in an apparent sleep.

Mr. Trenchard—Do you know what time the deceased went to London?

Witness—About last June.

The Coroner—I do not think it material in the present inquiry.

Mr. Trenchard—It may be important in the bearing of the case.

The Coroner—Seeing Mr. Blake, I wish to ask him whether he would like to tender any evidence?

Mr. Blake—Yes, I have no objection.

The Coroner—I must ask you whether you are a qualified medical man?

Mr. Blake—I have my diploma, and I will send for it if you wish.

The Coroner—There is no occasion for that. Are you a member of the Royal College of Surgeons?

Mr. Blake—My name is struck off the list of members.

The Coroner—You are not a licentiate of Apothecaries' Hall?

Mr. Blake—I am not.

A Juror—Did you pass your examination?

Mr. Blake—I did.

The Coroner—I cannot allow you the usual surgeons' fee.

Mr. Trenchard—If Mr. Blake produces his diploma, I apprehend it would be sufficient.

The Coroner—My impression is that Mr. Blake is not qualified to practise as a surgeon, and therefore I cannot allow the usual fee.

Mr. Blake—I contend that I am entitled to the fee, as a surgeon.

The Coroner—I think your are not, and therefore I cannot allow it.

Mr. Blake—State the grounds.

The Coroner—We will proceed with the inquiry.

Mr. Blake—As you have raised the question, I think you ought to answer it, or withdraw what you have said.

The Coroner—I shall not withdraw anything that I have said. I shall

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not allow you your fee because I do not think you are entitled to it, but you can try the question. Do you tender your evidence?

Mr. Blake—Yes.

Mr. Trenchard—Then you don't summon him?

The Coroner—No.

Mr. Blake—I understood I was summoned to give evidence.

The Coroner—I have not summoned you.

Mr. Blake—I claim my fee on principle, and I wish to have it.

The Coroner—If you will take the book I will take your evidence.

Mr. Blake was then sworn—I am a surgeon, residing at Taunton, but not a licentiate of Apothecaries' Hall. I passed my examination at the College on the 8th of May, 1846, and have received my diploma. On Monday night, about six o'clock, I was sent for to see the deceased. I found him in a state of apoplexy with partial syncope. I have a motive in stating that, as it was one reason of my not consenting to his being bled. He had a contracted pupil and a low quivering pulse; he would have been dead in ten minutes had I not placed his feet in hot water. Knowing his previous history, I did not bleed him; I attempted to give him a few drops of brandy and water to endeavour to restore the circulation, but he could not swallow. I applied tincture of belladonna to his tongue—it was a medicine, but not made according to the London Pharmacopœia. I was requested by others to bleed him, but I would not do so, as I believe he would have died under my hands. I told his friends that he was in imminent danger, and that if they wished to have him bled I would withdraw, in order that a medical man might be called in. I sent for Mr. Edwards, of Wiveliscombe, almost immediately, but when he arrived, the patient was dead. I had attended him for twelve months before; his general symptoms were pains about the head, and weakness of sight, and in consequence he had been obliged partially to give up work. The cause of death I consider was apoplexy, arising from organic disease of the brain. I made a *post mortem* examination of the body on the following day, in conjunction with Mr. Edwards. The brain only was examined. We found a considerable softening of the cerebrum; the vessels had completely given way, there being a mass of coagulation, and that was the cause of death.

A Juror—Was there any other person in the room when you offered to retire?

Witness—There was one came to the door, but he would not come in.

A Juror—Was he a medical man?

Witness—I do not wish to impugn parties.

A Juror—It is no secret.

Witness—Mr. Liddon was the gentleman.

A Juror—Was he the family surgeon?

Witness—He was; I asked him to come in, but he said he would rather not.

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The Coroner—Do you think any active treatment would have saved his life?

Witness—It was impossible, and the result of the *post mortem* examination has proved that bleeding would not have saved him.

Mr. Andrew Francis Edwards, of Wiveliscombe, sworn—I am a surgeon, and was sent for to see the deceased on Monday. I arrived at ten o'clock but the deceased was dead. On the following day I made a *post mortem* examination of the body, with Mr. Blake. I have heard what Mr. Blake has stated, and I corroborate his evidence, more particularly with regard to the softening of the base of the brain. Four years ago the deceased was my patient, and at that time was of a scrofulous habit, and had a scrofulous eruption in the skin. From the appearances after the *post mortem* examination had been made I have no doubt that Mr. Lendon died of apoplexy. There are eight different species of apoplexy, each of which requires different treatment. Bleeding in this case would not be necessary; I consider the fit resulted from disease in the base of the brain. I am of opinion that no medical man could tell the propriety or impropriety of bleeding under such circumstances, without entering into the case. On the result of the *post-mortem* examination, I am satisfied that no treatment could have been available, or could have saved life.

A Juror—Would bleeding have been proper?

Witness—Bleeding would have been decidedly wrong.

Mr. Cornish—Would you not have used other means than that used by Mr. Blake?

Witness—There was no room for giving medicine, or of using more active treatment.

A Juror—Do you consider that Mr. Blake did everything which the nature of the case required?

Witness—I know of nothing that was omitted.

The jury then returned the verdict of "Died by the visitation of God."

Mr. Ball—(addressing the Coroner) I wish to ask you in whom the right to call an inquest is vested?

The Coroner—That is very doubtful.

Mr. Ball—I am led to ask the question for this reason. A short time since my son died under precisely similar circumstances, but no inquest was held, and there was just as much reason for it as in this case. Why was that?

The Coroner—Because it was not brought under my notice.

Mr. Ball—Who applied in this case?

The Coroner—The assistant overseer of the parish.

Mr. Edwards—The other day, Mr. Hancock, of Wiveliscombe, died suddenly, but no inquest was held, for the simple reason that no one gave information to the Coroner.

The Coroner—In that case the parish is liable to be indicted.

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A Juror—An inquest ought not to have been held in this case.

The Coroner—I have done my duty, and there is an end of it. I must pay Mr. Edwards his fee.

Mr. Blake—And not me?

The Coroner—Not being a general practitioner, I do not consider you are entitled to it. I speak seriously when I say you ought to try the question in the County Court, or at the Quarter Sessions. If I pay you the magistrates may disallow it to me.

Mr. Blake—Will you state your grounds for so doing?

The Coroner—No; and at the same time I beg to say that I have no personal feeling in the matter.

Mr. J. H. Horsey—Never mind Mr. Blake, he, (Mr. Munckton) may require your vote one of these days, and then you can give him a *plumper!!*

Mr. Blake—I am not at all surprised at being refused the fee, but at the same time I protest against it, as it is manifestly unjust.

Mr. Trenchard observed that he did not agree with the opinion expressed by the Coroner, after which the discussion stopped."

We have but few remarks to make on this proceeding. The laws of the land have decided that in all cases of sudden death, which cannot be reasonably accounted for, there shall be a Coroner's Inquest. This is a wise caution, which has for its object the defence of the lieges from foul play, whether by violence or poison.

An individual, in this instance, died of apoplexy. Of the medical men sent for, on the seizure of the patient, Mr. Blake was first in attendance. While he was using his best endeavours for the sufferer, another medical gentleman, the family surgeon, came to the door, but refused to go in on learning that Mr. Blake was there. The poor patient was not in a state to be bled, even had the man of the lancet gone to him; he could not swallow. In short, nothing could be done for him. He shortly died. On the day after his death the brain was examined by Mr. Blake, in conjunction with Mr. Edwards, another surgeon, who gave his testimony at the inquest, fairly and honourably. The death was inevitable, the case beyond all human means of restoration.

Yet, on the plea that the deceased had been improperly treated, or as some would say, killed by Mr. Blake, this inquest was held; the purpose of his opponents being to endeavour to obtain a verdict of manslaughter against him. It was indeed a verdict—*vero dictum*—to the effect that the sufferer had died by "the visitation of God." The *animus* of those opponents is shewn in this passage: "Mr. H. C. Trenchard appeared to watch the proceedings on behalf of Mr. Blake, and the medical profession was represented by Mr. Kelly, Mr. H. C. Cornish, and Mr. Foster."

It is understood that his worthy medical adversaries had expressed a determination to make an effort, whenever any opportunity should occur, to crush Mr. Blake, by obtaining a verdict of manslaughter against him.

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In their first effort they have happily failed; and it is to be hoped they will soon leave him alone.

They have two reasons for their hostility: a personal feeling against Mr. Blake, because he was once a tradesman in their town, and the fact of his being a homœopathist. We just advert to the fact that after having passed a very creditable examination, and obtained his diploma, the Council of the College of Surgeons caused his name to be struck off from the list of their members, on the ground that he had obtained the favour of a premature examination, by fraudulent certificates of his previous course of study.

He owed this proceeding to the vigorous zeal and pressing remonstrances of the allopathic surgeons of Taunton. But he keeps his diploma, which does not shew him to be a member of the College, which he is not, as the College has the undoubted right, under the presumed circumstances, of striking out the name of any member from its list, but does shew emphatically that he is a qualified medical practitioner; that he has the necessary amount of knowledge and skill; that he has gone through the proper studies, and has obtained, after examination, the testimonial of the College to his fitness for the exercise of his profession. Having, we think injudiciously, chosen Taunton, where he had previously sold comfits, as his place of residence as a homœopathic practitioner, he necessarily encountered the dire rage and bitter opposition of his professional brethren of the allopathic school.

There is nothing so disgusting as the meanness, the baseness, of this kind of hostility. But these *inquisitions* must do good. We have repeatedly demanded fair play on the part of our opponents, and the exercise of a sound judgment on the part of the public. We maintain that our method of therapeutics is not to be judged by the instances of death that occur in our practice, taken separately, but by a fair balance of the number of deaths of our patients, and of the number of those that occur under allopathic treatment.

We do not profess to cure incurables; to work miracles; to exhibit signs and wonders. We do not possess the gift of healing in the preternatural, but in the natural sense. We do not profess to cure even all curable diseases. We are fallible creatures, like our neighbours; we, like them, sometimes leave undone what should have been done, and do what should not have been done. We ask them to make such allowance for us, as we ought to be ready to make for them. "It is appointed unto all men once to die." Neither they nor we can prevent the irreversible decree. Would that they and we could live "in perfect charity with all men," and that all of us were imbued with that spirit of love, which thinketh no evil!

In the instance of this particular *inquisition*, the surgeons of Taunton thought to entrap and incarcerate a *Dorian*, but they caught, instead, a

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Tartar. To have succeeded in their object would only have exhibited them as triumphing in the gratified vengeance of a sort of petty Oligarchical tyranny; to have failed, as they have done, simply covers them with ridicule.

"Non tali auxilio nec defensoribus illis,"

is the Ilion of allopathy to be maintained with its cumbrous polypharmacy, and its varied "muniments of war."

MISCELLANEOUS.

Physiological action of small quantities of Mercury.

The Galley Hospital of Rochefort had long been infested with immense quantities of bugs. Four pounds of Mercury were evaporated on five chafing dishes in the empty wards, and the stoves made very hot, and the room was aired for a fortnight before the patients were again admitted. However, 24 hours after they returned to this ward, 39 out of 43 patients became salivated, some of them very badly. They were again removed, and the ward was fumigated with chlorine, to combine chemically with the mercury. The bugs bore all these operations without suffering the least, and were as numerous afterwards as before.

Homœopathic adhesive plaster.

Dr. Nusser, after adverting to the inadmissibility of the common adhesive plaster as an application to wounds, recommends in its stead a plaster prepared with glue, a solution of which in water with a little alcohol added he carries about with him, to be spread on strips of calico when needed. Our common isinglass plaster is every way superior to such a fœtid preparation.

BOOKS RECEIVED.

Beneficence of Design in the Problem of Evil vindicated by the Law of Causation in the physical construction of matter: by a JOURNEYMAN. New York: Leavitt, Trow & Co.

Somnolism and Psycheism, otherwise Vital Magnetism or Mesmerism, considered Physiologically and Philosophically: by JOSEPH W. HADDOCK, Surgeon-Apothecary. London: J. S. Hodson.

Lectures on the Causes and Treatment of Ulcers of the Lower Extremity: by GEORGE CRITCHETT, F.R.C.S. London: John Churchill.

Revue homœopathique du midi, publiée à Marseille, par une Société de Médecins. Nos. 1 to 16.

Hartmann's Chronic Diseases: translated by C. J. HEMPEL, M.D. New York: Radde. 1849.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

HAHNEMANN ON THE CONTAGIOUSNESS OF THE ASIATIC CHOLERA.*

Two opinions, exactly opposed to each other, prevail on this subject. One party considers the plague as only epidemic, of atmospheric-telluric nature, just as though it were merely spread through the air, from which there would in that case be no protection. The other party denies this, and holds it to be communicable by contagion only, and propagated from one individual to another.

Of these two opinions one only can be the right one, and that which is found to be the correct one, will, like all truths, exercise a great influence on the weal of mankind.

The first has the most obstinate defenders, who adduce the fact that when the cholera has broken out at one extremity of the town, it may the very next morning be raging at the other extremity, consequently the infection can only be present in the air; and that they (the physicians) are in their own persons proofs of the non-contagious character of cholera, seeing

* *Aufruf an denkende Menschenfreunde über die Ansteckungsart der Asiatischen Cholera, von* SAMUEL HAHNEMANN. Leipzig, Verlag von Carl Berger, 1831. We think it may be interesting to our readers to know Hahnemann's opinion on the subject of the contagiousness of cholera, and have, therefore, translated his brochure on the subject, and give it entire. We may remark that the theory of animated contagions here broached is by no means peculiar to Hahnemann, but was held by many eminent observers long before his time, and is still entertained by some; for an account of its most recent development by the distinguished pathologist Henle, we must refer our readers to *Fletcher's Pathology*, page 71.—[EDITORS.]

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that they generally remain unaffected by it and in good health, although they are daily in personal communication with those dying of cholera, and have even tasted the matter they ejected and the blood out of their veins, lain down in their beds, and so forth. This foolhardy disgusting procedure they allege to be the *experimentum crucis*, that is to say, an incontrovertible proof of the non-contagious nature of cholera, that is not propagated by contact, but is present in the atmosphere, and for this reason attacks individuals in widely distant places.

A fearfully pernicious and totally false assertion!

Were it the fact that this pestilential disease was uniformly distributed throughout the atmosphere, like the influenza that recently spread over all Europe, then the many cases reported by all the public journals would be quite inexplicable, where small towns and villages in the vicinity of the murderously prevalent cholera, which by the unanimous efforts of all their inhabitants, kept themselves strictly isolated, like a beseiged fortress, and which refused to admit a single person from without—inexplicable, I repeat, would be the perfect exemption of such places from the ravages of the cholera. This plague raged fiercely over an extensive tract on the banks of the Volga, but in the very middle of it, Sarepta, which had strictly and undeviatingly kept itself secluded, remained perfectly free from the cholera, and up to a recent period none of the villages around Vienna, where the plague daily carries off a large number of victims, were invaded by cholera, the peasants of these villages having all sworn to kill any one who ventured near their village, and even to refuse to permit any of the inhabitants who had gone out of the village to re-enter it. How could their exemption have been possible had the cholera been distributed throughout the atmosphere! And how easy it is to comprehend their freedom from it, seeing that they held aloof from contact with infected individuals.

The course followed by the cholera in every place it traversed, was almost uniformly this: that its fury shewed itself most virulently and most rapidly fatal at the commencement of its invasion (evidently solely because at that time the miasm encountered none but unprepared systems, for which even the

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slightest cholera miasm was something quite novel, never before experienced, and consequently extremely liable to attack them, very infectious); hence it then infected persons most frequently and most fatally.

Thereafter the cases increased, and with them at the same time, by the communication of the inhabitants among each other, the quantity of the diluted miasm, whereby a kind of local sphere of cholera-miasm exhalation was formed in the town, to which the more or less robust individuals had an opportunity of becoming gradually accustomed and hardened against it, so that by degrees always fewer inhabitants were attacked by it and could be severely affected by it (the cholera was then said to take on a milder character), until at last all the inhabitants were almost uniformly indurated against it, and thus the epidemic was extinguished in this town.

Did the miasm only exist in the general atmosphere the cases could not be less numerous at last than they were at the commencement, for the same cause (said to be the general atmospheric constitution) must have remained identical in its effects.

The *only* fact brought forward by Hufeland against my proofs (viz: that on board an English ship in the open sea, about the latitude of Riga, that had had no (?) communication with the town, two sailors suddenly fell ill of cholera) proves nothing, for it is not known how near the ship came to the infected town, Riga, so that the sphere of the miasm-exhalation from the town, although diluted, might yet have reached and infected the sailors, who were still unused to the miasm, especially if they, as is often the case, were rendered more susceptible to it from intemperance.

The most striking examples of infection and rapid spread of cholera take place, as is well known, and as the public journals likewise inform us, in this way: On board ships, in whose confined spaces, filled with mouldy watery vapours, the cholera-miasm finds a favourable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists—on board these ships, I say, this concentrated aggravated

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miasm kills several of the crew; the others, however, being frequently exposed to the danger of infection and thus gradually habituated to it, at length become fortified against it, and no longer liable to be infected. These individuals, apparently in good health, go ashore, and are received by the inhabitants without hesitation into their cottages, and ere they have time to give an account of those who have died of the pest on board the ship, those who have approached nearest to them are suddenly carried off by the cholera. The cause of this is undoubtedly the invisible cloud that hovers closely around the sailors who have remained free from the disease, and which is composed of probably millions of those miasmatic living creatures, which, at first developed on the broad marshy banks of the tepid Ganges, always searching out in preference the human being to his destruction, and attaching themselves closely to him, when transferred to distant and even colder regions, become habituated to them also, without any diminution either of their unhappy fertility or of their fatal destructiveness.

Closely but invisibly environed by this pestiferous infectious matter, against which, however, as has been observed, his own individual system is, as it were, fortified by the long resistance of his vital force to its action, and by being gradually habituated to the inimical influence surrounding him, such a sailor (flying from the corpses of his companions on board) has often gone ashore apparently innocuous and well, and behold! the inhabitants who hospitably entertained him, and first of all those who came into immediate contact with him, quite unused to the miasm, are first most rapidly and most certainly silently attacked and killed by the cholera, whilst of those who were more remote, such only as were unnerved by their bad habits of life were most disposed to the infection. Those who are not debilitated, and who have kept at some distance from the stranger, who is surrounded by the cholera-miasm, suffered only a slight attack from the miasmatic exhalation hovering about in a more diluted form; their vital force could easily ward off the weaker attack and master it, and when they subsequently came nearer it their system had by this time become somewhat habituated to the miasm, retained the mastery over it, and even when these

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persons at length approached nearer or quite close to the infected stranger their vital force had thus gradually become so fortified against it, that they could go about with him with perfect impunity, having now become completely uninoculable with the contagious principle of the cholera.

It is a wonderfully benevolent arrangement of God that he has made it possible for man to fortify himself against, and render himself unsusceptible to, the most deadly distempers, and especially the most fatal of them all, the infectious principle of cholera, if he gradually approaches it ever nearer and nearer, allowing intervals to elapse in order to recover himself, provided always he have an undebilitated body.

When first called to a cholera patient, the physician, somewhat timid as yet, as is but reasonable, either tarries at first in the ante-chamber (in the weaker atmosphere of miasmatic exhalation), or if he enters the patient's room prefers keeping at some distance, or standing at the door, orders the nurse in attendance to do this or the other to the patient, he then prudently soon takes his departure promising to return again shortly; in the meantime he either goes about a little in the open air, or goes home and has some refreshment. His vital force, which at the first short visit at some distance from the patient, was only moderately assailed by the diluted miasm, recovers itself completely in the meantime by this recreation, and when he again comes into the patient's room and approaches somewhat nearer to the patient, it soon by practice comes to resist more powerfully the more concentrated infectious atmosphere that exists closer to the patient, and at length from frequent visits, and a nearer approach to the patient, it attains a mastery over the assaults of the miasm, so that at last the physician is completely hardened even against the most poisonous cholera miasm at the bedside, and rendered quite uninfectable by this pest; and the same is the case with the nurse who goes as cautiously and gradually to work.

Both the one and the other then boast, because they can come into immediate contact with the patient without any fear and without any ill consequences, that they know better than to call the disease contagious, it is not, they say, the least catching.

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This presumptuous, inconsiderate, and perfectly untrue assertion has already cost thousands their lives, who in their ignorance, and quite unprepared, either approached the cholera patient suddenly, or came in contact with these cholera physicians (who do not treat with camphor) or the nurses. For such physicians and nurses, fortified in this manner against the miasm, now take away with them in their clothes, in their skin, in their hair, probably also in their breath, the invisible (probably animated) and perpetually reproductive contagious matter surrounding the cholera patient they have just visited, and this contagious matter they unconsciously and unfearingly carry along with them throughout the town and to their acquaintances, whom it unexpectedly and infallibly infects, without the slightest suspicion on their part of its source.

Thus the cholera physicians and nurses are the most certain and frequent propagators and communicators of contagion far and wide; and yet amazement is expressed, even in the public journals, how the infection can spread so rapidly the very first day, from the first cholera patient at the one end of the town to persons at the other end of the town, who had not come near the patient!

And thus the flame for the sacrifice of innocent persons breaks out in all corners and ends of the town, lighted up by the sparks of the black death scattered in every direction by physicians and their assistants! Every one readily opens the door to these plague-propagators; allows them to sit down beside him, putting implicit faith in their confidently declared assurance: "that it is ridiculous to call the cholera contagious, as the cholera pest is only diffused epidemically through the air, and cannot, therefore, be infectious"—and see! the poor cajoled creatures are rewarded for their hospitality with the most miserable death.

To the very highest people of the town and of the court the cholera angel of death obtains access, in the person of the physician who gives this evil counsel, enveloped by the fresh miasm, and no one detects the concealed, invisible, but, for that reason, all the more dangerous deception.

Wherever such physicians and such nurses go (for what all-seeing eye could perceive this invisible danger on these healthy

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miasm-bearers?)—wherever they go, their presence communicates the spark, and mortal sickness bursts forth everywhere, and the pestilence depopulates whole towns and countries!

If physicians would but take warning, and rendered uninfectable by taking a few drops of camphorated spirit, approach (ever so quickly) the cholera patient, in order to treat him at the commencement of his sickening with this medicine (*pure, unadulterated camphorated spirit*) which alone is efficacious, and which most certainly destroys the miasm about the patient, by giving him, as I have taught,* every five minutes one drop of it, and in the interval assiduously rubbing him on the head, neck, chest, and abdomen with the same medicine poured into the hollow of the hand, until all his giddy faint powerlessness, his suffocative anxiety, and the icy-coldness of his body has disappeared, and given place to reviving animation, tranquillity of mind, and complete return of the vital warmth. In this manner *every* patient would have been not only *infallibly* restored within a couple of hours (as the most undeniable facts and instances prove), but by the cure of the disease with pure camphor they would at the same time have eradicated and annihilated the miasm (that probably consists of innumerable, invisible living beings) in and about the patient, about themselves, even in the clothes, the linen, the bed of the patient (for these all would be penetrated by the vapour of the camphor if it were employed in this way) in the very furniture and walls of the apartment also, and they themselves (the physicians and nurses) would then carry off none of the contagious principle with them, and could no longer infect persons throughout the town.†

But these physicians, as we see, despise this; they prefer

* *Cure and Prevention of the Asiatic Cholera.* Cöthen, Aue'sche Buchhandlung. Translated in Dr. Dudgeon's pamphlet on Cholera.

† The sprinkling of suspected strangers on their arrival, and of suspected goods and letters with camphor spirit, would most certainly destroy the cholera-miasm in them. Not a single fact goes to prove that chlorine annihilates the miasm of cholera; it can only destroy odorous effluvia. But the contagious matter of the Asiatic Cholera is far from being an odorous effluvium. What good then do the fumigations with chlorine, which is here perfectly useless, and only hurtful to man's health?

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going on killing their patients in crowds by pouring into them large quantities of aqua-fortis and opium, by blood-letting, and so forth, or giving the camphor mixed with so many obstructing and injurious matters, that it can scarcely do any good, solely to avoid giving the simple, pure (efficacious) solution of camphor, because the reformer of the old injurious system of treatment (the only one they know), *because I*, from conviction, recommended it in the most express manner in all countries of Europe. They seem to prefer delivering over all mankind to the grave-digger, to listening to the good counsel of the new purified healing art.

But who can prevent them acting so, as they alone possess the power in the state to suppress what is good?

However, bountiful Providence has provided a beneficent remedy for this state of things (for these physicians are protected, even in their ill deeds, by antiquated injurious laws).

Thus, the cholera is most surely and easily and almost miraculously curable, but only in the first couple of hours from the commencement of the sickening, by means of the employment of pure camphor, and that before the physicians in larger towns that are summoned can attend. But on their arrival they may even then, by the employment of unadulterated camphor-spirit, if not cure the cholera completely (for the lapse of a few hours generally makes it too late to do so) yet annihilate the whole of the contagious principle of this pestilence on and about the patient, and adhering to themselves and the bystanders, and cease to convey the miasm with them to other parts of the town. Hence the families of non-medical persons, by means of this employment of camphor, cure the members of their families by thousands in secret (the higher classes alone, must, *on account of their station*, be under the necessity of calling in the physician, who, in defiance of the philanthropic reformer of the healing art, and his efficacious system of treatment, not unfrequently, with his improper remedies, dispatches them to Orcus).

It is members of a family alone that can most certainly and easily mutually cure each other with camphor spirit, because they are able instantaneously to aid those taken ill.

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Will physicians ever come to comprehend what is essential, and what will at once put a stop to the devastation and depopulation of two quarters of the globe?

Dixi et salvavi animam!

DR. SAMUEL HAHNEMANN,
Court Councillor.

Cöthen, the 24th October, 1831.

SKETCH OF THE PROGRESSIVE DEVELOPMENT OF THE HOMŒOPATHIC SYSTEM.

(*Continued from page* 362.)

Of the dynamization theory.—In his first *Essay*, Hahnemann makes no mention of this theory and lays no stress on the dose. In a paper written by him in 1797, he mentions having given for a case of colicodynia four powders containing four grains each of Veratrum album; and the first mention we have of small doses is in an essay by him *On the cure and prevention of Scarlet Fever*, published in 1801. For this disease he gave tincture of Opium thus prepared: one drop "intimately mixed" with 500 drops of watery alcohol, of this mixture one drop was again mixed with 500 drops of the same vehicle and carefully shaken—the centesimal scale of 1 to 99 was, therefore, not yet thought of—of this dilution one drop was given to a child of four years, two drops to one of ten years, and was amply sufficient. He does not lay particular stress on the shaking, nor does he limit the number of shakes, and he makes no mention of any dynamization. His object was simply to diminish the dose. In a note he observes that the above quantity must be still further diminished for younger children by putting a drop of this second dilution in ten teaspoonfuls of water, and giving of this from one to two or even more teaspoonfuls. He mentions that the drops to be given should be mixed with from one to four tablespoonfuls of some drink (water or *beer*) and briskly

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stirred before being swallowed. As a preventive he recommends Belladonna; a grain of the juice dried in the air, was dissolved in 300 drops of watery alcohol and well shaken, of this a drop was mixed with 300 drops of the same vehicle and shaken for one minute; a third dilution was prepared in a similar manner. The medicine, he observes, loses much of its power if taken plain, or on a lump of sugar, or merely dropped into a fluid without being well stirred. The cause of medicines acting more powerfully when well stirred depends, he says, on this, that then they present more points of contact for the living fibre. To Hufeland's query, "How can $^1/_{100,000}$th part of a grain of Belladonna act?" Hahnemann replies, by referring to the difference of the effect of a hard dry pill of Belladonna and that of a grain of the juice rubbed up with a large quantity of water, and intimately mingled by being shaken for five minutes in a bottle—the mixture of a drop of which with 2000 drops of water, briskly shaken, if given in teaspoonfuls every two hours to a strong man labouring under a severe disease for which Belladonna is appropriate, would bring him to "the verge of the grave." He adduces likewise, cures (of paralyses, periodical nervous diseases, &c.) effected with $^1/_{100,000}$th and $^1/_{1,000,000}$th of a grain of Belladonna juice. He further asserts in this answer to Hufeland, that the medicine does not act "atomically, but only dynamically," shewing even here the disposition to separate the power from the matter. In the first edition of the *Organon* (1810) he advises the dose of the remedy not to be so strong as to affect the body in the least by its unnecessary strength. Experience, he says, shews that our object may always be obtained with the smallest doses. The exact size of the dose, however, he confesses he cannot fix, "*as the medicines themselves vary so much in power.*" He speaks of the excessive minuteness of the still *material* doses of homœopathic medicines, although he had previously in his answer to Hufeland asserted that the medicines acted not "atomically, but purely dynamically," but here he alleges that in small medicinal doses there is still *matter*. Nor do we think does he ever seek to deny this, for in the fifth edition of the *Organon* (note to § cclxxx) he implies that the smallest portion still contains *some* of the actual

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substance. The germ of the dynamization theory occurs a little farther on, in this first edition of the *Organon;* after asserting that dividing a dose, so as to take it at several times, causes a much greater effect than taking it all at once, that, for instance, eight drops of a tincture taken at once have only a fourth part of the action of eight drops taken in eight doses, he goes on to say, that the effect may be increased excessively, if the eight drops be diluted and a drop of the dilution taken every hour or two hours. The cause of this is, he asserts, the greater power of extension the dose receives by dilution. It makes a great difference whether the dilution be superficially or intimately made, in the former case it is much less powerful. The power of the fluid medicament is greatly increased by the greater volume of the fluid with which it is intimately mixed, therefore, in order to make the homœopathic dose sufficiently small, it should be given in the smallest volume, so that as few nerves as possible should be touched by it; accordingly it is injudicious to drink after taking the dose. He had previously, as we have seen, counselled the administration of the medicine in water, and in his later years he generally gave it in much water. He endeavours to give a mathematical calculation as to the exact effect of a diluted medicine, and this calculation he repeats even in the fifth edition of the *Organon,* apparently forgetting that there is an element indispensable to the action of the medicament that cannot be taken into account in such calculations—viz: the susceptibility of the organism. In this he bears some resemblance to Brown, whose system he so violently opposed. It will be seen from the above that Hahnemann alleged, that in spite of the diminution of the mass there would be an increase of the action, by the intimate mixture of the medicine with an unmedicinal vehicle.

In an article prefixed to the sixth volume of the Materia Medica (1827), Hahnemann replies to the question, "How can small doses of such very diluted medicines as Homœopathy prescribes still possess power—nay, great power?" that from the continued succussion and trituration to which they are subjected arises, "a great, hitherto unknown, undreamt of

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change, the setting free and developing the dynamic powers of a medicinal substance so prepared." He lays great weight also on making the dilutions according to the centesimal scale. The development of power by succussion and trituration he holds to be one of the greatest discoveries of the age, by them the medicinal power may be "potentized almost to infinity." He warns against "potentizing" too highly, and gives the well-known and often quoted example of Drosera and the child with hooping-cough. In 1825 Hahnemann had already taught the same doctrine; he calls the dilutions, true increase of the medicinal power, real spiritualizing of the inherent dynamic force, real unveiling and vivification of the medicinal spirit; and seeing that many succussions increased these too much, he fixed the number to be given at two to each dilution. In the introduction to Thuja (1826,) he says, that with ten and more succussions the 60th dilution, in place of being weaker, becomes stronger and stronger. In a note on this subject he speaks of the material substance of the medicine being by rubbing and shaking apparently resolved into actual medicinal spirit. He palpably contradicts himself when he says that the doses must be diminished in order not to aggravate the disease, but yet by this very diminution in place of growing weaker they become stronger! As a proof of the power of succussion, and as a warning against carrying about medicines in the fluid state, he relates this experiment, "I dissolved a grain of soda in an ounce of water mixed with alcohol in a phial, which was thereby filled two-thirds full, and shook this solution continuously for half an hour, and in dynamization and energy it became equal to the 30th potency." (*Org.* § cclxx, note). If the power of the 30th dilution be obtainable by this simple process of succussion without going through the thirty dilution bottles, why was it not adopted? This experiment it is hard to reconcile with what Hahnemann previously taught respecting the "power of extension" effected by dilution; it is, moreover, contradicted in the preface to the fifth part of the *Chronic Diseases*, second edition, in these words, "the greatest amount of trituration and succussion of substances in a concentrated state is unable to

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liberate and bring to light the more subtle part of the medicinal power that lies still deeper."* In the same place he says, we may give to each dilution ten, twenty, fifty, or even more strong succussions performed against some elastic body, and that the dynamization will be altered by shaking the bottle in which the medicine is contained six or eight times before giving the patient each successive dose. In the same work he retracts what he had previously said, and recommends each "potency" to be prepared with ten succussions. He subsequently, as we have seen, allows fifty shakes and upwards, so that the "law of nature" respecting dynamization is left to every one's caprice, and accordingly we find Wahle relating cases he had treated with medicines in the 6th dilution, prepared with 1000 succussions, and Mure gives 300 shakes to each dilution. We must leave the reader to draw his own inferences relative to the value of the dynamization theory from all these conflicting assertions of its inventor.

Others have carried this theory still further than Hahnemann. Thus Korsakoff compared it to infection, fermentation, impregnation, carried the process up to the 1500th dilution, and with one dry medicated globule he infected an unlimited number of unmedicated globules with the medicinal power. Dr. Plaubel imagined that the globule infected the sugar of milk in which it was placed, and Dr. Gross, who was never behindhand in anything that partook of the marvellous, communicated "blood-power" to thousands of globules by shaking them up with one dry globule of a dilution of his own blood, and with these he effected wonders in congestions. We have elsewhere (vol. V) given an account of Stallmeister Jenichen's extraordinary dynamizations, the "high potencies," as they were called, so we need not dwell upon them here. If, as Jenichen and his abettors allege, the powerful friction the medicines receive from his mode of preparing them, makes their powers quite ungovernable, then the more they are so "potentized" the farther shall we be from attaining our object. Whilst Hahnemann warned against giving

* See the new translation of the *Organon*, where this and all the more recent views of Hahnemann on the technical parts of Homœopathy are given *in extenso*.

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Drosera in hooping-cough, that had been prepared with twenty shakes, Jenichen's preparation of that drug in the 500th dilution has been shaken 6000 times in the 5000th dilution—60,000 times!

Various attempts have been made to give a foundation to this dynamization theory. Thus Hering declared that dynamization depends on a peculiar power, which he calls quaintly enough "*Hahnemannism;*" and which in physics occupies a middle place betwixt galvanism and mesmerism. It consists in this, that it can stamp the essential nature (Wesen) of its atoms on the essential nature of others, as far as we can make out, but indeed we confess we do not altogether understand the definition. He considers the medicinal power to become freer the more the mass of the medicine is diminished, and cautions against too much shaking from fear of "hyper-potentizing." Jahr also alleges that by the continued employment of the higher potencies we may ruin the system. Many physicians attribute the dynamization of medicines to the liberation of electricity by the acts of trituration and succussion; but they do not tell us what this liberated electricity has to do with the medicinal action, for electrical action is certainly not what is desired in a medicine.

Segin, in 1833, made experiments to shew that the dilutions and triturations still contain the medicine in substance—in the first six triturations of metallic copper, he detected with the microscope the blackish brown particles of copper. In 1838 he made further experiments with the solar microscope, and alleged that he observed particles of metallic copper even in the 200th dilution—an assertion that we may take leave to doubt.—Mayerhofer's experiments of a similar character our readers are already familiar with; they will be found in the third vol. of this Journal. —Koch also testifies to finding under the microscope particles of metallic mercury in the 3rd trituration.—Rummel's investigations of the high potencies with the solar microscope are by no means satisfactory—what he saw was probably just the appearance alcohol presents under the microscope when evaporating.—Doppler, in an essay which has been already alluded to in vol. I of this Journal (*Theory of Small Doses*), says, that the action of medicines is fixed by the extent of their active superficies, to

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be obtained in the best manner by triturating them with an indifferent substance; by this process also electricity is disengaged which may aid in rendering the medicine powerful. Comparisons from chemical action have been adduced to support the dynamization theory, and a very ingenious paper on this subject by Dr. Madden will be found in our last volume. Physiology has also been consulted in its support, and the well-known experiments of Spallanzani with the frog's spawn have often been cited. J. W. Arnold repeated these experiments with the 3rd dilution of frog's semen ($^1/_{1,000,000}$th of a grain) and succeeded with this very minute quantity in effecting the impregnation of the spawn. These experiments speak in favour of the action of small doses, but do not affect the dynamization theory. Arnold also succeeded in effecting inoculation with vaccine diluted with 100 parts of spring water.

Many homœopathic practitioners have recorded their opinion on the dynamization theory. Rau distinguishes three classes of medicines: 1. Those that in their crude state do not display their peculiar properties, which they only do by being comminuted; *e.g.* earths, carbon, some metals, lycopodium, &c. 2. Those that are very active in their crude state, but that cannot be used that way with advantage, and consequently require to be diminished—such are the so-called poisons. 3. Those whose activity is quite freely disengaged so that no exaltation of it is required; *e.g.* camphor, phosphorus, ætherial substances. These latter we do not require to "potentize," but rather to "depotentize." He moreover alleges, that by trituration and succussion forces are liberated and transferred to other bodies brought into close contact with them; of this, however, he offers no proof, like others who have broached the same idea; and that the act of dilution should be regarded as a separation of the forces that are combined with the matter; which is not conceivable, as these *forces* are nothing more than the properties of that matter, which would cease to be the matter if deprived of its properties. Latterly Rau refers the whole secret of dynamization to the well-known fact that substances become more active by fine subdivision, because they present more points of contact.—Schrön says justly, that to "potentize" means to increase the strength

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The subscriptions being inadequate to its support it was then given up, the deficiency, amounting to about £40, having been made good by Drs. Partridge and Dudgeon.

Westminster and St. George's Free Homœopathic Dispensary for the cure of Consumption and Diseases of the Chest.

N.B.—This dispensary is just opened at his own risk by the medical officer, Mr. Wilson.

Islington Homœopathic Dispensary. Opened 25th February, 1845.

Total cases up to the end of 1848 . . . . . 1500.

N.B.—This dispensary was first opened on the self-supporting system, but for the last two years has been gratuitous, The committee, however, decline the responsibility of the expenses, which is sustained by the physician, Dr. Chepmell.

Leicester Homœopathic Dispensary.—Opened 1st January, 1846.

Total cases up to the end of 1848 . . . . . 1095.

The expenses about £80 a year.

N.B.—This dispensary was opened by Dr. Sydney Hanson at his own risk and carried on for two years, but having incurred heavy pecuniary losses he was obliged to discontinue it as a purely charitable dispensary and adopt the remunerating plan.

Torquay Homœopathic Dispensary—6, Carey-street.

Total number of cases in the first year ending 5th March, 1849 . . . . . 314.

The expenses are about £70 per annum.

N.B.—This dispensary is under the management of a responsible non-medical committee. The physician, Dr. Mackintosh, has no pecuniary risk.

Exeter Homœopathic Dispensary.—Dr. Guinness. Opened in February, 1848.

Total cases since then up to 1st May, 1849 . . . 112.

Belfast Homœopathic Dispensary—5, Academy-street. Dr. J. Macgregor. Opened in May, 1848.

Total cases treated from that date up to 31st December, 1848 . . . . . 280.

At Clifton, Cheltenham, and Bristol respectively, Drs. Black, Ker, and Trotman see gratuitous patients at their own houses at

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certain hours. Apparently no one else in these towns considers it his duty to aid in contributing homœopathic medical treatment in charity to the poor.

II. *Self-supporting Dispensaries.*

NORTHUMBERLAND AND NEWCASTLE HOMŒOPATHIC DISPENSARY.—Dr. T. Hayle. Opened in 1844.

Total number of cases from the commencement up to 31st December, 1848			2311
Of these the number of patients who paid was			1296
Who were treated gratuitously			1015
The total amount of the receipts from the commencement of the dispensary to the end of 1848	£720	15	6
Of this there was paid by the patients	558	0	6
Contributed by charitable individuals	162	15	0

LEEDS HOMŒOPATHIC DISPENSARY.—Dr. Irvine and Mr. Cresswell. Opened in November, 1844.

Total cases from the commencement up till November, 1848			2537
Of these the number of patients who paid is			836
Treated gratuitously			1701
Total receipts during that time	£308	14	9
Of this there was paid by patients	236	3	3
Contributed in charity	72	11	6

MANCHESTER HOMŒOPATHIC DISPENSARY.—Dr. Walker and Mr. Phillips.

Total cases from the commencement of the self-supporting plan up to 1st April, 1849			3636
Of these the number who paid is			2981
Gratuitous			655
The total amount received from the paying patients between the above dates, is	£161	0	0
Total subscriptions and donations in the same time	167	0	0

BIRMINGHAM HOMŒOPATHIC DISPENSARY — 13, Old-square. Dr. Fearon, Mr. Parsons, and Mr. Lawrence. Opened in May, 1847.

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Total receipts from patients from May 10th, 1847, to 31st December, 1848	£501 17 0
Total charitable subscriptions and donations up to 31st December, 1848	85 0 0

The total number of patients cannot be accurately ascertained. The proportion of gratuitous patients to the paying patients was about 2 to 3.

INSTITUTION OF THE IRISH HOMŒOPATHIC SOCIETY—1, Harcourt-place, Merrion-square, Dublin. Dr. Charles Luther, Dr. G. Luther, and Dr. Walter. Opened in 1846.

The total number of cases cannot be ascertained accurately, but it is large. The receipts from patients amount to about £70 or £80, and those from charitable contributions to about £80 or £90 per annum.

III. *Remunerative Dispensaries.*

In these, for the reasons above given, we cannot give many details, but may mention their names, and where practicable the number of patients, &c., as an evidence of the diffusion of Homœopathy.

LONDON.—London Homœopathic Medical Institution—Hanover-square. Dr. Curie.

30, Adam-street, Bryanston-square.—Dr. Malan. Opened 21st February, 1848.

Camberwell Homœopathic Dispensary—4, Denmark-hill. Dr. Massol. Opened in 1844. Total cases, 1400.

City Homœopathic Dispensary.—Mr. Kidd. Opened in 1847.

LEICESTER.—Dr. Hanson.

CHESTER.—Dr. Norton.

DUBLIN.—Abbey Street Homœopathic Institution. Dr. Goodshaw, the physician, expects that the subscriptions will be sufficient to enable him to put this dispensary on the gratuitous plan next year. The number of patients prescribed for is about 60 or 80 a week.

BRISTOL.—Dr. Trotman.

BIRKENHEAD.—Dr. Wright..

From want of sufficient information I am unable to classify the London Homœopathic Medical Institution completely; but it appears to have been among the self-supporting class during the first years of its existence, and latterly in the remunerative. The number of patients, as given in *Sampson's Homœopathy*, p. 208, are as follows:

Total cases from October, 1839, to 1st May, 1845 . 3784.

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A considerable number of these were in-patients in the hospital, in Hanover-square, between May 1844, and May 1845.

This presents us with an aggregate ascertained number of 55,320 patients gratuitously prescribed for. This is already something, and shows a considerable diffusion of homœopathy among the poorer classes; and when we recollect that the number of applicants as patients is far greater than can be attended to, many being daily sent away, and when we see that the above have almost all been treated by 20 medical men, who form only about one-fourth of the whole body of homœopathic practitioners in this country, who are able and willing to do the same if only the opportunity were furnished them by the establishment of similar institutions, we have an idea of the spread of the system that may be attained by properly working the dispensaries. But now, when we look more closely into their present condition, we find the state of matters not at all satisfactory. First, among the purely charitable we find that of the total number that have been started, as far as I can ascertain three-fifths have been abandoned after a longer or shorter period, and generally with a pecuniary loss to the medical officers, besides all the gratuitous labour: and among those that survive we find the Edinburgh Dispensary still in debt to the medical officers, the Liverpool one rapidly consuming its reserved fund, and none of the rest, except the West London, have as yet an existence of more than three years. This state of things is far from encouraging, and gives reason to fear that in a few years they will all be extinct, unless other and more vigorous measures are taken for their permanent sustenance.

If we turn now to the self-supporting class we find the prospect still less hopeful, for if the first class are in danger of perishing for lack of support from without, the second are certain to go to pieces before long from the inherent defects of their internal constitution. Let us take for example the Manchester Homœopathic Dispensary: at the end of 1847 that establishment was in a most satisfactory state for all parties concerned as a purely charitable institution. See in what state it is now! and to which of the parties it is satisfactory? Let us take them in turn. 1st. To the subscribers it cannot be very satisfactory to see that while they still contribute to the amount,

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of £167, they have only 655 really poor patients instead of above 3000 as formerly, and, therefore, its functions as a charity are greatly curtailed. 2nd. To the honorary medical officers it is far from satisfactory to find that, while they willingly and cheerfully give the above stated amount of labour to the really poor, after it is all done only a fifth part has been in the cause of charity. 3rd. To the house-surgeon it can hardly be satisfactory when he reflects that if he chose to practice independently as a general practitioner and receive from those same patients those same fees, which would be given to him far more willingly than to a mere "Institution," he would have the whole amount instead of the portion assigned to him. And, lastly, to the patients themselves it is anything but satisfactory, for to those who pay it is no charity, and they naturally feel themselves insulted by being obliged to go to a charitable institution; and they are also deprived of the power of manifesting that sense of reciprocal benefit that every independent mind wishes to obtain between the patient who often receives an incalculable benefit, and the physician who is the instrument of bestowing it. This illustrates very well the self-supporting system: it is in reality in the light of charity a mere deception; or, at least, in as far as it is a charity it is a most expensive and wasteful one; for in any medical establishment the one essential thing is the labour of the medical man, and all the rest is accessory. Now in this scheme, in order to give that to one poor patient you must give it also gratuitously to from one to five other patients, who are comparatively not poor; and thus, when the time and amount of labour to be bestowed in this way are necessarily limited, the number of the really poor benefitted must be so insignificant that one is naturally tempted to ask, what is the use of the parade of a charitable institution for them?* As a charity they are, in fact, little more than a sham, and this deceptive

* It would be better to separate the charitable part, and drop the title of dispensary altogether, and term such institutions "Benevolent Associations for Cheap Physic to the humbler Classes:"—the benevolence consisting in using the labour of the physician intended for the poor, without fee, which, however, is exacted all the same from the patient for other purposes, such as an establishment, reports, and other appliances, to blow the trumpet of a spurious and vicarious charity.

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character almost neutralizes what of good they do, by concealing from the benevolent among the public the very small extent to which the duty of charity has been performed. Moreover, it is obvious that these institutions can only remain in existence till such time as there are enough of homœopathic practitioners to fill up the different grades of the profession, so that all classes can be attended as private patients, or till such time as the few individual homœopathic physicians in each town come to consider it as a duty to the humbler classes themselves, to make arrangements for attending them at a suitable rate of remuneration, in some such mode as will be suggested further on.

The self-supporting dispensaries are therefore, from their nature, neither capable of permanency, nor are they, from what has been noticed above, to be recommended as temporary expedients. In the latter capacity we may consider as greatly preferable, the 3rd class, or remunerative dispensaries. In these there is no deception or waste; the public know that by subscribing they may procure a proportionate amount of charitable medication, the doctor can proportion his own amount of gratuitous treatment to his ability; and the paying patients come there on the independent footing of reciprocal service between them and the doctor. They are, therefore, in every respect the most commendable as a temporary plan. They cannot, however, be permanent any more than the class just considered, for whenever the homœopathic body becomes sufficiently numerous a purely charitable dispensary is called for necessarily, and then it becomes proper for the respectable poore classes to be met by other arrangements, separating them al gether from the gratuitous patients.

Such being the present state of matters, it may be fitting inquire how these defects are to be remedied? To answer this it will be necessary to examine into the motives which determine the formation and support of public medical institutions on the part of the public in general on the one hand, and medi the other.

The first and grand motive is, of course, charity duty. This might almost be inferred from the fac tence of such institutions exclusively in Christian co

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so obvious on the least consideration that it is unnecessary taking up any time to shew that it must always be the great and only permanent motive in sustaining them. This duty is, of course, equally incumbent on the whole community, and it would be as absurd to expect from the medical profession more than their fair share as it would be to expect that the bakers should feed the poor because they only can make bread. Nevertheless it has not been so viewed; and from a combination of causes the profession having shewn generally a desire of honorary appointments in public institutions, the public have come to fancy very often that the gratuitous attendance on the sick, instead of being an onerous and irksome duty, is something very pleasant and profitable in some way or other.* And we have often the spectacle of medical men having the whole trouble of dispensaries, and besides, having

* At p. 8 of the Second Annual Report by the Acting Committee of the Edinburgh Homœopathic Dispensary, we find the following passage: "That the labour of the Physicians was great, will be easily understood, when it is considered that upon *six* of them (at the most, and there were seldom so many) devolved the whole duty of giving constant attendance at the Dispensary, which continued to be open at all hours, day and night; and of visiting during one week *forty-five* patients, each of them perhaps three or four times a-day; and these not gathered into an Hospital, nor even confined to one district, but scattered over the city and its suburbs, from Leith Walk to Bruntsfield Links, and residing very often in the remotest and most inaccessible localities. Add to this labour the anxiety and mental suffering, without which no right-hearted man can witness the cruel ravages, especially among the poor, of a disease in all its features so appalling, and before which, at least when fully developed, the most skilful treatment becomes comparatively powerless, and there will appear large acknowledgments due to those who willingly undertook and manfully discharged these painful duties. The Committee take this opportunity of recording their high sense of the value and desert of these services; and would, at the same time, tender cordial thanks to those who, by providing food and clothing for the most destitute of the patients, not only relieved their sufferings and promoted their recovery, but in so great measure lessened the anxieties of *their Medical attendants, who have frequently and warmly expressed their thanks for this kindness.*"

On turning to p. 10, we find the extent of this kindness to be thus stated: "Amount received (in charitable contributions) for food, blankets, &c., Eleven Pounds, Eight Shillings!" Thus, in a new and terrible pestilence, after the Medical officers, from zeal for science and from charity, have undertaken an overwhelming amount of labour, not unaccompanied with danger, they are complacently represented by the Committee as being thankful to the non-medical supporters of the Dispensary for but touching with one of their fingers the common burden of Charity. This really passes my comprehension.

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to solicit subscriptions for their support, instead of being requested as a favour to give their gratuitous labour for them.

The motives besides charity, usually alleged, are: desire of experience, desire of notoriety, and zeal for science. However these may be with allopathic medical charities, which are comparatively well supported, consisting of hospitals and dispensaries with paid visiting surgeons and responsible committees, and where the profession is over-stocked and there are numbers of young medical men pressing forward ready to take the place of the over-worked, yet it by no means exonerates the public from the blame of casting their own share of the visiting of the sick on over-burdened unpaid medical officers, thus making the work still only half done, and that half not well done, from over-work of the physicians.

But we shall see how far such motives can aid in the permanent existence of homœopathic dispensaries. As regards experience, the class of patients may be said, in the purely charitable, to furnish almost none of any value, for the patients are so irregular in attendance that it is impossible to obtain results in any sufficient number of cases; the only cases likely to be instructive almost never come back, for when a patient is cured, not once in twenty times does he come back to say so; therefore, after devoting the greatest care to following out his cases, the physician finding his efforts to obtain positive results frustrated again and again, is compelled to rest content with doing his best without hope of satisfactory experience. In this respect the remunerative dispensaries are much better, as they are attended by a different class, and valuable experience may be gained. Therefore, while the field of remunerative dispensaries is still unoccupied, no homœopathic charitable dispensary need exist from the motive of obtaining experience.

Then, as to the physician obtaining notoriety from his connexion with a dispensary, what has been already said of the class of patients that frequent it shews that nothing can be gained in that way, at least till the other field is fully occupied.

Again, as to the physician being actuated by zeal for science: this motive tends to incite us to wish to diffuse the

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knowledge and practice of our special department of practical science as widely as possible, and for this purpose to exhibit the results in as copious and convincing a way as possible. The purely charitable dispensaries are, as above said, the worst for that; and while there are still so few homœopathic doctors, and so wide a field among the respectable poorer classes as the Manchester, Birmingham, and Newcastle self-supporting dispensaries show, there is as yet no call for pauper dispensaries on that score. From this it is plain that at present it happens, in as far as such motives on the part of the medical profession are concerned, there would not now be a single charitable homœopathic dispensary in Britain. That they do exist, is as far as the physician's share in them goes, solely from a sense of the duty of charity, and to afford the opportunity for the non-medical homœopathic public to give medical charity. But we have not done with the motive of zeal:—that motive also applies to the non-medical. All great practical discoveries in science have always, as is right and fitting, attracted the sympathies of some persons not connected professionally with it, and these feel it a duty to help on the general diffusion of a discovery which they believe to be good, and accordingly the greatest advancement is often given by the wealth of such patrons of science—for the professors of art and science are never rich, but as a rare exception. A good deal has been done, and more attempted, by zeal in perfecting and extending the homœopathic practice, by founding institutions for obtaining hospital statistics. We have seen with this view, an hospital in Leipzig and one in London, the latter we owe to the efforts and munificence of almost one individual, whose zeal deserves the warmest commendation. But though these have done a good deal in giving homœopathy an impulse, yet it was found impossible to maintain them long enough to render much service in furnishing statistical results—for it is too great a task for one individual, and as such individuals are very rare, their efforts are too fitful a source to expect any permanent good to flow from them.

All the stronger contrast to this is presented by continued existence of three homœopathic hospitals, founded and maintained by the Roman Catholic sisters of St. Vincent de Paul, for

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charitable purposes, and from no particular zeal to homœopathy. The charitable motive is one continuous and sustained, and from it have flowed the greatest benefits to homœopathy, for here, as elsewhere, " mercy is twice blessed, it blesseth him that gives and him that takes." While on the one hand homœopathy has furnished an appropriate medical means in the hands of those benevolent females often delicately nurtured, it has received back ten-fold value in the statistics yielded by their hospitals. We may safely say that the rapid spread and firm hold of homœopathy as a practical system, depends mainly, if not entirely, on the statistical results furnished by those three hospitals. Indeed, without them I do not think it would have gained any footing among people of such a practical character as our countrymen—for instance, who would stand by on the faith of a theoretical principle and see a case of acute inflammation of the lungs go on to death, with no other medication than impalpable doses of medicine, the sum of which would hardly amount to the millionth of a grain, did he not know from oft-repeated hospital experience that such a case was only the exceptional one, and on an average happened twice as frequently under all the vigorous appliances of allopathy? We may safely say a large majority of those now practising would not, and would have been tempted to interfere with allopathic means on any indication of check to the progress of acute cases, and thus homœopathy would have been merely a curious art applicable to a limited number of odd cases of chronic disease. It is needless to go further in shewing the value, indeed necessity, of hospital statistics in the establishment and progress to completion of any department of practical medicine, as they are almost self-evident. It is also equally clear that a protracted period of their existence is necessary to enable them to furnish statistics of any value, and such is only compatible with a continuous source of support, such as charity. From zeal, therefore, we can hope for nothing but occasional useful impulses in the cause of science, but for any steady practical utility we must rely on the indirect support of charity. The most effectual mode, therefore, in which the non-medical friends of homœopathy can benefit the development and perfection of the art, is

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simply to concentrate all the efforts of charity of the homœopathic section of the community upon homœopathic institutions, and if this is done effectually it will be enough, and more than enough, for all the wants of science.

Judged then by this standard, do our present homœopathic charitable institutions come up to what is required in medical charity from that portion of the community who hold homœopathy the representative of medicine? Do they really represent the whole medical charity of the homœopathic body concentrated? If so we cannot commend that body, and as yet they are very far from their duty. Edinburgh, with its grandiloquent professions of religion, is it really satisfied with £70 a year! Is that the whole medical charity of a community supporting six or seven medical men for their own benefit? Can Liverpool fail to reach £110 a year, the very moderate sum required for such an amount of cases seen, and allow the very existence of its dispensary to be dependent on the misappropriation of a sum contributed by two munificent individuals? Are Birmingham, Leeds, and Newcastle to remain satisfied with a vain show, outwardly fair enough, but when analyzed presenting an effort for charity of only the sum of £51, £18, and £40, respectively?

Manchester still bears the palm in the amount of Annual Subscriptions, but could it not raise the additional £40 or so, to emancipate its funds from misappropriation, and raise its function to that of a complete charity? As for London, its efforts are so distracted and divided that they are literally lost, and find no place for criticism in comparison with its wealth and the numbers of the homœopathic community—the doctors equalling in number all the rest in the kingdom put together; and yet it has failed to support more than one institution for a longer period than a year or two,* and allowed to fall useless to the

* The West London Dispensary, the only purely charitable homœopathic institution in London, of any duration, crowded with patients and eking out a languishing existence on betwixt £30 and £40 per annum of subscriptions; a miserable sum that does not admit of securing the services of a dispenser, whereby the whole work is thrown on the two medical attendants, represents the sum total of the medical charitable efforts of the thousands who have profited by homœopathy in health and purse, in the great metropolis!

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ground from want of support the efforts to establish an Hospital, made with almost unexampled liberality by one zealous lay friend of the cause!

It is therefore plain, I think, that the present state of homœopathic charitable institutions by no means represents the concentrated medical charity of the homœopathic part of the community, and therefore if we only had any effectual machinery brought to bear on it and effect this concentration, we should soon see a different state of these institutions, which might be vastly more complete and permanent.

Suppose then the homœopathic part of the community, forming a compact isolated body, resolve to concentrate all their efforts on homœopathic charitable institutions, and begin to address themselves to the task and to consider how their efforts may be most advantageously expended. They will find that the field presents a wide and interesting prospect as they approach it. Indeed we can find almost no more interesting objects of charity than the class to whom dispensary aid is usually given, and if the system was worked to its full extent, an incalculable amount of good might be done at a comparatively trifling cost. The objects it more particularly has in view are among a large class who are always trembling on the verge of pauperism, whose labour, with their improvident habits, is barely sufficient for themselves and families when in health, and therefore when sickness comes they are, if unaided, in a short time precipitated into the gulph of pauperism from which they may never again emerge. With a little assistance to such when sick we may, as it were, go a step higher in the stream of pauperism, and cut off at the source a portion of it, which further on would represent ten times the amount.

The various degrees of perfection of medical relief to the sick poor may be stated as follows:—The first and lowest form is simply to open an establishment where the poor may receive advice and medicine gratis, on personal attendance at stated hours. The admission to be as far as possible free and open to all comers, without the additional trouble and loss of time to the patients in seeking a recommendation. This form of dispensary is already a great boon to the poor, and does much good. It is

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obviously, however, very incomplete and only meets one class of patients, viz., those who can walk, while the bedridden are all excluded; and also it frequently happens that in different stages of the same disease for which a patient is treated he is unable to come, and thus the treatment is broken off to the great injury of the patient. The next stage is, therefore, the addition of visiting surgeons, who can undertake that class of patients who are confined to their own homes. It now frequently happens that many poor patients, though not reduced so low as absolutely to require being sent to an hospital, and cherishing that feeling of honest independence which makes them shrink from that to the last, are yet unable to command some of those comforts, in the shape of additional food and clothing, that are almost essential to their cure from disease. In such cases a plan might be permanently adopted, such as was done temporarily during the visitation of Cholera in Edinburgh lately, viz., a department engrafted on the dispensary—which might be called an Ambulatory Hospital —by means of which, supplies of blankets and the more immediately suitable kinds of food, and properly experienced nurses were distributed to the most destitute patients. This might be termed the third stage, or Ambulatory Hospital. To carry out this scheme would, of course, require the cases to be enquired about; if this is done by benevolent visitors they might at the same time be of service to the sick family, by recommending the different members to various existing helps for tiding it over the time of trouble, or there might be a provident fund attached to the dispensary, for advancing small sums to be repaid by instalments. This fund would maintain itself nearly, if not quite: and they might at the same time encourage the sick by advice to adopt more provident habits, and to join sick clubs or benefit societies, which in future would keep them from the necessity of dispensary advice.*

The last form of medical charity is the hospital. This is of

* I purposely omit all mention of religious conversation, as the differences of opinion on these subjects would infallibly be made (involuntarily, but not the less certainly) a pretext for neglecting the duty of temporal visitation of the sick altogether, or at least in association, which is the only effectual way of doing it at all in towns; desultory individual efforts can never have any appreciable effect.

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course the most complete, as it supplies all the necessities of the sick—it is also essential in a complete system of medical relief, for there is a class below those to whom the others are applicable, who can be met by it alone; and there are also various kinds of disease which require removal to an hospital, even when occurring among the other classes of recipients of medical charity. It is also the only form fitted for accurate medical experience.

Here there is a wide field for the benevolent before the duty is done. Now for the means: and first, the medical part, as on it must hinge the extent of the rest. The medical man must be looked on as a day labourer, for whatever number there may be in university towns of medical men, who have some independence besides the proceeds of their labour, and therefore can give a great part of their time to the poor, yet the mass of the profession are not in that position, and all arrangements in which they are concerned must be calculated on the supposition that they gain their bread by daily labour, and that of the most unremitting kind, which knows no rest nor sabbath. At present then, by an approximative calculation, I estimate that the proportion of gratuitous consulting practice to their total private practice has been on an average 5 to 2 for several years, to those physicians connected with our larger homœopathic dispensaries and who live by their profession. That is, on an average, each day the doctor after working sufficiently to maintain him in his position in society, for every 2 patients seen, has still 5 more gratuitous ones to see. I do not think more can be done properly—in fact I think it is too much to be well done. People are apt to think that it is no great trouble to sit and prescribe, when often at a glance the physician sees the nature of a case and can indicate the remedy, but it is not so; and even if it were so easy, still when the oft-repeated tale falls on his ear for the 50th time and upwards that day, day after day he becomes so wearied that he cannot do the work well. ld not advise the number of new patients to exceed 20 a r each doctor at a consulting dispensary.

f a physician were to visit the patients at their own e required would of course be greater, and if he ourth part of his labour to the cause of charity, from one to three gratuitous visits daily, or

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one or two new cases per week,—a number wholly inadequate to express the medical charity of the other members of the community. Therefore it is quite obvious that paid medical officers are indispensable for the completeness of the dispensary system, in addition to the honorary services of the medical men.

Then, as to the duties of the non-medical part of the community, how are they to be performed, and how are we to obtain the machinery adapted for carrying out their share of the work? I can think of no other way than the literal interpretation of the divine injunction to visit the sick, by simply visiting them as a personal and individual duty incumbent on the whole community.* The objections to that from without, such as the nature of diseases, are very few, and apply to few diseases; the chief objections are, I fear, from within, and are of the nature of the "lion in the way." If, however, a considerable body did come together and take an interest in an institution, they might form a large active committee, keep a list of all persons who were favourable to homœopathy, each member might take a certain number on his list and visit them, and get subscriptions and interest them as much personally as possible; then a regular system of visiting the patients might be organized, and the members take their turn at stated periods to visit and enquire into cases, as above suggested. Even if only the first part was done, a much larger amount of subscriptions might be collected than we have yet any idea of, for no organized plan has yet been tried.

Having thus entered somewhat at length into the general question, I will now conclude with recommending what appears to me the best plan for conducting homœopathic dispensaries in the present position of our method in this country.

The dispensary should be, if possible, immediately opened on the purely charitable plan, with a responsible non-medical committee. The admission of patients free, with a preference for subscribers' recommendations when there are too many applicants.

* I cannot consider the subscribing a few shillings a year to a dispensary or hospital is to be held as adequately discharging the duty of visiting the sick. Nevertheless, I have scarcely ever met with any non-medical persons, except religious missionaries, who were in the habit of visiting the sick.

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When there is fear of abuse, a certificate may be required from the clergyman, or any respectable householder, that the applicant is a fit object of charity.

The physician should impress on the committee as their means increase, to procure a house-surgeon as soon as possible, and gradually to raise the standard of utility of the institution as high as possible.

In the same town, if there are several medical practitioners of different grades in the profession, all matters respecting the attendance of classes of the community who can remunerate the medical profession, may be left to themselves. If there is only one, or two of the same rank, they must waive their dignity, for the sake of the patients if not of themselves, and make such arrangements as to see the different classes at their suitable fees. But for the lowest class of paying patients, viz., those just above the dispensary patients, the respectable labouring men, I would strongly advise the formation of a homœopathic medical club—either for medical attendance alone, or a homœopathic medical department to be engrafted on some already existing sick or benefit club. The tendency of such associations is excellent, as it is in fact like life insurance in the upper classes, a provident and independent thing; and it tends amazingly soon to elevate the tone of feeling among that class. It should have no connexion with the dispensary, as they are uncommonly sensitive of the least appearance of accepting alms, when they have the feeling of independence thus generated. I have been told also, by medical men who have club patients, that though there may be a few troublesome ones among them, on the whole they give little unnecessary trouble. It is calculated by Mr. Neison (*Vital Statistics*, p. 108) that among 1000 adult persons, there will occur 274 cases of sickness during the course of a year. Now on these data, if each member contribute four shillings a year, or about one ...y a week, that would give above 14 shillings for each case, ...considerably greater than that paid to the Union surgeons. ...great advantage to the poor themselves by such a ...eme, a proportional advantage would be reflected ...y, if it is really worthy of the place we claim for ... these are in the hands of poor and provident

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persons who have calculated the averages to a nicety, if it is shewn that the duration and cost of sickness are less on an average (as we are certain they are) than under allopathy, a vast impulse will be given to it through that class of people in England.

When there is as yet no homœopathic public in a place, then I think, as before said, the Remunerative Dispensary, with a department for gratuitous patients on the recommendation of subscribers, is the most desirable as a temporary expedient, to be discontinued as soon as there is a sufficient number of the homœopathic public to support the other plan.

The self-supporting dispensaries I utterly condemn in every form, shape or degree.

A FEW NOTES ON A FEW MEDICINES.

By Dr. Chapman.

The narrative of cases bears the same relation to medicine that biography does to history. Each narrator has a sort of affectionate interest for his subject; he is in a manner personally mixed up with it. If the case is successful he has a feeling of satisfaction in the result of the treatment; if unsuccessful and there is much suffering, he again feels himself to have been an actor in the eventful drama.

"——— Suæque ipse miserrima vidi,
Et quorum pars magna fui."

This was the actual inspiration of Falconer in his poem, "the Shipwreck." He had suffered and seen others suffer the horrors of the disaster he so touchingly describes.

"One touch of nature makes the whole world kin."

If no man is a hero to his valet de chambre, and no woman perfect in loveliness to her maid, still less is the human being, of whatever degree, removed from the close observation of his medical attendant. The knowledge of the infirmity, and of the sufferings of his patient, begets sympathy for him. In the beautiful stories in the "Diary of a Physician," this is happily exemplified.

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But in strictly medical cases the reporter can only speak of the physical conditions, and of the medical treatment: yet even with this limitation, his reports are interesting to the medical reader.

Whether the treatment seems to have been bad or good, the successful result a lucky hit, or an instance of wise choice in the selection of remedies; or the failure appears to have been inevitable, or the consequence of ignorance or error in the treatment, the case itself is still interesting.

These observations on a few of the homœopathic remedies have not the advantage of fully detailed cases; the paper is written on the spur of the moment, and has no pretension of conveying instruction to others. What seemed of value or interest to the writer may have neither value nor interest for the reader. The fitting penalty in that case will be incurred—it will not be read.

Ammonium Carbonicum.

A young gentleman, about 15 years old, had been in the house and in familiar intercourse with his two sisters, who had measles in a very mild form. His parents were anxious that he too should have the disease and be done with it; but he did not sicken, nor shew any sign of its having affected him. After a few weeks he went to school. In a little while his tutor observed that he exhibited unusual lassitude, and had lost his spirit for his studies, and for the vigorous exercises of his schoolfellows. He was in consequence sent home.

His parents were anxious about him, and were told by the physician that he was probably suffering from latent measles. He was a delicate youth with a very feeble circulation. He continued to be listless and unlike his former self; quiet and passive, instead of being vivacious and active; sauntering and lolling on a chair or sofa, instead of running and leaping; indifferent to books, instead of being a vigorous reader.

Some three months after his exposure to measles he suddenly lost a great deal of bright red blood from the right nostril. On being seen his pulse was found to be very quick, with a good deal of tension; the skin was very hot; he made no complaint, and said he felt no pain nor uneasiness. Aconite and Arnica were given to him.

The epistaxis continued to occur daily for four successive days, and to a great and even alarming extent. Several remedies were tried,

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but there was no guide for the choice of a medicine beyond the colour of the blood, and the febrile heat. As the warmth of the skin was general over the whole body, the proposition to have the nostril plugged was resisted, that measure being kept in reserve if there should be coldness of the extremities, and collapse. The bleeding was thought to be critical; the opinion of latent measles was still maintained; and what was felt to be a just apprehension was expressed that if the nostril was plugged dangerous cerebral symptoms might ensue, and perhaps convulsions, and perhaps death.

The parents of the youth had confidence in the opinion of their medical attendant, and abided by his decision; and as he was the heir, not only of their hopes, but of a very worthy name and of great possessions, this confidence of his parents increased the sympathies of the practitioner and his anxiety for the result.

The bleeding was not diminished by the means hitherto used, but on visiting the patient on the fourth day of the bleeding, he complained, for the first time, of severe pain in the forehead, and of a sensation that the brain was forcing itself out just above the nose. About a grain of the third trituration of Ammonium Carbonicum was given to him. One of his serious bleedings had occurred just before. In three or four hours after he was covered with measles. The disease was of a benignant kind; he had only a few doses of Pulsatilla, and in a few days was convalescent. He recovered his strength after the great loss of blood he had suffered, much sooner than could have been expected, and has continued well from that time, three years ago, to this.

Bleeding from the nose, sense of oppressive fulness in the forehead, pushing sensation as if the forehead would burst, and the brain would protrude through the forehead, are among the characteristic symptoms of Ammonium Carbonicum.

A few days after the successful termination of this case, the same practitioner was consulted, by letter, for a farmer's daughter in Ireland. She was represented as anemious, reduced in flesh, very pallid, and very dejected; she was a young woman of twenty-two or twenty-three years of age, and had been subject for several years to repeated and copious bleedings from the nose. The only characteristic symptom, that was mentioned in the letter of consultation, for the choice of a remedy for the epistaxis was that it was brought on by washing the face and hands in the morning. Ammonium Carbonicum, of the third trituration, was sent to her. After a few doses the

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bleeding of the morning recurred no more, and she speedily recovered her strength, her flesh, her colour, and her spirits. Enquiries was lately made about this case, and it was ascertained that the cure was permanent.

Ammonium Carbonicum is very useful for the appropriate cases of coryza, especially in hysterical females, or in feeble or aged persons.

This remedy is very valuable in many cases of hysteria, and especially for some of its strange and anomalous forms in which other complaints are, as it were, simulated; but especially where there is great excitement of the sexual organs of the female, swelling, itching, and burning of the pudenda, irritation of the clitoris, and acrid leucorrhœa, with the sensation of excoriation or ulceration in the valva; for hysterical syncope, for instance, preceded by vehement palpitation of the heart, and great precordial distress; for chlorotic listlessness and lethargy, and utter dejection of mind, it seems very suitable, and particularly so if there are the local sufferings adverted to.

The brain and the heart often seem seriously compromised in women, in whom there is that erethistic condition of the sexual organs; but as soon as this condition is relieved, the seeming affections of brain or heart at once disappear. In these and other cases of the like kind of hysterical perturbations, where other disorders are simulated, Ammonium Carbonicum is a very useful remedy.

Acidum Hydrocyanicum.

A lady who maintains herself by teaching drawing, about 30 years of age, suffered from nervous exhaustion, the result of over work and anxiety. She had no appetite; the circulation was languid; her symptoms were such as are generally comprehended under the term "nervous dyspepsia." But she had one very remarkable symptom; sometimes she would be forced, she said, to scream out suddenly, she knew not why; this scream was followed by faintness, sometimes even swooning: she at such times had, either before or subsequently to faintness, tightness of the chest, and acute pain as of spasm of the heart. She was sometimes wakened out of her sleep with this scream and these overpowering sensations.

As this scream seemed to resemble very much that of those poisoned with prussic acid, this remedy was prescribed for her in the third dilution. She had no return of the screams, the perturbation of her heart was relieved, and also her dyspeptic symptoms. Three

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months after the commencement of her treatment she reported herself as comparatively well.

This case is reported, not only on account of its individual interest, but as suggestive of the use of Hydrocyanic Acid for Angina. During the last few years many deaths have been reported in the newspapers which were said to have been from "spasm of the heart," and in many of these cases there were no appearances of organic lesion of the heart on the examination of the bodies after death.

Some of these cases are most interesting on account of the value of the lives of those who perished in that manner. The illustrious Dr. Arnold, so conspicuous for his love of truth, his liberality, his mental endowments, his personal character, and, above all, that he was the first person who propounded the doctrine and acted on it, that the mission of a schoolmaster was to be a "missionary" for boys, was one of these. He had no organic disease; he died from "spasm of the heart," as it is called. Some hours elapsed between his first seizure and that which closed his life. There was time here for the interposition of specific medicine.

Another instance was the recent one of Mr. Horace Twiss, the biographer of Lord Eldon, and otherwise a very noticeable man. Five months elapsed between his first seizure and the final one. Lord George Bentinck is a third instance; but he died of his first attack, alone, and remote from aid of any kind. He who had moved the senate with his fervour, and conciliated the nation by his honesty, died suddenly in a field, unnoticed and unregarded. Such is the vanity of human greatness, of wealth, station, distinction, and renown.

Hydrocyanic Acid might be also useful for threatened pulmonary apoplexy.

It is well known that it has been recommended by Montagk as one of the remedies for Asiatic cholera, especially for the apoplectic condition that is found towards the termination of some of these cases. As it may be interesting, the principal appearances that have been, at different times, found on the necrotomy of those who have died from this poison, are transcribed:—

"The muscles are darker than usual; the brain is dotted with blue points and is congested. The ventricle turgid with blood. Effusion of blood under the skull; the dura mater covered with a thick, black,

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bloody layer. The mucous membrane of the stomach is red, with bloody streaks, especially towards the orifices; its villous coat is of a reddish brown colour, and can be easily detached. This is also remarked of the villous coat of the duodenum. The villous coat of the entire intestinal canal is covered with reddish mucus; as far as the ascending colon, congested blood-vessels. A quantity of fluid, dark, violet-coloured blood in the liver, spleen, and kidneys. The bile is dark blue, blood in the trachea, violet colour of the larynx, trachea, and of the œsophagus through its whole tract. The lungs are of the same colour, and filled with violet-coloured blood. The lungs denser and heavier than natural, reddish, dotted with black points, filled with a black blue blood of an oily consistence. The right ventricle and left auricle of the heart are filled with blood. No serum in the pericardium, nor in the chest. The arterial blood looks like liquified liver. The blood is of a thick, greasy, oily consistence, not coagulated anywhere, of a dark blue-black colour."

In the case of those who die from Asiatic cholera, on the necrotomy the blood is found to be of the colour and consistence of treacle.

As a point of historical interest it may be interesting to record that during a part of what has been called the Georgian Era, which elapsed between the accession of George I, and nearly the close of last century, many ladies of rank and fashion used to die suddenly. During that time a "cordial for the nerves," called "laurel water," was a favourite remedy among these dowagers. In fact it was a dram. This contained a good deal of prussic acid, and it was not till it was discovered that these deaths were due to the poison contained in it, that "laurel water" was consigned to the limbo of forgotten things.

In the last stage of Asiatic cholera, when diarrhœa has ceased, and the vomiting has decreased, when there is anguish with pressure on the chest, and the patient becomes cold, with gradual extinction of the pulse, this remedy is deserving of trial.

It is probably specific also for that form of dyspepsia which is dependent on chronic inflammation of the stomach and bowels.

It is worthy of trial in catalepsy.

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Acidum Benzoicum.

A beautiful girl of 15, from her infancy to the age of adolescence, had been in the habit of wetting her bed: in all other respects she seemed perfectly well. Benzoic Acid, in the second and third triturations, was given to her, and was speedily and permanently efficacious. In many other cases of enuresis in children, the effect has been equally beneficial.

It seems to have a specific action in relation to the urinary organs where there is irritability of the bladder. It is said to obviate the various depositions resulting from the excess of uric acid, and so to be effectual in preventing calculus in the bladder. It is thought to be especially indicated for those who suffer from the gouty diathesis.

It also seems indicated in syphilitic gonorrhœa, where there is a chancre, of no very malignant character, with gonorrhœa. The urine, in such cases, is of a very dark colour, and is very strongly scented.

It has been used, with advantage, in nephritic colic, when the same characteristics of the urine have been observed.

It is well worthy of study in reference to cases in which the urinary organs are affected; in short, in many complaints in which the urine has the characteristics mentioned above, this remedy would probably be found very useful.

Acidum Nitricum.

Six years ago a lady was suffering from dysentery: she was of a very dark complexion, was much depressed in spirits, and there was every reason to suppose that the liver was inactive. There was great tenesmus, and what is vulgarly called "neediness"—frequent desire for evacuation, with unsuccessful effort. This was preceded by colic. Various remedies, and among them, merc. cor. had been given without apparent benefit. Nitric acid, in the 3rd dilution, was given to her, and the effect was immediate: she very speedily recovered.

The colic preceding the stool, itching of the rectum, and hepatic disorder seem to be indication for its use in diarrhœa and dysentery.

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In cases of chronic diarrhœa it has been found of great advantage; also in sufferings from the abuse of mercury, and in aphthous affections, for which mercury in large doses had been given.

Acidum Phosphoricum.

The writer has used this remedy in cases of milky urine in children, of which he has seen many instances, with immediate effect; under its use the urine has speedily become natural in appearance, and the children who were cachectic recovered flesh and health. In the "diabetes chylosus" of Hoffman, a disease not infrequent in some parts of the West Indies, it would probably be specific.

He has found it very useful in the exhaustion from onanism, venereal excesses, and nocturnal pollutions; and no less in the cases of those who will not believe that the brain is not brass, and continue to overtask it. Senators, literary and professional men are frequently the victims of this kind of exhaustion.

Arnica Montana.

The following case is very illustrative of many of the pathogenetic effects of this medicine:—

The patient thus describes the commencement of his sufferings: "I went to bed languid and exhausted; my sleep was much disturbed, and I awoke six or seven times, each time from dreaming that I was dying and that my bed was surrounded by my friends, assembled to take their last leave of me. On the following day I had intense headache, which was accompanied with a feeling of great weight and heaviness in the eyes, and a sensation of oppression and drooping in the eyelids, as if they could not be raised. The left wrist was powerless for half an hour, with the feeling generally that I could not use my arms. I had the sensation of an oppressive weight at the upper part of the chest, with a feeling of constriction in the throat. In walking I was feeble, as if I had been suddenly blighted with old age; this was on the second day.

"My subsequent sensations were, a want of power in both ankles, with a feeling of a heavy weight on each instep. There was in my throat, as it were, the sound of a subdued whistle. There was a

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feeling at the upper part of my head as though the brain was sore and tender. There was a total want of appetite for ten days, during which time I loathed the very sight of food. I suffered from a constant dry cough, which shook the whole frame. I felt as if I was bruised over the whole body. The *testes* felt hard, and there was swelling and tenderness in them. The thighs were of a livid colour, with blue and yellowish marks, presenting the appearance of a 'black and blue' eye, as it is called. There was also the sensation of a great weight across the lower part of the loins, and a feeling of being drawn in, as if a cord was tightly drawn across. I had all the while a longing desire to be in the free open air of the country."

The victim in this case had been making an *opodeldoc* of Arnica, to the influence of which, in any and every way, he is peculiarly susceptible. He is lymphatic, and leads a sedentary life.

During the first two or three days there were, ever and anon, a few patches on the face, and especially the forehead, disappearing and recurring, which resembled the arnica rash, with dullness and pain of the head; repugnance to food, which lasted during the whole illness; eructations; pains in the limbs as from a bruise; loss of strength, and of all sense of health; the sensation of being good for nothing. Some soryza.

After a few days the larynx and trachea became affected. He had a dry, short, and hacking cough.

He had only camphor and ignatia up to this time.

The chest then became affected; he had pains over the thorax, stitches with cough, which increased the pain; aching pains of the chest; a great deal of hypochondriacal anxiety; there was then great tightness of the chest, with difficulty of respiration. He had phosphorus.

He had been suffering with this progress of Arnica symptoms about a fortnight, when he was, one night, overtaken with great cardiac distress; stitches in the cardiac region; faintness; feeble, hurried, and variable pulse; irregular rythm of the heart; the horror of instant death.

Aconite and arsenicum were given to him. In a week after he went for a few days into the country; but it was fully a month from the commencement of his sufferings from Arnica, before he was delivered from this medicinal disease.

The effects on the mind and disposition were no less remarkable than those on the body. He is naturally cheerful, kindly, genial; but

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throughout this arnicated perturbation of his organism, he was downcast, waspish and peevish. He is naturally very sensitive; and this keen sensitiveness of the mind was greatly exasperated. He had more or less hypochondiacal anxiety through the whole of his illness.

Of the effect of Arnica in mechanical injuries, nothing need be said.

In some cases of fever, and some of dyspepsia, the reports of its efficacy have been fully verified.

In cases of hæmoptysis, and epistaxis, it has been found of great benefit.

In cases of gout and rheumatism it has been given internally and applied topically, with signal advantage.

For the after-pains of puerperal women, given internally, and applied topically, it has been found most useful.

Angustura.

This medicine, according to Noack and Trinks, has a remarkable action on the motor and spinal nerves. The two following cases exhibit its curative action in this respect.

A lady, about 50 years old, oppressed with gloom, of a saturnine complexion, suffered much from pain in her spine, at the nape of the neck, and the sacrum especially; at either of these places the pain was much increased by pressure. She had great difficulty in walking, and seemed threatened with paralysis of the lower limbs. She had a sensation of tremulousness and uneasiness in the muscles of the neck.

Various means were used for her relief, with little or no effect. Angustura was prescribed for her. This medicine has very materially relieved her. She is cheerful, the pain is much less, and she walks with much more ease and comfort.

Another lady, about the same age, was also threatened with paralysis of the lower limbs. There was considerable aggravation of her sufferings from a few doses of angustura, followed by amelioration. It is but just to say that she has, since that time, made rapid progress to entire recovery, which is likely to be complete, under the influence of Vital Magnetism, or Mesmerism as it is more familiarly called.

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Angustura seems well worth trying in cases of spinal irritation, and of opisthotonos.

Alumina.

Many children, almost from birth to their second year or upwards, are subject to constipation—not brought on by unwholesome diet, nor by aperients. This occurs if they are suckled, or if they are reared by hand. The mothers of such children are generally of a meagre, adust habit of body, who themselves require anti-psoric treatment. The constipation seems to depend on inactivity of the rectum. The evacuations are scanty, and expelled with difficulty. In such cases *alumina* has been given, and seemed to act best.

When the evacuations are white, in such cases, aconite, china, and digitalis have been given, as well as alumina.

Aloes.

A lady had dysentery after her confinement; as this occurred two or three days only after the birth of her child, and she was a very feeble, delicate person, it was very distressing. Various remedies were tried, with of all benefit. As she felt very faint after each evacuation, or attempt at one, aloes was given her, and the disease at once gave way.

In a case of metrorrhagia it was given with happy effect. The "hiero-pikra," which chiefly consists of aloes, is the chief emmenagogue used in the United States; and the emmenagogue pills in use in this country generally contain aloes.

In suitable cases it is one of the most appropriate remedies for piles, where the disease does not proceed from the abuse of this drug, and where there is no constitutional complication, but where there is burning in the rectum and tenesmus.

Ammoniacum.

A little boy, 7 years of age, had been vaccinated in his infancy; a few weeks after vaccination he began to suffer from eczema of one of his legs. This distressing disorder had grown with his growth. It was intercurrent with asthma; every now and then he had attacks of bronchitic asthma, perhaps two or three a year, but chiefly in the winter months. While he was asthmatic, his skin-disease receded; as soon as his breathing became natural, the affection of the skin

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returned. It distressed him much: he scratched grievously, and his drawers were generally stained with blood. It may be here observed, parenthetically, that chronic skin-diseases may be often traced back to the period of vaccination in such a way as to show that the virus was communicated in that way.

In other respects this young gentleman seemed healthy. When he was seven years of age he had measles, from which six other children of the same family were suffering. It was very mild in all the cases but two. In the case of this boy, the attack was very severe; he had a good deal of fever, and great heat of skin; constant restlessness. The measles only partially thrown out. He had Aconite.

The leg affected by eczema became perfectly dry and wrinkled; the skin looked like shrivelled parchment. He was then covered over the whole body with the dark dots of the "morbus maculosus;" his fever much increased, and great anxiety. Arsenicum was then given to him.

On his being relieved of the fever, and the disappearance of these spots, the lungs became congested; dullness on both sides; great difficulty of breathing, and anxiety. Constant movement of the *alæ nasi;* the countenance dark, with the anxious and parched look characteristic of the pulmonary affection. No expectoration. For this state of things he had chiefly phosphorus, which seemed in some measure to keep the disease in check; but no beneficial progress was manifested. While yet suffering in this manner he had one of his attacks of asthma, and it was expected that his life would be extinguished. Ammoniacum, in the 2nd dilution, was then given to him; a dose every hour at first, and afterwards at intervals of three hours. The effect was almost magical. In a few hours he breathed more freely, the constriction of his chest was relieved; he began to smile on those around him. The cutaneous affection of the leg reappeared, and the case proceeded favourably to convalescence and health.

This will be found a very valuable addition to the remedies for pneumonia. It is used in the old-world practice as an expectorant, and it is advised that it be given with great caution as it is apt to bring on pulmonary congestion.

One of our colleagues was called to see a case of angina, which supervened on the stopping of an old ulcer on the leg; he gave ammoniacum, the ulcer returned, and the angina ceased.

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It has been recommended, but to be given with great caution, in hydrothorax: also for saburral colic, for diabetes, and bronchorrhea.

"Wibmer recommends Ammoniacum for weakness of digestion, and yet he states, in his Materia Medica, that it produces weakness of the digestive organs. J. W. Schwartz recommends it in amaurosis, and yet refers to Wichmann's observation, that ammoniacum has occasioned obscuration of sight. In comparing the physiological effects of Ammoniacum with the symptoms of the disease which the physicians of the old school have cured with that remedy, we shall find that those cures have all been effected in accordance with the principle, *Similia Similibus Curantur*."

Anthrako-kali.

Experience has shewn that this remedy is useful in cases of chronic herpes; several dispensary patients, who had chronic cracks and ulcerations of the nostrils, were relieved by its administration. It seems worth trying in lichen.

Aurum.

Seven years ago, a gentleman, after a few other medicines, was put on a course of this remedy under the following circumstances. He was a young man—but he was old in that kind of achievement of which Horace speaks in his ode to Venus—

"Jam militavi non sine gloriâ."

if that sort of ignoble glory consists in a conspicuous "corona veneris." He was a grievous sufferer from secondary syphilis, and hydrargyrosis; a notable specimen of a victim of sexual and mercurial abuses. He had been repeatedly salivated, was wasted to a shadow, a breathing skeleton. He had nodes on his legs, and the aforesaid corona veneris; portions of the frontal bone had exfoliated. He had taken opiates habitually, and, as he said, £18 worth of Sarsaparilla during the twelve months that preceded his trial of homœopathy. He had been suffering in this manner about two years. He might have used the words of the "Sweet Singer of Israel:" "My wounds stink and are corrupt, because of my foolishness. I am troubled; I am bowed down greatly; I go mourning all the day long. For my loins are filled with a loathsome disease; and there is no soundness in my flesh. I am feeble and sore broken: I have roared by reason of the disquietness of my heart."

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He improved considerably under the use of *aurum:* and after he had been under treatment several months, he was recommended to go into the country to a farm-house. After being there a week or two, suffering from nocturnal pains still, but in other respects much better, he went to Manchester, and saw a medical friend there who gave him a night-draught of Henbane. He took a single draught. He then gave up all treatment.

His medical adviser had lost sight of him for six months, when he one day met him, brisk, plump, hilarious. He was quite well, and coolly observed that perhaps the homœopathic treatment had done him some good, but that he had been cured by his Manchester friend, with that single draught of Henbane. It is hoped, notwithstanding, that this may be recorded as a case of homœopathic cure. The cure was permanent; and he seemed ever after, like the disappointed and scared bridegroom in Scott's wonderful tale, "The Bride of Lammermuir," to be "a sadder and a wiser man."

This remedy was given in a case of Ozæna, that was suspected to be of syphilitic origin. It was a very chronic case: and as no impression seemed to be made on it with this and other remedies, after a trial of some months, the patient withdrew.

It would probably be a good plan in such cases, to inject solutions of whatever medicine might be given internally.

It was used, after other remedies, with great benefit in a case of Otorrhœa, in which there was disease of the bones of the ear.

The Muriate of Gold is the preparation preferred by the writer.

Arsenicum.

Of this powerful remedy it is difficult to say anything, lest one be tempted to say too much.

There was a luncheon set forth a few months ago. Two of the party present partook of a pheasant, which had been brought from a district in which the farmers had used arsenic plentifully in their wheat fields. Numbers of pheasants had been found dead in these fields. From this narrative it will readily be conjectured that this particular pheasant did not die from the effects of "villainous salt-petre," as Shakspeare calls gunpowder, and a bit of lead, but from the arsenic in one of those wheat-fields.

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The lady and the gentleman, who fed on the bird, were both affected in like manner. The lady's case is given.

About half an hour after luncheon, she felt faint, and had an urgent call to the water-closet. The evacuation was copious, but there was no subsequent diarrhœa. She became very restless, and could scarcely keep herself quiet an instant; yet with the least movement, nausea and vomiting were brought on. She suffered greatly from thirst, and burning in the stomach. The pulse was very weak and hurried; there was utter prostration; the countenance was anxious and almost cadaverous in its appearance. There was considerable dyspnœa, great tightness, constriction and sense of burning of the chest. She was sleepless through the ensuing night.

Her medical attendant, a homœopathic surgeon, on the suspicion of her having arsenical symptoms from having eaten arsenicated flesh, had freely given her milk, and the white of eggs. She had in succession, for her group of symptoms, during the several days she was ill, Ipecacuanha, Nux vomica, Bryonia, and Phosphorus. The last remedy was of great service in relieving the dyspnœa, and the tightness and burning of the chest.

The gentleman, whose case this was, mentioned that the other pheasant-eater, who had suffered precisely in the same way, was also ill several days.

So many cases will occur to each reader, of the cure of head-aches, of a periodical character, that it may be superfluous to recite any in this place. But two may be briefly stated.

A gentleman had been for many years subject to a periodical head-ache, occurring once a week, sometimes twice, and lasting each time some hours. In all other respects he seemed well, and said he was so. This head-ache was *stunning;* he became incapable of all movement, or of attention to any subject. He could only rest his head on a table or the arm of a sofa and bear it as he best could. Arsenicum was given to him, and during many months he has only had one or two slight paroxysms, and none lately.

The other case is worthy of record, because one of our worthiest and most able colleagues was induced by that cure to investigate, and since to practise homœopathy, and through his instrumentality several other medical men have become homœopathic practitioners.

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The wife of this gentleman was subject to this distressing periodical head-ache: it generally had the character of the *clavus*, the boring, circumscribed pressure on a small spot on one of the temples. He had tried his best allopathic resources for her; he had obtained for her the best advice of some of the best allopathic practitioners in the metropolis. At that time he scoffed at homœopathy. He was induced, however, to make trial of a few doses of Arsenicum of the 12th or 30th dilution. She was cured as by magic; five years have passed, and she has had no return of her head-ache.

Asarum.

Several cases have lately occurred of perons suffering from catarrh, in which the most distressing symptom was deafness in one or both ears. Some coryza and sneezing; a sensation as if the ears were closed or plugged up with some foreign substance. In these cases *asarum* was given with good effect.

Asa-Fœtida.

This remedy has been used by the writer with benefit in Otorrhœa, when the bones of the ear have been diseased with offensive discharge. Also in some cases of disease of the bones.

(To be continued.)

PRACTICAL REMARKS,

By Dr. W. Huber.

Every practitioner must have felt how much the difficulty of getting up cases in a complete manner has been increased by the radical changes which diagnosis has undergone in recent times. I believe we are to account in this way for the paucity of practical communications in our homœopathic literature. But ought the solid results of experience in the treatment of diseases to be lost, because not in every instance grounded on anatomical or chemical pathology? Are the new diagnostic helps perfected to such a pitch as always to lead us to the conclusion we are seeking? The scientific practitioner meets daily, in greatest number, with cases in which these boasted sciences

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leave him altogether in the dark. I hold every homœopathic physician bound to avail himself of these methods of diagnosis; but *to cure* is, and ever will be, his chief and highest duty. Therapeutics is the crowning summit of medicine; it is the end to which other medical sciences are the means. Let us, therefore, not imitate our opponents in these latter years, who, in their zealous pursuit of the tributary sciences, assign a subordinate position to the capital one of therapeutics. Whence may this indifference to, or disbelief in, the art of healing among them arise?

I trace it to the new fundamental principle, "Nature alone cures," for which they have latterly discarded the old one, "Contraria Contrariis." And they look to this first principle alone, when they might walk in the light of one subordinated to it. In no science has the word "Nature," "power of Nature," been more misapplied than in medicine. It is the stalking-horse to which every idea, even the most extravagant, is yoked, as it is impossible to appeal from it. But when we consider that the *vis naturæ medicatrix* and its essence are above our comprehension, and is subjectively modified by each one according to his own turn of mind, we shall perceive the impossibility of making any use of it as an objective reality in practice. Europeans paint the devil black, the Negroes vote him white, and both allege his nature as an argument, and will continue to do so as long as they dwell in the region of imagination.

The *vis medicatrix* is something seated in the sick man himself, and can never become the foundation of an objective and practical science, since no propositions or conclusions are deducible from it. I do not deny—what every school tacitly admits—that the remedial power of nature constitutes a ground for the subjective possibility of a cure, but it is not the only one, nor in practice is it the chief one.

The proposition: Nature produces, Nature sustains; therefore Nature can likewise cure, acquires an altered significance when we consider that these internal processes are connected with certain necessary conditions by which they are determined, limited and modified. But if this subjective tendency be made of importance greater than naturally belongs to it, and clothed

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with the absolute and supreme attributes of a first principle, nothing but injury can accrue to the therapeutic system thence derived, as experience has amply proved; indeed remedies appear, according to it, completely superfluous, this first principle repelling all impressions by therapeutic agents.

It is far different with our law of similars. It is deduced from the specific relations exhibited by the body to medicinal agents; it is verified by the healing power evinced by them in diseases of similar nature, and thus rests on an objective experimental basis, and is as closely related to therapeutics as the fountain is to the stream, and from its practical utility takes the foremost rank among the truths of scientific therapeutics. The law of similars does not exclude the *vis medicatrix naturæ*, but rather goes hand in hand with it in harmonious conjunction; they are not contradictory but complementary to each other; they support and bear out each other, since they have a common direction and a common proceeding to one end by similar processes. In like manner as the internal processes by which the organism grows and maintains its structures, possess no self-sustained and absolute all-powerfulness, but are subject to multifarious outward influences, even so the favourable result or cure does not always and exclusively depend on the curative force of nature, but is often determined by outward influences, or remedies. Thus we see that the law of similars does not infringe on the rights of the curative power of nature, that it does not abandon the sick to a relentless fate, that it exalts the character of the physician, and satisfies his conscience by opening to him a wide field for positive action, the careful cultivation of which must be the chief business of the homœopathic practitioner. Next to physiological provings of medicines, it is by bed-side experience that advance is to be made. As so many additions are now yearly made to the number of students of homœopathy, who loudly call for an introduction to the practice of the system, and as yet there are no public *cliniques* in which homœopathy might become attainable by every practitioner who loves the beneficent art; in the mean time, practical results obtained at the bed-side form the most adequate means of acquiring a knowledge of the system. With this idea I resolved to pub-

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lish a few cases for the use of beginners in this study, that I might at all events lighten their difficulties, more or less. This essay, doubtless, is very imperfect, and offers little to interest the advanced homœopathist; but if it puts a clue into the hand of a few young learners to guide them in their toilsome path, my end will be answered.

I shall divide the following cases, for convenience sake, into five groups: Inflammations, Fevers, Cachexiæ, Nervous affections, and Profluvia.

A. INFLAMMATIONS.

I.—*Tonsillitis.*

Josepha Hubinger, æt. 19, fair, of sanguine temperament, of delicate appearance, properly menstruated; she had a bilious fever some years ago. On January 12th, 1846, in consequence of catching cold at church, she shivered strongly for two hours in the evening, then came on general heat, headache, strong thirst, and *sore throat;* lassitude and fatigue felt all over her, which obliged her to go to bed. Next morning the state of the patient was as follows: pressive and shooting frontal headache, heaviness and confusion of the whole head, *photophobia*, tongue rather white, unpleasant slimy taste, much thirst, want of appetite, a little nausea, sometimes inclination to vomit; *deglutition very difficult, with shooting pain in the throat;* constant *need to swallow; tonsils very dark, red and swollen,* especially the right one; great *feeling of dryness in the throat, and hard palate;* abdomen and fæces normal; urine scanty, dark red, without sediment; the thoracic organs normal; skin dry and warm; pulse feverishly excited, at 100, and tense; extreme exhaustion; disturbed sleep; anxious state of mind.

Treatment.—Bell. 3rd dil. a drop every third hour in a tablespoonful of water.

Jan. 13th, in the evening.—Increase of the fever and all the symptoms; a sleepless night.

Jan. 14th.—There is not the least trace either of the fever or the other symptoms; the appetite is returned. No more medicine was given. The lassitude left by the attack was quite gone in two day's time.

II.—*Bronchitis.*

Rosina König, æt. 26, unmarried, of sanguine temperament and tolerably robust, has always been regularly menstruated, and has

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never been ill. On the 15th February, 1846, in consequence of a chill while at work, was attacked with shiverings lasting several hours, followed by heat, headache, thirst, and disgust to food. Then a shaking *dry cough* came on, with feeling of rawness in the upper part of the chest; the cough was sometimes spasmodic, and brought on vomiting, lassitude and fatigue of the whole body, obliging her to stay in bed. Various allopathic remedies were fruitlessly employed, and the cough increased in severity, with streaks of blood in the expectoration, up to Feb. 28th, when the symptoms were as follows: shooting pain in the forehead; *swelling* and *redness* of the face, with burning *heat of head;* the nose dry and stopped up; the tongue loaded with yellowish-white fur; great thirst; mawkish taste; no appetite; constipation; urine scanty, *burning*, and of a *fiery red; violent cough*, especially at night, with expectoration of thin gelatinous mucous mixed with dark brown clotted blood. Inspection of the the thorax and percussion showed nothing abnormal; on auscultation there was found all over the chest *decided vesicular breathing*, and here and there *mucous râles*, especially over the right lung; heart normal; respiration not much impeded; slight oppression on the chest; *skin very dry and hot; pulse rapid*, beating 80 to the minute, *full and very hard.* The headache, heat of skin, and cough usually got worse in the evening. Sleep short—disturbed; feeling of sickness, and anxious state of mind.

Treatment.—Aconite 3, a drop every third hour, in a tablespoonful of water.

1st March.—No change in the general state.

From 2nd to 4th.—Great diminution of the fever; pulse 70; thirst and heat of skin much less; cough less violent, generally dry, no heat of blood. The febrile symptoms were felt in an increased degree for a few hours before midnight, but not to the same degree as formerly.

On the 4th, after a slight exacerbation, a general and abundant sweating came on about 5 p.m. and lasted during sleep almost the whole night, after which the patient woke with a genial sense of decided improvement in her state.

On the morning of the 5th, her head was free from pain; tongue loaded and moist; appetite beginning to return; thirst gone; fæces *normal;* urine abundant and cloudy, a quantity of brick-coloured sediment; cough easy, with loose mucous expectoration without blood. Strong mucous râles in the branches of the right bronchus;

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skin moist all over and pleasantly warm; pulse at 65, soft and swelling.

On 6th March.—*No trace of fever.* On account of the mawkish taste, and *considerably increased expectoration* of mucus, I discontinued Aconite and gave Dulcamara 2, in the same manner. In five days more the bad taste, mucous râles, cough and expectoration had quite disappeared, and the patient was left in her former state of health.

III.—*Pneumonia.*

Charles Reittinger, æt. 17, unmarried, rather robust, of sanguine temperament, had always since his youth been healthy, with the exception of an eruption on the scalp. On 1st March, 1846, without assignable cause he was attacked with headache, giddiness, nausea, and vomiting of food; then strong shivering for two hours, followed by heat, thirst, difficulty in breathing, tired feeling, and langour of the whole system. After a sleepless night and the fever continuing, *cough with bloody sputa* came on, and he vomited several times a bitter fluid without feeling relieved.

3rd March.—Giddiness; *heat; redness* and *puffiness of the face;* white tongue; bitter taste; *great thirst;* no appetite; tenderness of the pit of the stomach, but not of the rest of the abdomen; no stool since yesterday's; *urine red,* scanty; frequent *cough,* with a *little expectoration* of tough transparent greenish mucus, mixed with *bloody* and *rust-coloured particles;* feeling of weight on the chest, with *short* and *anxious* respiration; dullness on percussion over the left inferior scapular region. The stethoscope applied in this part revealed strong bronchophony and bronchial respiration, combined with a good deal of rattling of mucus. Sound of heart normal; *skin dry* and *hot; pulse accelerated to* 95 b[illegible] *and hard;* sleep disturbed; much lassitude; anxiou[illegible]. The fever and its concomitants were exacerbated a [illegible] and forenoon.

Treatment.—Aconite 1, a drop every three [illegible]

3rd March, morning.—No change, but there [illegible] fever in the evening, and a quiet sleep, with c[illegible] came on.

4th March, morning.—decided improvement [illegible] of *hydroa febrilis,* on the upper lip; no thirst; pulse soft, and fallen to 65; breathing easier [illegible]

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and auscultatory signs unaltered. In the evening after a short and trifling aggravation of the fever, he fell asleep, and slept in a state of perspiration all night.

5th March, morning.—The patient is quite free from fever, and his head from pain; skin had become cool, and his tongue clean; he can taste better, is not thirsty, and can eat a little; the epigastrium may be pressed on without giving pain; the bowels open, the urine cloudy and sufficiently copious with a good deal of flocculent deposit of a light red colour. Reittinger could now breathe freely, but coughed often and easily brought up a quantity of phlegm, which might be drawn into long strings. Loud rattling in the left side of the chest. The temperature of the skin, and the pulse now perfectly natural. No medicine.

From 5th to 7th March, he got rid of the whole of the fibrine that had exuded into the cells of the lungs, by expectoration; the cough and auscultatory signs gradually disappeared, and on the 8th nothing but vesicular breathing could be discovered in any part of the chest. The patient had lost so little strength as to be able to resume his occupation on the 9th.

IV.—*Pleuritis.*

Maria Hager, æt. 20, unmarried, of sanguine temperament, and strong and regular in her periods. In her 16th year she was chlorotic, but quite healthy since. The present attack commenced without assignable cause on 2nd January, 1846, with a diarrhœa which still continues. On 10th January she was attacked with violent shivering, then heat, thirst, headache, and shooting pain in the left side of the chest, difficulty of breathing, and extreme lassitude. Blood-letting, mustard poultices, and allopathic draughts which were employed for six days only increased the complaint. On the 17th, the state of the patient was as follows: oppressive pain in the head, with giddiness, red and turgid face, eyes sparkling and hot, with yellowish tinge of the sclerotic coat. Her tongue was yellow, she had a bitter in her mouth, no appetite, very strong thirst, sometimes vomiting of a bilious fluid, distention of the abdomen with apparent enlargement of the spleen; since yesterday there greenish liquid motions, unattended with pain. The scalding, and *fiery red. Cough*, with expectoration of *slimy* mucus bespecked with *small particles of* on the chest, as if a weight lay on it; the

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breathing was in the highest degree difficult, short, and anxious; she can only lie on her back. *Violent shooting pain* in the left side of the chest, especially on moving. On inspection, the thorax was found to have a bulging of its lower part on the left side; the intercostal spaces are very prominent outwardly in that quarter. On percussion, the left half of the chest was found to yield quite a dead sound, behind and at the side; at the posterior and inferior parts of the thorax, the respiratory movement could not be heard; a little higher up there was bronchial respiration and mucous râles, as well as bronchophony. The heart, which was displaced to the centre of the thorax, showed nothing abnormal in itself. The temperature of the skin was *burning hot*, with dryness, and *feverish pulse* at 90 beats, *full and hard*. The patient's sleep was very much disturbed, there was much bodily weakness and *anxiety of mind*. Notwithstanding this severe attack she had her menses for three days; they ceased to-day.

Treatment.—Aconite 1, a drop every three hours in water.

On the 17th and 18th there was no change, with the exception of aggravation in the evening.

On the 19th, in the morning, the violence of the fever is broken and the distress considerably relieved. No giddiness or headache, tongue rather cleaner, bitter taste, much thirst, no appetite, abdomen is no longer swollen, continuance of the diarrhœa, (four times since yesterday morning), urine as before; cough less frequent, sputa more easily brought up, and more abundant, without any appearance of blood, dyspnœa diminished, shooting pain less severe, but extending to the centre of the sternum. The pleuritic effusion appeared to be greater rather than less than before; the auscultatory signs unchanged. Skin moist and everywhere in a state of perspiration, the temperature not so burning hot. Pulse, 70 beats per minute. The improvement continued throughout the day, and the patient slept well at night in a profuse sweat.

On the 20th her state was the same. I discontinued *aconite*, and gave a drop of *bryonia alba* every three hours. From the 21st to the 23rd the fever abated still more, the thirst disappeared, there was but one loose stool each day; much turbid urine was passed with whitish sediment; the cough, no longer convulsive, brought up a good deal of sticky phlegm and rarely a trace of blood. There was no longer any oppression on the chest, dyspnœa, or stitch in the side, even on motion; the skin was merely pleasantly warm, pulse softer, at 65, and sleep more composed; feeling of weakness continued. The phy-

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sical signs were unaltered, except that there was more rattling sound, but less effusion.

From the 24th to the 26th this state of things continued. She began to feel some desire for food, the bitter taste disappeared, and there was no diarrhœa; the urine was clearer and more plentiful; the expectoration was abundant and free from blood; the heart was returning to its normal situation, there was feeble bronchial respiration and much mucous rattling.

From the 27th to the 29th the patient continued to improve and become free from fever. Her strength increased daily; the expectoration diminished a good deal; the mucous râles disappeared; the breathing was more bronchial, but sharp and vesicular, with fine crepitation; the lower part of the left thorax is alone somewhat dull on percussion.

By 1st February all cough and expectoration were gone, the heart was in its proper situation; auscultation and percussion showed nothing abnormal; the left intercostal spaces were no longer protuberant; the patient could sleep well and felt so well as to be able to dispense with any further treatment.

V.—*Carditis.*

Franz Rad, æt. 19, a weaver, feeble, of sanguine temperament, has been free from disease since he was a child. Three weeks ago he was affected without known cause, with shivering, then heat, violent shootings in the right side of the chest, and *strong palpitation and dyspnœa.* He thinks he must have been working too hard. The shooting pain in the right side diminished in the course of these three weeks, but the dyspnœa and beating of the heart increased so much as to keep him from his work, and he began to cough and spit up, but only for a few days.

Feb. 21st. *Present state of the patient.*—Head free from pain; yesterday evening epistaxis from right nostril; tongue clean, much thirst, natural appetite and taste; the pit of the stomach and region of the liver are rather tender on pressure; fæces and urine normal; no cough; *heavy oppression of the chest, difficulty in breathing;* shooting pain in the right side of the chest, when lying on that side; *constant palpitation with anxiety, weight on the heart,* making him sigh frequently. On percussion, the dead sound indicating the subjacent texture of the heart was found on one side as far as the middle of the sternum, and on the other side, over an unusual extent of the left side of the thorax. The *impulse of the heart was very strong*

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indeed, striking against the ear with violence; in the left ventricle, instead of the usual sounds, there were blowing and rasping sounds accompanying both the systole and diastole. The sound which was heard with the diastole was particularly loud over the aortic valves, and was distinguishable, with diminished intensity however, along its arch. The sound heard over the pulmonic valves was particularly sharp. *The skin was dry and hot; pulse much accelerated*, beating 100 in the minute, *full*, *strong*, and bounding against the finger; sleep disturbed with frequent crying out; very anxious; timorous state of mind.

Treatment.—Aconite 1, a drop every 2 hours in water.

In the night of the 21st Feb. he had the first good night's sleep he had enjoyed for some time. On the morning of the 22nd, the impulse of the heart was felt to be much less and does not lift the ear during auscultation. In the afternoon his nose bled a little; auscultatory signs as they were. Night, sleep good.

Feb. 23rd.—much the same. Treatment, the same. All night patient slept peacefully, and perspired strongly.

Feb. 24th.—The *heart-stroke is much softer* and abated in strength; at night, sweating and good sleep.

Feb. 26th,—No change of any kind.

Feb. 27th.—He has nothing to complain of; the breathing action of the heart and pulse are quite natural. *The noise over the aortic valves is gone;* there is only a little blowing murmur still heard over the mitral valve during the ventricular systole, but much feebler than before. The skin is cool, and all the functions normally performed. The same medicine was continued.

March 2nd.—The mitral murmur has also disappeared over the left ventricle, the clicking sound accompanying both movements of the heart might be distinctly heard; the valves acted perfectly. The patient is beginning to be hungry again. The medicine continued.

March 3rd.—On percussion I found the dull sound over the heart to be of normal extent. No medicine. In four days more the patient was well enough to resume work.

VI.—*Peritonitis.*

Susannah Mayer, æt. 30, an unmarried woman, of weakly constitution, of sanguine temperament, regularly menstruated, was chlorotic till after passing her 23rd year, but has since been in good health. She menstruated 12 days since. The pres[illegible] March

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12th, 1846, without any reason she can assign. She was at first cold, then hot and thirsty, bad headache, lost her appetite, tried to vomit, and passed some loose stools, with slight pain in the bowels. Thinking perhaps she had eaten something indigestible, she took a powder, bought at a druggist's, "for the wind and bile," containing jalap and cream of tartar. From the moment of her swallowing this mixture, the pain in the abdomen became more and more violent, and the surface became so tender that she could not endure to be touched ever so gently; the bowels were moved several times amid fearful sufferings, but this looseness was followed by complete constipation and frequent vomiting. Various allopathic remedies were tried without effect; the patient was always growing worse. On the 20th March, her state was as follows: *Face pale, and expression of fear and anxiety; shooting pain in the forehead*, with heat of head; tongue moist, with yellowish-white coating; bitter taste; *intense thirst;* no appetite; frequent risings and inclination to vomit; vomiting of thin fluid, like verdigris, especially after taking food or drink; *abdomen tympanitic* and its whole extent, unutterably painful on the slightest touch; *unremitting cutting and shooting pain in the bowels*, especially at night; obstinate constipation for several days past; urine *scanty, hot, and red;* respiratory organs and heart unaffected; skin *hot*, but moist; feet cold; pulse at 100, small, hard, and compressed; general debility; *sleeplessness*.

Treatment.—Aconite 1, a drop every second hour, in water.

In the night from the 20th to 21st, there was great aggravation of the pain in the abdomen; the patient kept screaming out most of the night, and vomited up a quantity of green, very bitter bile. The focus of the pain was at the umbilicus, from which it radiated over the whole abdomen to the interscapular and lumbar regions. No stool notwithstanding clysters of oil and water. Warm bandages increased the pain; cold ones gave trifling relief.

March 21st.—The vomiting and anxious feelings are better, and the pain seems rather less; in other respects there is no change. At night there was an aggravation, but slight, and without vomiting.

h 22nd.—Some improvement; abdominal pain diminished, ly felt when pressure is used; less tympanitis; patient has knotty stool, of a dark green colour; urine scanty and its temperature not very high; pulse 90. This m. from which time the pain gradually subsided,

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the patient fell into a sweet refreshing sleep, with general perspiration, which lasted all night.

March 23rd.—The patient awoke this morning, free from pain; her head still somewhat painful about the forehead; eyes brighter; tongue coated yellow; no thirst; bitter taste; no appetite, but no nausea; abdomen soft and free from pain; no action of the bowels; urine still sparing in quantity, and cloudy; skin very moist, and pleasantly warm; pulse at 70, full, soft and swelling; she is cheerful, and slept quietly the night through.

March 24th.—Pulse no longer quick, but altogether normal. Appetite returning.

25th.—She is quite well, excepting a *bitter taste, belching of flatulence*, and constipation. At 8 in the evening she had rather a smart attack of *colic*; there was *cutting pain* in the small intestines, with periodical aggravations, which made her writhe like a worm; also *thirst, bitter taste*, and *inclination to vomit.*

26th.—*Treatment. Colocynth* 4, a drop of the tincture every third hour. During this day she had several slight attacks of colic. In the evening and night she had a return of the severe colicky pain, but this time it alternated with *drawing pain in the* right *hip-joint and thigh*, together with *stiffness* and *want of power* in the latter. *Warm applications proved grateful and soothing.*

27th—The pain has now quite left the abdomen, but not the right hip-joint, in which it is still felt, now and then pretty severely. The first circumstance determined me to continue *colocynth*, though the latter might point to the employment of some other allied remedy. The propriety of my decision seemed confirmed by there being no colic or pain in the limb up to

1st April—But on the *evening* of that day dreadful *pain in the bowels*, coming on at intervals, of a cutting kind and bending the sufferer forwards; it extended from the pit of the stomach to below the navel, and was at times extremely violent, so much so as to make her think she could not survive it; she sometimes sat up in bed, sometimes lay down, or threw herself from side to side. *The pain was alleviated by warm applications.* She had a bitter taste in her mouth; eructations; efforts to vomit; *pressure at the stomach*, as if a *heavy stone* lay there; difficult breathing; *distention of the abdomen* by wind; constipation; clear, straw-coloured urine; skin moist and cool; pulse contracted, not feverish. The patient was irritated at the

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return of the complaint, and the non-success of the treatment. I discontinued Colocynth and gave her Chamomile 2, a drop every hour in water. In five hours the pain was quite gone; she fell into a quiet sleep, from which she awoke next morning cheerful and free from pain, of which she had no return. The bowels were moved properly and continued to be so daily, the bad taste was removed, appetite and sleep returned. By the 11th she was quite well.

VII.—*Psoitis.*

Anne Schwandtner, æt. 43, unmarried, thin, of choleric temperament, has been regularly menstruated since her 16th year, and has always enjoyed good health. On 4th Jan. 1846, in consequence of exposure to a draught when heated by exertion, she was suddenly seized with *violent shooting pain in the right lumbar region*, extending to the right breast and thigh, and preventing her from moving freely. Next day she had shiverings for an hour, followed by *heat, thirst*, and lassitude.

Jan. 9th.—The following is the state of the patient: Pressive headache and confusion in the head, such as is felt after a long sleep, mawkish taste; tongue white; great thirst; *frequent belchings of wind*; little appetite; *motions rather hard;* urine reddish, with brick-coloured sediment. Slight dry cough; the thoracic organs normal. On pressure, or on *moving the body, violent* electric-like *shooting pains proceeding from the neighbourhood of the right kidney* and going down to the groin and thigh of the same side. She *could not, for pain, raise herself, or rotate the limb.* Skin hot and moist; pulse at 90; sleep uneasy, from the fever *increasing in the evening* and *night.* and contentious dreams.

Treatment.—Bryonia 3, a drop every third hour in water.

Jan. 9th.—No change till night when the fever rose, and she complained of *drawing, shooting pain*, sometimes in the limbs, sometimes in the right shoulder.

Jan. 10th, in the morning.—No fever; no pain in the thigh, which she could use with freedom. On pressing firmly on the regions of the ascending and descending colon, a little pain was still felt, otherwise the patient felt quite well. She slept well at night.

Jan 11th.—No pain, even on pressure; good appetite; bowels regular; patient could leave her bed. No medicine was given. I saw the patient on the 24th, up to which time no relapse had taken place, and she appeared to enjoy excellent health.—*Œst. Zeitsch. f. Hom.*, IV. 2.

(To be continued.)

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GLONOINE.

[We have to thank Dr. C. Hering, of Philadelphia, for his kind attention in forwarding us his notes of the pathogenetic effects of this new remedy, which he proposes to term Glonoine. We have thrown the separate observations of the different provers into the ordinary schema, to facilitate the acquirement of a knowledge of its pathogenetic effects, and it will be seen that it has a peculiar and decided action on the head, and will no doubt prove of great advantage in certain forms of headache, as in fact is shewn by Dr. Vinal's two observations.—EDITORS.]

Preparation of Glonoine.

"When a mixture of 2 vols. of sulphuric acid of 1.83, and 1 vol. of nitric acid of 1.23 is poured into syrupy glycerine, a very lively oxydation ensues, the products of which I have not ascertained; if, on the contrary, the above mixture of the two acids is placed in a freezing mixture, and glycerine poured into it, stirring to avoid all elevation of temperature, the glycerine quickly dissolves, without any perceptible reaction; if the mixture be now poured into water, an oily substance heavier than water subsides to the bottom of the vessel, where it is washed with a considerable quantity of water to free it entirely from acids, without any loss, as it is quite insoluble in that menstruum. When well washed it is wholly dissolved in alcohol, and precipitated again by water, or dissolved in æther, and the solution left to spontaneous evaporation, when it is obtained in a state of perfect purity. It is readily freed from water by keeping it for a few days in vacuo over sulphuric acid. In this state this body has the appearance of olive oil coloured slightly yellow; it has no odour; its taste is sweet, pungent, and aromatic; but in making this experiment great precaution should be used, for a very minute quantity held upon the tongue produces a violent headache for several hours. This effect upon the human body was experienced by several persons in my laboratory, and I have frequently felt its effects myself."—A. SOBRERO, *Comptes rendus*, Feb. 15, 1847.

Glycerine was made from sweet oil by mixing this with oxyde of lead, washing it with water, precipitating the lead with sulphuretted hydrogen, filtering and boiling the water, and drying it in vacuo to a thick oily fluid,—Glycerine or Hydrate of Glycoxyde = Gl. O^5, H.O.

In a freezing mixture at zero, 2 parts of sulphuric acid, 1.83 Beaumais, and 1 part of nitric acid, 1.23 Beaumais, were mixed; 1½ of Glycerine, previously cooled in the same freezing mixture, was slowly added to the acids, stirring it to avoid a rise of temperature: it formed a thick, honey-like syrup. Poured into a large quantity of water, stirred and mixed, the new substance settles down to the bottom. The water was decanted off, the oil that had settled at the bottom dissolved in alcohol, again precipitated in water, and, on account of a small powder-like matter settling

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with it, it was re-dissolved in æther and evaporated, and placed in vacuo with sulphuric acid, until perfectly free of water.

Being formed from Glycerine (Gl. O.) by nitric acid (N. O.), it may be called GlONOine = *glonoine*.—C. HERING.

Comparison of Glycerine and Glonoine.—

Glycerine.	*Glonoine.*
Colourless, somewhat yellow.	Slightly yellow.
Not crystallizing.	The same.
Thick, like syrup.	Like olive oil.
Of a sweet taste.	Pungent and aromatic.
No odour.	The same.
Miscible with water.	Sinking in water.
Also with alcohol in all proportions.	Soluble in alcohol ?
Not soluble in æther.	Soluble in æther.

—SOBRERO.

Glonoine explodes like gun cotton, leaving red fumes of nitrous acid. The exploding flame has a bright blue colour.—C. HERING.

Pathogenetic effects of Glonoine.

The following are the names of the provers, with their corresponding initial letter as marked in the subjoined schema.

D. Morris Davis; applied the glonoine in substance to the tongue; is not at all subject to headache.

J. Dr. Jeanes, aged 35; touched his tongue with a quill on which was some glonoine, and also took some globules moistened with it.

W. Wm. Walker, aged 35; took one globule moistened with glonoine.

P. Elliston Perrot, a large, robust man, never had a headache; got a minute portion of glonoine.

F. John French, aged 20; pale, quiet and gentle disposition, inactive mind, subject to headache and epistaxis.

WW. Dr. W. Williamson; took globules moistened with the glonione.

HD. Dr. H. F. Davis; took globules moistened with the glonoine.

V. Dr. L. G. Vinal; took globules moistened with the glonoine.

C. J. B. Castle; took globules moistened with the glonoine.

O. Took 18 globules, each containing $^1/_{5000}$th of a drop.

E. Took about $^3/_{100}$ths of a drop.

S. Dr. S.; took $^1/_{20}$th of a drop.

Jk. Dr. Jackson, of Maine; took the medicine in the alcoholic solution.

H. Henry Hupfeld; tried the glonoine on about twenty persons.

Ha. An unmarried lady, aged 23, pale face, large features, light hair and blue eyes, irritable disposition, and tall. Recorded by Hupfeld.

Hb. A young man, aged 18, in Hupfeld's employment.

R. D. M. J. Rheas.

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— A prover respecting whom there are no details.
Sth. Dr. Smith. No particulars respecting the dose.
WP. Took globules saturated with the medicine.
CGS. The same.
JRS. The same.

Almost all the symptoms here recorded occurred within a few minutes, at most a few hours after taking the medicine. After those symptoms that occurred later will be found the time of their occurrence.

Mind. Coming up the street things looked strange to him, had to look every little while to see if he was in the right street; the houses seemed out of their places, though he was quite familiar with the street. (D.)

The walk home seemed three times as long as it should be. (D.)

Cannot recollect phrenological organs, though familiar with them. (WW.)

Calling to mind old grievances, thinking of persons who have offended him, with determination to vindicate his own conduct. (WW.)

5. Cannot apply himself to books; ideas dull, and even while writing thoughts wander. (After twelve hours. C.)

For three or four hours uncommonly lively, loquacious, great flow of ideas, inclination to buffoonery. (V.)

Head. Faintness and dizziness. (F.)

Giddiness on throwing back the head. (Sth.)

10. Head feels heavy. (Sth.)

Heavy feeling in head; can scarcely keep it up. (Hb.)

Great weight on the brain. (F.)

Pain through the head, with feeling of heaviness. (J.)

Fulness in the head, as though the blood had all rushed to it. (JRS.)

Violent headache and rush of blood. (CGS.)

15. Pulsation in the head for two minutes. (E.)

Throbbing in head on moving about, particularly on going up stairs. (Sth.)

Violent throbbing in the head, with feeling of fulness, but no particular pain. (Sth.)

Feeling of swelling of head, with strong throbbings, aggravated by stooping, especially in the left side. (Sth.)

A curious feeling through the whole head. (J.)

20. Glow of heat, rising from chest to head. (R.)

Headache all night. (C.)

Headache and soreness, increased by rising suddenly or shaking the head. (C.)

Soreness and tightness, with increase of pain from shaking the head sideways. (WW.)

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Sore pain through the whole head; he is afraid to shake it; it feels as if it would fall to pieces. (V.)

25. On shaking the head the brain feels as if hard and loose and sore. (WW.)

Shaking the head produces a feeling of soreness of the brain. (HD.)

The brain feels as if it were smaller than the cavity of the cranium. (HD.)

Heaviness in the head, especially in the forehead. (S.)

Weight over the eyes, changing into temples. (P.)

30. Headache ends at night in dull, heavy pain over eyes. (P.)

Such a heavy pressure in the forehead from above downwards that he is obliged to support the head. (E.)

Pressure in the forehead. (E.)

Headache at first in the forehead, then extending over the top towards the back of the head; a dull, heavy feeling, like what is perceived the next morning after hard drinking. (S.)

Disagreeable sensation of fulness in the forehead, increasing to severe pain. (Jk.)

35. Fulness of right side of forehead. (WW.)

Fulness and throbbing of upper part of forehead. (Sth.)

Throbbing in the left half of the forehead (WW.)

Throbbing in head, particularly the forehead. (R.)

Dull throbbing in forehead, root of nose, and temples. (R.)

40. Heavy throbbing in the forehead, with strong pulsation there. (—)

Pain over the right eye, and at the same time across the superciliary ridges from right to left. (W.)

Pain in the forehead when looking steadily. (WW.)

Pain in the organ of "Wonder," left side. (WW.)

Slight pain in the region of the organ of "Wit," left side; on pressure with the fingers it appeared at first to be sore, but continued pressure seemed to relieve it. (J.)

45. Slight pain in the region of "Mirthfulness," left side. (J.)

Pain in the forehead, on the top of the head, and in the whole head. (J.)

Pain in the organ of "Wonder," towards the right. (WW.)

Pain in the organ of "Wit," left and right side. (WW.)

Slight pain across the eyebrows. (D.)

50. Almost intolerable pain in the forehead, and disagreeable sensations at the base of the brain. (Jk.)

Pain over the eyes, rather in the forehead. (C.)

Violent pain in forehead. (WP.)

Dull headache over eyes; going off in his sleep. (F.)

Dull pain across the forehead, chiefly on the right side. (F.)

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55. Dull aching pain in the forehead, just over the right orbital ridge. (R.)
Dull aching in the forehead, above the eyes. (Hb.)
Dull aching pain all across the forehead and temples. (R.)
Aching in the left side of forehead. (WW.)
Bruised pain in the organ of "Form," left side, afterwards on both sides. (CW.)
60. Inside of head feels bruised in the forehead. (Hb.)
Soreness in the forehead, where the pain had been. (WW.)
Feeling as if the brow had been wetted by iced water, lasting two minutes. (—.)
Throbbing in temples (WP.) (F.)
Throbbing in the left temple. (WW.)
65. Throbbing in the temples and rush of blood to the head, increasing until the temporal arteries were seen and felt to the touch throbbing violently. (D.)
Flushing of face and throbbing of temples. (P.)
Fulness and throbbing of temples (Sth.)
Headache in the left temple, drawing from within towards the nose, leaving behind a dull feeling in the head (O.)
Stitch in the right temple. (WW.)
70. Darting pain from near the right ear towards the right eye. (J.)
Headache as if something was run through his temples. (Hb.)
A cutting pain in both temples, as if it had a tendency to go into the ears. (J.)
Sensation of fulness in top of head. (R.)
Throbbing and fulness in top of head. (R.)
75. In the evening fulness in the top of the head, and throbbing in the temples. (D.)
Throbbing and pain in the vertex, seeming to ascend from the base of the cranium to the vertex at every pulsation of the carotids. (V.)
Throbbing pain in the vertex. (HD.)
Palpitating headache in vertex and temples. (HD.)
Aching pain in the right organ of "Firmness," followed by pulsation. (W.)
80. Pain in the left coronal suture. (WW.)
Pain in the organ of "Benevolence." (WW.)
Dull headache over the whole upper and especially the back part of head. (HD.)
Dull distracting pain in the top of the head. (R.)
Sensation of soreness, as if the brain was bruised, in the top of the head, in the region of the anterior fontanelle, when moving the head; the pain remits, and then returns with increased severity. (R.)

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85. Pain in the left half of the head, worse at the vertex. (WW.)
Fulness at base of brain, and violent throbbings of all the arteries of the head and neck. (Jk.)
Pulsation in occiput. (—)
Pain in the back of the head, towards the vertex. (J.)
Pain in the region of the lower protuberance of the occiput, most on the right side, increased on turning the head. (V.)
90. Aching in left occiput. (WW.)
Dull aching pain in occiput, followed instantly by a pressive pain from within outwards in each temple; these pains increased so as to become quite severe. (—)
Pain in the head on shaking it. (C.)
The headache was aggravated by shaking the head the least. (P.)
Shaking the head from side to side aggravated the headache, but not moving it backwards and forwards. (J.)
95. Headache worse from leaning forwards. (WW.)
Scalp. Numb feeling in the hairy scalp. (HD.)
Eyes.—Soreness of orbit. (WW.)
Stitch in the right orbit. (E.)
Eyes protruding and injected, with headache. (JK.)
100. Under eyelid puffy and swollen. (F.)
Heat in the r. external canthus. (WW.)
Short shooting pain, with heat in the left eyeball. (WW.)
Aching in the eyeballs. (WW.)
Pupils somewhat dilated. (JK.)
105. Scintillations before eyes, as in head affections caused by disordered stomach. (JK.)
Almost continued flashes of light, and vision consequently indistinct. (JP)
Ears.—Stitch in the right ear. (E.)
Sensation of fulness in ears and nostrils, worse on l. side. (WP)
Ringing in ears, and pulse audible. (CGS.)
110. Crackling in the left ear. (JC.)
Nose.—Itching of the alæ nasi. (HD.)
Face.—Aching in the right side of the jaw near the joint. (JC.)
Stiffness of both jaws. (J.)
The chin felt as if elongated down to the knees—it had been hurt 20 years previously. (W.)
115. Face flushed and heated, especially about the eyes. (WW.)
Prickling itching of the face. (HD.)
Redness of the cheeks, upper part, especially lower eyelids, also ears, not forehead. (C.)
Burning taste on different spots of the lips. (D.)
Itching and sensation of swelling of the lips after rubbing. (HD.)

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120. Numbness of the lower lip, with a sensation as if it was much swollen. (Ha.)

Mouth.—Mouth filled with offensive thick saliva in the morning. (WW.)

Accumulation of slimy saliva through the day, too unpleasant to be swallowed, always spit out of the mouth. (WW.)

Offensive breath. (V.)

Oily disagreeable taste. (V.)

125. Greasy feeling in mouth. (W.)

Burning sensation in roof of mouth. (Sth.)

Roof of mouth somewhat tender. (Sth.)

Feeling of swelling and throbbing in roof of mouth (Sth.)

Contractive sensation in soft palate. (R.)

130. Sensation as if the soft palate were drawn upwards. (R.)

Great dryness of the lower surface of the soft palate. (J.)

Tongue.—Tongue large and white, with indentation from the teeth in front. (WW.)

Tongue and mouth burnt, the former felt swollen and raw, and was affected by spasmodic twitching. (JK.)

Shooting in the left side of the front of the tongue. (—)

Throat.—Sharp tickling in the throat. (D.)

Heat in the œsophagus. (WW.)

Prickling in the left tonsil. (WW.)

Slight roughness in throat. (Sth.)

Appetite.—Desire to drink cold water. (F.)

140. Taste in the mouth like pine wood. (WW.)

Stomach.—Uneasy feeling at stomach. (F.) (WW.)

Gnawing in the pit of the stomach. (D.)

Belching. (WW.)

Nausea and pain in the stomach. (C.)

145. Very empty feeling in stomach. (—)

Abdomen.—Pain about the middle of the left hypochonder. (WW.)

Fulness of epigaster. (WW.)

Rumbling in the transverse colon. (WW.)

Flatulency through the evening. (WW.)

150. Rumbling in the intestines. (C.)

Rectum and anus.—During the evacuation (soft) the sphincter seemed to be more constricted and tense than usual. (WW.)

Stools.—A free evacuation of very soft fæces. (WW.)

Awoke early with pain in the bowels, followed by a copious discharge of liquid fæces; six similar evacuations before 10 a.m. (WW.)

Frequent discharge of flatus during the evacuations, with a loud sharp noise. (WW.)

155. Stools preceded by aching pain in the abdomen, relieved by a cup of coffee. (WW.)

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The inclination to stool can easily be postponed. (WW.)
No stool in the morning, very unusual. (WW.)
Diarrhœa with much flatus and borborygmus. (After 12 hours. V.)
Chest.—Gaping and disposition to take a long breath. (WW.)
160. Sensation of constriction of the chest, but respiration not impeded. (JK.)
Heart.—Palpitation of the heart. (WW.) (H.)
Fulness in the heart. (WW.)
Laboured action of the heart, with peculiar sense of oppression.
The heart laboured violently, and a lancinating pain passed from the region of the heart to the back, below the shoulders. (JK.)
165. A dull aching pain at heart, followed by heat or warmth. (—)
Neck and Back.—Slight feeling of a nervous movement from the neck upwards to the head. (J.)
A chilly creeping feeling runs down the back after stooping, and after walking a little glow. (J.)
Burning glow betwixt shoulders. (J.)
Stiffness in the nape. (WW.)
170. Stiffness and pain in the left side of the nape. (WW.)
Pain in the nape. (HD.)
Dull pain in the nape on moving the head. (R.)
A feeling of heat extending from the neck down the spine. (—)
Pain like a cramp at the left side of 6th or 7th cervical vertebra on throwing back the head. (Sth.)
Upper Extremities.—Whilst walking a pain across the shoulders, soon extending down the arms, especially severe on the back of the right hand and in the lower end of the metarcarpal bone of the middle finger. (J.)
Contracting feeling in the right elbow. (WW.)
Pain in left elbow. (C.)
Indescribable pain in the elbows, most in the right, just at the ulnar nerve. (C.)
Pain at the outside of the wrist like that of the elbow. (C.)
180. Numbness and tired feeling in the left arm, requiring a considerable effort to raise it. (H.)
Left arm feels fatigued as if after labour. (Hb.)
Itching in the hands. (HD.)
Increased trembling of the hands, especially of the right hand. He had a constant trembling of the hands ever since a course of mercury. (V.)
Trembling of the hands, a symptom he never had before. (C.)
185. Hands rather cold. (C.)
Stiffness of middle joints of fingers. (H.)

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Lower Extremities.—A cracking of the right hip, and soon after twice of the left knee. (J.

Pain in both knees below the patella, on each side of the tendon. (J.)

Cracking of the right knee while walking. (J.)

190. Walking relieves the pain in the limbs. (J.)

Pain under left patella. (WW.)

Circulation.—The pulse rises 20, 30, or 40 beats in a very short time. (In all the provers.)

Pulse small and weak. (After 19 hours. V.) (—)

Pulse hard, distinct and incompressible. (JK.)

195. Pulse irregular. (—)

Fever.—Profuse perspiration. (CGS.)

Sleep.—Gaping every moment, feels drowsy. (P.)

Gaping and disposition to stretch backwards. (WW.)

Great inclination to sleep. (C.)

200. Drowsy. (Hb.)

General.—The symptoms that first occurred after taking the glonoine were upwards, afterwards downwards to the arms and knees. (J.)

All the most striking symptoms disappear in the open air. (JK.)

A sensation as if he had not slept for some time. (Hb.)

Great languor. (JK.) (R.)

205. Throbbing in the whole body. (R.)

A feeling of general warmth. (—)

Experiments on Animals.

A tom cat got about 5 drops of glonoine in 20 drops of alcohol. He forthwith began to sneeze and vomit and howl dismally, much thick ropy saliva ran from his mouth. In five minutes the symptoms abated and he wandered uneasily about seeking some one to attack. The back was rounded up; the tongue protruded; breathing panting; occasional spasms in the ears hot; eyes dull and drowsy; the third eyelid eye. Constant twitching in the ears. He seemed though it caused pain; stretches out paws, protru next morning he did not seem the worse.

In another cat, whose nose was touched with the gl thrown backwards upon the neck, saliva flowed f which was kept open and the tongue protruding. fixed, pupil much dilated. She walked backward the limbs were rigid. Pulse very rapid. On gi the mouth, the limbs became quite rigid; the he respiration difficult, rapid. The eyes stood out of visible. In about two minutes she ceased to

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still beat. A few seconds afterwards spasmodic contractions of the legs set in, and continued some time after both circulation and respiration had ceased.

Clinical Observations with Glonoine.

By Dr. VINAL.

Mrs. E. C. T. complained of throbbing headache; dizziness, with flushes of heat to the face and head; feeling of soreness internally in the head when moving it. These symptoms had lasted several weeks and various homœopathic medicines had been taken without relief. I gave her Glonoine 9, two powders. I saw her about two weeks after taking this medicine, and she informed me she had felt relief in half an hour after taking the first powder. I saw her again six weeks later and there had been no return of the complaint.

Miss Ann R. This patient had what she called "pulsating headache," and soreness on moving the head, with dizziness and vertigo after stooping; she had been treated homœopathically for these symptoms for some weeks, without permanent benefit. She got, on the 27th July, Glonoine 6, four powders, one to be taken night and morning. When seen on the 24th August she had had no return of the above symptoms.

REVIEWS.

HOMŒOPATHY IN ACUTE DISEASES, by STEPHEN YELDHAM, M.R.C.S., *late Senior Surgeon to the Royal South London Dispensary, and Assistant Surgeon to the Royal Maternity* [illegible]. London: H. BAILLIERE, 219, Regent Street. 1849.

[illegible]m's object in the publication of the work before us, [illegible] the power of Homœopathy over acute diseases, as [illegible]e objection so commonly urged against our sys- [illegible] do all very well in chronic, but is hazardous [illegible] acute maladies. Mr. Yeldham has very well [illegible] has undertaken, and has presented us with [illegible]ases of the most severe acute diseases, [illegible]opathically. A very interesting feature [illegible] instance was the patient aware that [illegible] homœopathic system; this com-

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pletely overthrows the objections commonly urged against homœopathic cures, that they are the result of faith on the patient's part; but it will no doubt raise the ire of the critics of the "Lancet," who, we recollect, soundly rated Dr. Madden for his dishonesty towards his patients for doing the very same thing that Mr. Yeldham has done. It is indeed a difficult matter to please our opponents. If we cure our patients by "open and advised" homœopathy—faith did it; if we conceal from our patients that they are being treated homœopathically, our adversaries cannot sufficiently reprobate our dishonest and underhand conduct! But to return to Mr. Yeldham. A list of the diseases treated of in this volume will best show their important nature: they are pneumonia, pleuritis, bronchitis, laryngitis, croup, hooping-cough, cynanche, gastritis, hepatitis, peritonitis, cholera, dysentery, diarrhœa, nephritis, cystitis, encephalitis, hydrocephalus, delirium tremens, apoplexy, ophthalmia, puerperal fever, mastitis, convulsions, erysipelas, scarlatina, measles, rheumatism, lumbago, sciatica, tic, fever, hæmoptysis, phthisis, and mechanical injuries. The cases, generally, are very well detailed, though some are rather summarily disposed of, and those of each disease are preceded by some very judicious and critical remarks on the practice of the old school, in reference to the disease under consideration. The cases themselves are well selected, and exhibit, in a most striking manner, the efficacy of the homœopathic system, and do great credit to Mr. Yeldham's skill. There are three introductory chapters on bleeding, salivation, and purgatives, excellent and popular articles on these subjects, though rather too superficial for the professional reader. Although the work is evidently intended for the non-medical part of the community, it might be read with advantage by the allopathic practitioner; and the cases are very interesting, and some of them most instructive to the homœopathist.

Altogether we are highly pleased with Mr. Yeldham's volume, and consider it the best that has appeared on homœopathy for a long time past, whether it be viewed as a work of a merely popular character, or as one illustrative of homœopathic treatment in a large class of the most severe and dangerous diseases.

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We are proud to hail the accession to our ranks of such a thoroughly practical surgeon and careful observer as the author evidently is, and we can sincerely recommend his book to the attention of medical as well as non-medical persons.

LECTURES ON THE CAUSES AND TREATMENT OF ULCERS OF THE LOWER EXTREMITY, by GEORGE PRITCHETT, F.R.C.S. &c. London: Churchill. 1849.

THERE are some diseases for the cure of which other than mere medicinal treatment is required, and among these, certain ulcers, especially of the lower extremities, may be reckoned. Here a mechanical contrivance for the support of the superincumbent column of blood is necessary, and the practitioner's object is to ascertain the best method of effecting this. Bandaging is liable to this objection, that the bandage is apt to slip and become loose. The plan advocated by Mr. Critchett in the little volume before us, seems to be well adapted for the end proposed; it consists in tightly strapping the limb, from the toes upwards, with adhesive plaster.

We shall give the description of the process in Mr. Critchett's words. "You must seat the patient opposite to you, and support his foot upon a small stool about a foot and a half in height, and so constructed as to receive the print of the heel and leave the rest of the foot free. You should be provided with strips of plaster, about two inches in width, and varying in length from twelve to eighteen inches, according to the size of the limb. The best material for this purpose is the simple emplast. plumbi of the pharmacopœia, spread upon soft unglazed calico, and free from resin, which is often introduced to increase its adhesiveness, but which is very liable to irritate the skin. the plaster be well made, and of the best materials, it will re perfectly; I have often found it unmoved for many s and even months. It is convenient to provide yourself metallic warmer, made with a flat top, upon which you hree or four pieces, heated either by hot water, or by small h are better if you require it for any length of time.

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You then take the centre of the first piece and apply it low down to the back of the heel, and then with the flat part of both hands press the plaster along both sides of the foot. This plan is very preferable to taking hold of the ends and endeavouring to apply them, as it ensures a perfectly smooth adaptation of the plaster to the part, and also because it enables you to regulate that very important point, the amount of tightness you may wish to employ. As you proceed with the remainder, you must always remember the principle is to make one portion fold over another; you must, therefore, alternate them round the foot and ankle. Your second piece should be placed in a similar manner underneath the heel, and then carried upwards, at a right angle to the last so as to cover a portion of each malleolus. The third piece should be again applied to the back of the heel, overlapping the first by about one-third. The fourth piece under the foot and carried upwards, each piece being pushed along so as to allow it to take its own course; this must be continued until the foot and ankle are covered; the strips must then be carried in a similar manner up the leg, increasing in length as the calf increases, and extending as far as the knee, and in some few cases even above this." Over this, a calico bandage is to be applied in the usual manner. Small ulcers situated in the hollow between the malleolus and os calcis, require more pressure than the rest of the limb, which may be produced by applying small pieces of plaster in a crucial manner over the wound, before putting on the strapping. This process is not applicable to the treatment of ulcers in the acute stage, but is only suitable for those in which that [illegible]. For the sub-acute stage the strapping may be applied [illegible] tightly as in the chronic. In very large ulcers, [illegible] limb, and accompanied by profuse discharge [illegible] cannot be adopted, and it is likewise contra-indicated [illegible] skin is very irritable, and becomes covered with [illegible] with the best plaster. It is also often impracticable [illegible] very irritable ulcers, but even these are sometimes [illegible] *very* light strapping; otherwise the treatment is [illegible] plicable to almost all primary chronic [illegible] varicose ulcer, and even such as are of a [illegible]

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Critchett gives several cases illustrative of the efficacy of his treatment, and likewise details the particulars of two cases of what he calls menstrual ulcers, where the healing of the ulcer was followed by bad consequences, hence he advises caution in the treatment of such ulcers. With respect to the time for keeping on the strapping, he says that if the wound be large, it is better to dress it at first every day, also when the discharge continues thin, it is necessary to change it frequently, but as it gets thick, every third day is sufficient; and there is a class of cases met with in which the discharge is very thick, when the strapping may be allowed to remain on for a week. Twice a week he considers sufficiently often for renewing the strapping in the majority of cases.

This plan of treating ulcers, which is evidently founded on sound principles, and has stood the test of experience, we would recommend to the attention of our readers, as an adjunct to homœopathic treatment, the failure of which, in many instances, may depend upon the want of good mechanical support to the vessels of the limb. In place of the empl. plumbi which Mr. Critchett recommends, but which we should not feel it advisable to employ, as it contains a powerful medicinal agent,—simple soap or wax plaster, or isinglass plaster might be used, which would interfere less with the internal treatment we should employ to hasten the cure; as the object of the homœopathic practitioner can never be to obtain the cure of an ulcer by any outward application, and the strapping here recommended is avowedly only for the purpose of affording mechanical support, which may be obtained equally well by some unmedicated plaster.

HOMŒOPATHIC INTELLIGENCE.

Blake, of Taunton, and the Coroner.

Somerset County Herald, of April 21st, *in extenso*,
MELANCHOLY SUDDEN DEATH.—IMPORTANT

derable excitement has prevailed in this
death, and the circumstances attendant
rsmith. It has been rumoured that

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the deceased had been improperly treated by his attendant during the short period which elapsed from the time of his being seized with an apoplectic fit, and his demise. In consequence of the excitement which prevailed it was deemed expedient to call on the Deputy Coroner, W. W. Munckton, Esq. to hold an inquisition on the body, in order that the doubt which existed in the public mind might be cleared up. Thursday was the day appointed for that purpose, and a spacious room at the London Hotel was filled with respectable individuals, amongst whom were several friends of Mr. Blake, who is an homœopathist, and was said to have improperly treated the deceased. In order that our readers may understand the cause of the somewhat extraordinary proceedings, it will be necessary to state that Mr. Blake practises as a surgeon in this town, but is not recognised by the medical profession, inasmuch as he has never passed the Apothecaries' Hall, and his diploma, which he obtained from the Royal College of Surgeons, having been recalled, on account of (as they say) it having been obtained by false statements and imposition, he therefore cannot legally practise as a surgeon. Having attended Mr. Lendon in his last moments, and another medical man having been sent for, but who would not act on account of Mr. Blake's being present, it was currently asserted that the deceased had been improperly treated. Mr. H. C. Trenchard appeared to watch the proceedings on behalf of Mr. Blake, and the medical profession was represented by Mr. Kelly, Mr. H. C. Cornish, and Mr. Foster.

One of the most respectable juries having been impannelled, and having chosen Mr. Richard Turle as their foreman, they were sworn, and the following particulars were adduced in evidence :—

Mr. Charles Baker, draper, sworn—I reside in this town and knew the deceased. On Monday evening, about six o'clock, I saw him whilst standing at my shop, and at that time he was nearly in the centre of the road attempting to get up; he was nearly up, and as he was falling again I caught him under the arm. I asked him what was the matter, and said, "Is it the head?" He said, "Yes." With the assistance of a friend I led him home, and placed him on a sofa. I asked Miss Lendon, whether I should go for a medical man, and she replied in the affirmative. I then went for my hat, and on my return I understood that Mr. Blake had arrived; I then went home.

By a Juror—He was sensible when I caught him by the arm, but I do not believe he was afterwards.

A Juror—What was his appearance?

Witness—At the time I saw him first he appeared to have fallen away in a fit, but there was a great change immediately afterwards.

Mr. George Van Somer sworn—I was in Mr. Lendon's house, in the back parlour, when the deceased was brought in. By Miss Lendon's desire I went for Mr. Liddon, but just before I got to his door I under-

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stood that he was not at home, and then I requested Mr. Blake to see him. Mr. Blake walked faster than I did, and when I got back I found the deceased with his feet bathing in warm water, and his legs wrapped round with blankets. Mr. Blake was then in attendance. After the deceased was brought home, he appeared to be slightly conscious, but shortly afterwards he appeared to be in a deep sleep. He had been to a garden in Tangier, and when he fell he was returning therefrom. I saw him during the earlier part of the day, and then he appeared to be tolerably well. For a considerable time past he had been indisposed, and had complained of a dimness in one eye, for which he placed himself under the care of Mr. Ware, of London, who administered powerful medicines and cupped him. He did not recover his sight. The deceased told him that the cupping had materially injured him. Mr. Blake observed, whilst the deceased's feet were in the water, that he could not swallow any medicine, and then he applied a tincture to the lips. About two hours after he had been brought home he went off gradually in an apparent sleep.

Mr. Trenchard—Do you know what time the deceased went to London?

Witness—About last June.

The Coroner—I do not think it material in the present inquiry.

Mr. Trenchard—It may be important in the bearing of the case.

The Coroner—Seeing Mr. Blake, I wish to ask him whether he would like to tender any evidence?

Mr. Blake—Yes, I have no objection.

The Coroner—I must ask you whether you are a qualified medical man?

Mr. Blake—I have my diploma, and I will send for it if you wish.

The Coroner—There is no occasion for that. Are you a member of the Royal College of Surgeons?

Mr. Blake—My name is struck off the list of members.

The Coroner—You are not a licentiate of Apothecaries' Hall?

Mr. Blake—I am not.

A Juror—Did you pass your examination?

Mr. Blake—I did.

The Coroner—I cannot allow you the usual surgeons' fee.

Mr. Trenchard—If Mr. Blake produces his diploma, I apprehend it would be sufficient.

The Coroner—My impression is that Mr. Blake is not qualified to practise as a surgeon, and therefore I cannot allow the usual fee.

Mr. Blake—I contend that I am entitled to the fee, as a surgeon.

The Coroner—I think your are not, and therefore I cannot allow it.

Mr. Blake—State the grounds.

The Coroner—We will proceed with the inquiry.

Mr. Blake—As you have raised the question, I think you ought to answer it, or withdraw what you have said.

The Coroner—I shall not withdraw anything that I have said. I shall

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not allow you your fee because I do not think you are entitled to it, but you can try the question. Do you tender your evidence?

Mr. Blake—Yes.

Mr. Trenchard—Then you don't summons him?

The Coroner—No.

Mr. Blake—I understood I was summoned to give evidence.

The Coroner—I have not summoned you.

Mr. Blake—I claim my fee on principle, and I wish to have it.

The Coroner—If you will take the book I will take your evidence.

Mr. Blake was then sworn—I am a surgeon, residing at Taunton, but not a licentiate of Apothecaries' Hall. I passed my examination at the College on the 6th of May, 1846, and have received my diploma. On Monday night, about six o'clock, I was sent for to see the deceased. I found him in a state of apoplexy with partial syncope. I have a motive in stating that, as it was one reason of my not consenting to his being bled. He had a contracted pupil and a low quivering pulse; he would have been dead in ten minutes had I not placed his feet in hot water. Knowing his previous history, I did not bleed him; I attempted to give him a few drops of brandy and water to endeavour to restore the circulation, but he could not swallow. I applied tincture of belladonna to his tongue—it was a medicine, but not made according to the London Pharmacopœia. I was requested by others to bleed him, but I would not do so, as I believe he would have died under my hands. I told his friends that he was in imminent danger, and that if they wished to have him bled I would withdraw, in order that a medical man might be called in. I sent for Mr. Edwards, of Wivelscombe, almost immediately, but when he arrived, the patient was dead. I had attended him for twelve months before; his general symptoms were pains about the head, and weakness of sight, and in consequence he had been obliged partially to give up work. The cause of death I consider was apoplexy, arising from organic disease of the brain. I made a *post mortem* examination of the body on the following day, in conjunction with Mr. Liddon, when the brain was examined. We found a considerable softening of the [illegible] vessels had completely given way, there being a [illegible] that was the cause of death.

A Juror—Was there any other person in the room [illegible] retire?

Witness—There was one came to the door, but he [illegible]

A Juror—Was he a medical man?

Witness—I do not wish to impugn parties.

A Juror—It is no secret.

Witness—Mr. Liddon was the gentleman.

A Juror—Was he the family surgeon?

Witness—He was; I asked him to come in, [illegible] not.

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The Coroner—Do you think any active treatment would have saved his life?

Witness—It was impossible, and the result of the *post mortem* examination has proved that bleeding would not have saved him.

Mr. Andrew Francis Edwards, of Wiveliscombe, sworn—I am a surgeon, and was sent for to see the deceased on Monday. I arrived at ten o'clock but the deceased was dead. On the following day I made a *post mortem* examination of the body, with Mr. Blake. I have heard what Mr. Blake has stated, and I corroborate his evidence, more particularly with regard to the softening of the base of the brain. Four years ago the deceased was my patient, and at that time was of a scrofulous habit, and had a scrofulous eruption in the skin. From the appearances after the *post mortem* examination had been made I have no doubt that Mr. Lendon died of apoplexy. There are eight different species of apoplexy, each of which requires different treatment. Bleeding in this case would not be necessary; I consider the fit resulted from disease in the base of the brain. I am of opinion that no medical man could tell the propriety or impropriety of bleeding under such circumstances, without entering into the case. On the result of the *post-mortem* examination, I am satisfied that no treatment could have been available, or could have saved life.

A Juror—Would bleeding have been proper?

Witness—Bleeding would have been decidedly wrong.

Mr. Cornish—Would you not have used other means than that used by Mr. Blake?

Witness—There was no room for giving medicine, or of using more active treatment.

A Juror—Do you consider that Mr. Blake did everything which the nature of the case required?

Witness—I know of nothing that was omitted.

The jury then returned the verdict of "Died by the visitation of God."

Ball—(addressing the Coroner) I wish to ask you in whom the ...ll an inquest is vested?

...r—That is very doubtful.

...m led to ask the question for this reason. A short time ... under precisely similar circumstances, but no inquest ... was just as much reason for it as in this case. Why

... it was not brought under my notice.

... in this case?

... overseer of the parish.

..., Mr. Hancock, of Wiveliscombe, died ..., for the simple reason that no one gave

...ish is liable to be indicted.

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A Juror—An inquest ought not to have been held in this case.

The Coroner—I have done my duty, and there is an end of it. I must pay Mr. Edwards his fee.

Mr. Blake—And not me?

The Coroner—Not being a general practitioner, I do not consider you are entitled to it. I speak seriously when I say you ought to try the question in the County Court, or at the Quarter Sessions. If I pay you the magistrates may disallow it to me.

Mr. Blake—Will you state your grounds for so doing?

The Coroner—No; and at the same time I beg to say that I have no personal feeling in the matter.

Mr. J. H. Horsey—Never mind Mr. Blake, he, (Mr. Munckton) may require your vote one of these days, and then you can give him a *plumper!!*

Mr. Blake—I am not at all surprised at being refused the fee, but at the same time I protest against it, as it is manifestly unjust.

Mr. Trenchard observed that he did not agree with the opinion expressed by the Coroner, after which the discussion stopped."

We have but few remarks to make on this proceeding. The laws of the land have decided that in all cases of sudden death, which cannot be reasonably accounted for, there shall be a Coroner's Inquest. This is a wise caution, which has for its object the defence of the lieges from foul play, whether by violence or poison.

An individual, in this instance, died of apoplexy. Of the medical men sent for, on the seizure of the patient, Mr. Blake was first in attendance. While he was using his best endeavours for the sufferer, another medical gentleman, the family surgeon, came to the door, but refused to go in on learning that Mr. Blake was there. The poor patient was not in a state to be bled, even had the man of the lancet gone to him; he could not swallow. In short, nothing could be done for him. He shortly died. On the day after his death the brain was examined by Mr. Blake, in conjunction with Mr. Edwards, another surgeon, who gave his testimony at the inquest, fairly and honourably. The death was inevitable, the case beyond all human means of restoration.

Yet, on the plea that the deceased had been improperly treated, or as some would say, killed by Mr. Blake, this inquest was held; the purpose of his opponents being to endeavour to obtain a verdict of manslaughter against him. It was indeed a verdict—*ore dictum*—to the effect that the sufferer had died by "the visitation of God." The *animus* of those opponents is shewn in this passage: "Mr. H. C. Trenchard appeared to watch the proceedings on behalf of Mr. Blake, and the medical profession was represented by Mr. Kelly, Mr. H. C. Cornish, and Mr. Foster."

It is understood that his worthy medical [illegible] had expressed a determination to make an effort, whenever an opportunity should occur, to crush Mr. Blake, by obtaining a verdict against him.

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In their first effort they have happily failed; and it is to be hoped they will soon leave him alone.

They have two reasons for their hostility: a personal feeling against Mr. Blake, because he was once a tradesman in their town, and the fact of his being a homœopathist. We just advert to the fact that after having passed a very creditable examination, and obtained his diploma, the Council of the College of Surgeons caused his name to be struck off from the list of their members, on the ground that he had obtained the favour of a premature examination, by fraudulent certificates of his previous course of study.

He owed this proceeding to the vigorous zeal and pressing remonstrances of the allopathic surgeons of Taunton. But he keeps his diploma, which does not shew him to be a member of the College, which he is not, as the College has the undoubted right, under the presumed circumstances, of striking out the name of any member from its list, but does shew emphatically that he is a qualified medical practitioner; that he has the necessary amount of knowledge and skill; that he has gone through the proper studies, and has obtained, after examination, the testimonial of the College to his fitness for the exercise of his profession. Having, we think injudiciously, chosen Taunton, where he had previously sold comfits, as his place of residence as a homœopathic practitioner, he necessarily encountered the dire rage and bitter opposition of his professional brethren of the allopathic school.

There is nothing so disgusting as the meanness, the baseness, of this kind of hostility. But these *inquisitions* must do good. We have repeatedly demanded fair play on the part of our opponents, and the exercise of a sound judgment on the part of the public. We maintain that our method of therapeutics is not to be judged by the instances of death that occur in our practice, taken separately, but by a fair balance of the number of deaths of our patients, and of the number of those that occur under allopathic treatment.

We do not profess to cure incurables; to work miracles; to exhibit signs and wonders. We do not possess the gift of healing in the preternatural, but in the natural sense. We do not profess to cure even all curable diseases. We are fallible creatures, like our neighbours; we, like them, sometimes leave undone what should have been done, and do what should not have been done. We ask them to make such allowance for us, as we ought to be ready to make for them. "It is appointed unto all men once to die." Neither they nor we can prevent the irresistible decree. Would that they and we could live "in perfect peace with all men," and that all of us were imbued with that spirit of charity which thinketh no evil!

In the absence of this particular *inquisition*, the surgeons of Taunton could not trap and incarcerate a *Dorian*, but they caught, instead, a

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Tartar. To have succeeded in their object would only have exhibited them as triumphing in the gratified vengeance of a sort of petty Oligarchical tyranny; to have failed, as they have done, simply covers them with ridicule.

"Non tali auxilio nec defensoribus illis,"

is the Ilion of allopathy to be maintained with its cumbrous polypharmacy, and its varied "muniments of war."

MISCELLANEOUS.

Physiological action of small quantities of Mercury.

The Galley Hospital of Rochefort had long been infested with immense quantities of bugs. Four pounds of Mercury were evaporated on five chafing dishes in the empty wards, and the stoves made very hot, and the room was aired for a fortnight before the patients were again admitted. However, 24 hours after they returned to this ward, 39 out of 43 patients became salivated, some of them very badly. They were again removed, and the ward was fumigated with chlorine, to combine chemically with the mercury. The bugs bore all these operations without suffering the least, and were as numerous afterwards as before.

Homœopathic adhesive plaster.

Dr. Nusser, after adverting to the inadmissibility of the common adhesive plaster as an application to wounds, recommends in its stead a plaster prepared with glue, a solution of which in water with a little alcohol added he carries about with him, to be spread on strips of calico when needed. Our common isinglass plaster is every way superior to such a fœtid preparation.

BOOKS RECEIVED.

Beneficence of Design in the Problem of Evil vindicated by the Law of Causation in the physical construction of matter: by a JOURNEYMAN. New York: Leavitt, Trow & Co.

Somnolism and Psycheism, otherwise Vital Magnetism or Mesmerism, considered Physiologically and Philosophically: by JOSEPH W. HADDOCK, Surgeon-Apothecary. London: J. S. Hodson.

Lectures on the Causes and Treatment of Ulcers of the Lower Extremity: by GEORGE CRITCHETT, F.R.C.S. London: John Churchill.

Revue homœopathique du midi, publiée à Marseille, par une Société de Médecins. Nos. 1 to 16.

Hartmann's Chronic Diseases: translated by C. J. HEMPEL, M.D. New York: Radde. 1849.

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

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

HAHNEMANN ON THE CONTAGIOUSNESS OF THE ASIATIC CHOLERA.*

Two opinions, exactly opposed to each other, prevail on this subject. One party considers the plague as only epidemic, of atmospheric-telluric nature, just as though it were merely spread through the air, from which there would in that case be no protection. The other party denies this, and holds it to be communicable by contagion only, and propagated from one individual to another.

Of these two opinions one only can be the right one, and that which is found to be the correct one, will, like all truths, exercise a great influence on the weal of mankind.

The first has the most obstinate defenders, who adduce the fact that when the cholera has broken out at one extremity of the town, it may the very next morning be raging at the other extremity, consequently the infection can only be present in the air; and that they (the physicians) are in their own persons proofs of the non-contagious character of cholera, seeing

* *Aufruf an denkende Menschenfreunde* ***über die Ansteckungsart der Asiatischen Cholera,*** *von* SAMUEL HAHNEMANN. Leipzig, Verlag von Carl Berger, 1831. We think it may be interesting to our readers to know Hahnemann's opinion on the subject of the contagiousness of cholera, and have, therefore, translated his brochure on the subject, and give it entire. We may remark that the theory of animated contagions here broached is by no means peculiar to Hahnemann, but was held by many eminent observers long before his time, and is still entertained by some; for an account of its most recent development by the distinguished pathologist Henle, we must refer our readers to ***Fletcher's Pathology,*** page 71.—[EDITORS.]

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that they generally remain unaffected by it and in good health, although they are daily in personal communication with those dying of cholera, and have even tasted the matter they ejected and the blood out of their veins, lain down in their beds, and so forth. This foolhardy disgusting procedure they allege to be the *experimentum crucis*, that is to say, an incontrovertible proof of the non-contagious nature of cholera, that is not propagated by contact, but is present in the atmosphere, and for this reason attacks individuals in widely distant places.

A fearfully pernicious and totally false assertion!

Were it the fact that this pestilential disease was uniformly distributed throughout the atmosphere, like the influenza that recently spread over all Europe, then the many cases reported by all the public journals would be quite inexplicable, where small towns and villages in the vicinity of the murderously prevalent cholera, which by the unanimous efforts of all their inhabitants, kept themselves strictly isolated, like a beseiged fortress, and which refused to admit a single person from without—inexplicable, I repeat, would be the perfect exemption of such places from the ravages of the cholera. This plague raged fiercely over an extensive tract on the banks of the Volga, but in the very middle of it, Sarepta, which had strictly and undeviatingly kept itself secluded, remained perfectly free from the cholera, and up to a recent period none of the villages around Vienna, where the plague daily carries off a large number of victims, were invaded by cholera, the peasants of these villages having all sworn to kill any one who ventured near their village, and even to refuse to permit any of the inhabitants who had gone out of the village to re-enter it. How could their exemption have been possible had the cholera been [illegible] throughout the atmosphere! And how easy it is to [illegible] their freedom from it, seeing that they held aloof [illegible] infected individuals.

The course followed by the cholera in [illegible] was almost uniformly this: that its fur[illegible] virulently and most rapidly fatal at the [illegible] invasion (evidently solely because at [illegible] encountered none but unprepared [illegible]

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slightest cholera miasm was something quite novel, never before experienced, and consequently extremely liable to attack them, very infectious); hence it then infected persons most frequently and most fatally.

Thereafter the cases increased, and with them at the same time, by the communication of the inhabitants among each other, the quantity of the diluted miasm, whereby a kind of local sphere of cholera-miasm exhalation was formed in the town, to which the more or less robust individuals had an opportunity of becoming gradually accustomed and hardened against it, so that by degrees always fewer inhabitants were attacked by it and could be severely affected by it (the cholera was then said to take on a milder character), until at last all the inhabitants were almost uniformly indurated against it, and thus the epidemic was extinguished in this town.

Did the miasm only exist in the general atmosphere the cases could not be less numerous at last than they were at the commencement, for the same cause (said to be the general atmospheric constitution) must have remained identical in its effects.

The *only* fact brought forward by Hufeland against my proofs (viz: that on board an English ship in the open sea, about the latitude of Riga, that had had no (?) communication with the town, two sailors suddenly fell ill of cholera) proves nothing, for it is not known how near the ship came to the infected town, Riga, so that the sphere of the miasm-exhalation from the town, although diluted, might yet have reached and infected the sailors, who were still unused to the miasm, especially if they, as is often the case, were rendered more susceptible to it from intemperance.

The most striking examples of infection and rapid spread of [illegible] take place, as is well known, and as the public journals [illegible] us, in this way: On board ships, in whose con- [illegible] with mouldy watery vapours, the cholera- [illegible] favourable element for its multiplication, and [illegible] enormously increased brood of those excessively [illegible] creatures, so inimical to human life, of [illegible] matter of the cholera most probably con- [illegible] I say, this concentrated aggravated

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miasm kills several of the crew; the others, however, being frequently exposed to the danger of infection and thus gradually habituated to it, at length become fortified against it, and no longer liable to be infected. These individuals, apparently in good health, go ashore, and are received by the inhabitants without hesitation into their cottages, and ere they have time to give an account of those who have died of the pest on board the ship, those who have approached nearest to them are suddenly carried off by the cholera. The cause of this is undoubtedly the invisible cloud that hovers closely around the sailors who have remained free from the disease, and which is composed of probably millions of those miasmatic living creatures, which, at first developed on the broad marshy banks of the tepid Ganges, always searching out in preference the human being to his destruction, and attaching themselves closely to him, when transferred to distant and even colder regions, become habituated to them also, without any diminution either of their unhappy fertility or of their fatal destructiveness.

Closely but invisibly environed by this pestiferous infectious matter, against which, however, as has been observed, his own individual system is, as it were, fortified by the long resistance of his vital force to its action, and by being gradually habituated to the inimical influence surrounding him, such a sailor (flying from the corpses of his companions on board) has often gone ashore apparently [illegible] and well, and behold! the inhabitants who hospitably [illegible] him, and first of all those who came into immediate [illegible] quite unused to the miasm, are first most rapidly [illegible] suddenly attacked and killed by the cholera, [illegible] more remote, such only as were unnerved [illegible] life were most disposed to the infection [illegible] debilitated, and who have kept at some distance [illegible] who is surrounded by the cholera-miasm, [illegible] attack from the miasmatic exhalation hovering [illegible] diluted form; their vital force could easily [illegible] attack and master it, and when they suffer [illegible] it their system had by this time become [illegible] the miasm, retained the mastery over

the mi[illegible]

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persons at length approached nearer or quite close to the infected stranger their vital force had thus gradually become so fortified against it, that they could go about with him with perfect impunity, having now become completely uninoculable with the contagious principle of the cholera.

It is a wonderfully benevolent arrangement of God that he has made it possible for man to fortify himself against, and render himself unsusceptible to, the most deadly distempers, and especially the most fatal of them all, the infectious principle of cholera, if he gradually approaches it ever nearer and nearer, allowing intervals to elapse in order to recover himself, provided always he have an undebilitated body.

When first called to a cholera patient, the physician, somewhat timid as yet, as is but reasonable, either tarries at first in the ante-chamber (in the weaker atmosphere of miasmatic exhalation), or if he enters the patient's room prefers keeping at some distance, or standing at the door, orders the nurse in attendance to do this or the other to the patient, he then prudently soon takes his departure promising to return again shortly; in the meantime he either goes about a little in the open air, or goes home and has some refreshment. His vital force, which at the first short visit at some distance from the patient, was only moderately assailed by the diluted miasm, recovers itself completely in the meantime by this recreation, and when he again comes into the patient's room and approaches somewhat nearer to the patient, it soon by practice comes to resist more powerfully the more concentrated infectious atmosphere that exists [illegible] to the patient, and at length from frequent visits, and a [illegible]proach to the patient, it attains a mastery over the [illegible] miasm, so that at last the physician is completely [illegible] against the most poisonous cholera miasm at the [illegible]dered quite uninfectable by this pest; and the [illegible] with the nurse who goes as cautiously and

[illegible]other then boast, because they can come [illegible]ith the patient without any fear and [illegible], that they know better than to call [illegible]ot, they say, the least catching.

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This presumptuous, inconsiderate, and perfectly untrue assertion has already cost thousands their lives, who in their ignorance, and quite unprepared, either approached the cholera patient suddenly, or came in contact with these cholera physicians (who do not treat with camphor) or the nurses. For such physicians and nurses, fortified in this manner against the miasm, now take away with them in their clothes, in their skin, in their hair, probably also in their breath, the invisible (probably animated) and perpetually reproductive contagious matter surrounding the cholera patient they have just visited, and this contagious matter they unconsciously and unfearingly carry along with them throughout the town and to their acquaintances, whom it unexpectedly and infallibly infects, without the slightest suspicion on their part of its source.

Thus the cholera physicians and nurses are the most certain and frequent propagators and communicators of contagion far and wide; and yet amazement is expressed, even in the public journals, how the infection can spread so rapidly the very first day, from the first cholera patient at the one end of the town to persons at the other end of the town, who had not come near the patient!

And thus the flame for the sacrifice of innocent persons breaks out in all corners and ends of the town, lighted up by the sparks of the black death scattered in every direction by physicians and their assistants! Every one reading [illegible] these plague-propagators; allows them to [illegible] implicit faith in their confidently [illegible] is ridiculous to call the cholera contagious [illegible] is only diffused epidemically through the [illegible] fore, be infectious"—and see! the poor [illegible] rewarded for their hospitality with the most [illegible]

To the very highest people of the town [illegible] cholera angel of death obtains access, [illegible] physician who gives this evil counsel, [illegible] miasm, and no one detects the concealed, [illegible] reason, all the more dangerous deception!

Wherever such physicians and such [illegible] seeing eye could perceive this invisible

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miasm-bearers?)—wherever they go, their presence communicates the spark, and mortal sickness bursts forth everywhere, and the pestilence depopulates whole towns and countries!

If physicians would but take warning, and rendered uninfectable by taking a few drops of camphorated spirit, approach (ever so quickly) the cholera patient, in order to treat him at the commencement of his sickening with this medicine (*pure, unadulterated camphorated spirit*) which alone is efficacious, and which most certainly destroys the miasm about the patient, by giving him, as I have taught,* every five minutes one drop of it, and in the interval assiduously rubbing him on the head, neck, chest, and abdomen with the same medicine poured into the hollow of the hand, until all his giddy faint powerlessness, his suffocative anxiety, and the icy-coldness of his body has disappeared, and given place to reviving animation, tranquillity of mind, and complete return of the vital warmth. In this manner *every* patient would have been not only *infallibly* restored within a couple of hours (as the most undeniable facts and instances prove), but by the cure of the disease with pure camphor they would at the same time have eradicated and annihilated the miasm (that probably consists of innumerable, invisible living beings) in and about the patient, about themselves, even in the clothes, the linen, the bed of the patient (for these all would be penetrated by the vapour of the camphor if were employed in this way) in the very furniture and walls apartment also, and they themselves (the physicians s) would then carry off none of the contagious h them, and could no longer infect persons through-

hysicians, as we see, despise this; they prefer

of the Asiatic Cholera. Cöthen, Aue'sche Buchhand-Dudgeon's pamphlet on Cholera.

pected strangers on their arrival, and of suspected spirit, would most certainly destroy the cholera-ct goes to prove that chlorine annihilates the stroy odorous effluvia. But the contagious from being an odorous effluvium. What rine, which is here perfectly useless, and

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going on killing their patients in crowds by pouring into them large quantities of aqua-fortis and opium, by blood-letting, and so forth, or giving the camphor mixed with so many obstructing and injurious matters, that it can scarcely do any good, solely to avoid giving the simple, pure (efficacious) solution of camphor, because the reformer of the old injurious system of treatment (the only one they know), *because I*, from conviction, recommended it in the most express manner in all countries of Europe. They seem to prefer delivering over all mankind to the grave-digger, to listening to the good counsel of the new purified healing art.

But who can prevent them acting so, as they alone possess the power in the state to suppress what is good?

However, bountiful Providence has provided a beneficent remedy for this state of things (for these physicians are protected, even in their ill deeds, by antiquated injurious laws).

Thus, the cholera is most surely and easily and almost miraculously curable, but only in the first couple of hours from the commencement of the sickening, by means of the employment of pure camphor, and that before the physicians in larger towns that are summoned can attend. But on their arrival they may even then, by the employment of unadulterated camphor-spirit, if not cure the cholera completely (for the lapse of a few hours generally makes it too late to do so) yet annihilate the whole of the contagious principle of this pestilence on and about the patient, and adhering to themselves and the bystanders, and cease to convey the miasm with them to other parts of the town. Hence the families of non-medical persons, by means of this employment of camphor, cure the members [illegible] sands in secret (the higher classes alone *their station*, be under the necessity of call who, in defiance of the philanthropic refo art, and his efficacious system of treatment, with his improper remedies, dispatches them

It is members of a family alone that can easily mutually cure each other with cam they are able instantaneously to aid those

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Will physicians ever come to comprehend what is essential, and what will at once put a stop to the devastation and depopulation of two quarters of the globe?

Dixi et salvavi animam!

DR. SAMUEL HAHNEMANN,
Court Councillor.

Cöthen, the 24th October, 1831.

SKETCH OF THE PROGRESSIVE DEVELOPMENT OF THE HOMŒOPATHIC SYSTEM.

(*Continued from page* 362.)

Of the dynamization theory.—In his first *Essay,* Hahnemann makes no mention of this theory and lays no stress on the dose. In a paper written by him in 1797, he mentions having given for a case of colicodynia four powders containing four grains each of Veratrum album; and the first mention we have of small doses is in an essay by him *On the cure and prevention of Scarlet Fever,* published in 1801. For this disease he gave tincture of Opium thus prepared: one drop "intimately mixed" with 500 drops of watery alcohol, of this mixture one drop was again mixed with 500 drops of the same vehicle and carefully [illegible]—the centesimal scale of 1 to 99 was, therefore, not yet [illegible] of—of this dilution one drop was given to a child of [illegible] two drops to one of ten years, and was amply suffi- [illegible]es not lay particular stress on the shaking, nor [illegible]he number of shakes, and he makes no mention [illegible]tion. His object was simply to diminish the [illegible]he observes that the above quantity must be [illegible]d for younger children by putting a drop [illegible]n ten teaspoonfuls of water, and giving [illegible] even more teaspoonfuls. He men- [illegible]iven should be mixed with from one [illegible] drink (water or *beer*) and briskly

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stirred before being swallowed. As a preventive he recommends Belladonna; a grain of the juice dried in the air, was dissolved in 300 drops of watery alcohol and well shaken, of this a drop was mixed with 300 drops of the same vehicle and shaken for one minute; a third dilution was prepared in a similar manner. The medicine, he observes, loses much of its power if taken plain, or on a lump of sugar, or merely dropped into a fluid without being well stirred. The cause of medicines acting more powerfully when well stirred depends, he says, on this, that then they present more points of contact for the living fibre. To Hufeland's query, "How can $^1/_{100,000}$th part of a grain of Belladonna act?" Hahnemann replies, by referring to the difference of the effect of a hard dry pill of Belladonna and that of a grain of the juice rubbed up with a large quantity of water, and intimately mingled by being shaken for five minutes in a bottle—the mixture of a drop of which with 2000 drops of water, briskly shaken, if given in teaspoonfuls every two hours to a strong man labouring under a severe disease for which Belladonna is appropriate, would bring him to "the verge of the grave." He adduces likewise, cures (of paralyses, periodical nervous diseases, &c.) effected with $^1/_{100,000}$th and $^1/_{1,000,000}$th of a grain of Belladonna juice. He further asserts in this answer to Hufeland, that the medicine does not act "atomically, but only dynamically," shewing even here the disposition to separate the power from the matter. In the first edition of the *Organon* (1810) he advises the dose of the remedy not to be so strong as to affect the body in the least by its unnecessary strength. Experience, he says, shews that our object may always be obtained with the smallest doses. The exact size of the dose, however, he confesses he cannot fix, "*as the medicines themselves vary so much in power.*" He speaks of the excessive minuteness of the still *material* doses of homœopathic medicines, although he had previously in his answer to Hufeland asserted that the medicines acted not "atomically, but purely dynamically," but here he alleges that in small [illegible] there is still *matter*. Nor do we think does he ever [illegible] for in the fifth edition of the *Organon* (n[illegible] implies that the smallest portion still contains

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substance. The germ of the dynamization theory occurs a little farther on, in this first edition of the *Organon;* after asserting that dividing a dose, so as to take it at several times, causes a much greater effect than taking it all at once, that, for instance, eight drops of a tincture taken at once have only a fourth part of the action of eight drops taken in eight doses, he goes on to say, that the effect may be increased excessively, if the eight drops be diluted and a drop of the dilution taken every hour or two hours. The cause of this is, he asserts, the greater power of extension the dose receives by dilution. It makes a great difference whether the dilution be superficially or intimately made, in the former case it is much less powerful. The power of the fluid medicament is greatly increased by the greater volume of the fluid with which it is intimately mixed, therefore, in order to make the homœopathic dose sufficiently small, it should be given in the smallest volume, so that as few nerves as possible should be touched by it; accordingly it is injudicious to drink after taking the dose. He had previously, as we have seen, counselled the administration of the medicine in water, and in his later years he generally gave it in much water. He endeavours to give a mathematical calculation as to the exact effect of a diluted medicine, and this calculation he repeats even in the fifth edition of the *Organon,* apparently forgetting that there is an element indispensable to the action of the medicament that cannot be taken into account in such calculations—viz: the susceptibility of the organism. In this he bears some resemblance to Brown, whose system he so violently opposed. It will be seen from the above that Hahnemann alleged, that in spite of the diminution of the mass there would be an increase of the action, by the intimate mixture of the medicine with an unmedicinal vehicle.

In an article prefixed to the sixth volume of the Materia [illegible] 1827), Hahnemann replies to the question, "How can [illegible] of such very diluted medicines as Homœopathy [illegible] possess power—nay, great power?" that from [illegible] succussion and trituration to which they are [illegible] "a great, hitherto unknown, undreamt of

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change, the setting free and developing the dynamic powers of a medicinal substance so prepared." He lays great weight also on making the dilutions according to the centesimal scale. The development of power by succussion and trituration he holds to be one of the greatest discoveries of the age, by them the medicinal power may be "potentized almost to infinity." He warns against "potentizing" too highly, and gives the well-known and often quoted example of Drosera and the child with hooping-cough. In 1825 Hahnemann had already taught the same doctrine; he calls the dilutions, true increase of the medicinal power, real spiritualizing of the inherent dynamic force, real unveiling and vivification of the medicinal spirit; and seeing that many succussions increased these too much, he fixed the number to be given at two to each dilution. In the introduction to Thuja (1826,) he says, that with ten and more succussions the 60th dilution, in place of being weaker, becomes stronger and stronger. In a note on this subject he speaks of the material substance of the medicine being by rubbing and shaking apparently resolved into actual medicinal spirit. He palpably contradicts himself when he says that the doses must be diminished in order not to aggravate the disease, but yet by this very diminution in place of growing weaker they become stronger! As a proof of the power of succussion, and as a warning against carrying about medicines in the third state, he relates this experiment, "I dissolved a grain of [illegible] ounce of water mixed with alcohol in a phial, which was [illegible] filled two-thirds full, and shook this solution [illegible] half an hour, and in dynamization and energy it became equal to the 30th potency." (*Org.* § cclxx, note). If the 30th dilution be obtainable by this simple process of succussion without going through the thirty dilution bottles, why is it not adopted? This experiment it is hard to reconcile with what Hahnemann previously taught respecting "[illegible] extension" effected by dilution; it is, moreover, [illegible] the preface to the fifth part of the *Chronic* edition, in these words, "the greatest amount of succussion of substances in a concentrated

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liberate and bring to light the more subtle part of the medicinal power that lies still deeper."* In the same place he says, we may give to each dilution ten, twenty, fifty, or even more strong succussions performed against some elastic body, and that the dynamization will be altered by shaking the bottle in which the medicine is contained six or eight times before giving the patient each successive dose. In the same work he retracts what he had previously said, and recommends each "potency" to be prepared with ten succussions. He subsequently, as we have seen, allows fifty shakes and upwards, so that the "law of nature" respecting dynamization is left to every one's caprice, and accordingly we find Wahle relating cases he had treated with medicines in the 6th dilution, prepared with 1000 succussions, and Mure gives 300 shakes to each dilution. We must leave the reader to draw his own inferences relative to the value of the dynamization theory from all these conflicting assertions of its inventor.

Others have carried this theory still further than Hahnemann. Thus Korsakoff compared it to infection, fermentation, impregnation, carried the process up to the 1500th dilution, and with one dry medicated globule he infected an unlimited number of unmedicated globules with the medicinal power. Dr. Plaubel imagined that the globule infected the sugar of milk in which it was placed, and Dr. Gross, who was never behindhand in anything that partook of the marvellous, communicated "blood-power" to thousands of globules by shaking them up with one dry globule of a dilution of his own blood, and with these he wonders in congestions. We have elsewhere (vol. V) unt of Stallmeister Jenichen's extraordinary dy- "high potencies," as they were called, so we on them here. If, as Jenichen and his abettors friction the medicines receive from his mode makes their powers quite ungovernable, then "potentized" the farther shall we be from Whilst Hahnemann warned against giving

* the *Organon*, where this and all the more technical parts of Homœopathy are given

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Drosera in hooping-cough, that had been prepared with twenty shakes, Jenichen's preparation of that drug in the 500th dilution has been shaken 6000 times in the 5000th dilution—60,000 times!

Various attempts have been made to give a foundation to this dynamization theory. Thus Hering declared that dynamization depends on a peculiar power, which he calls quaintly enough "*Hahnemannism;*" and which in physics occupies a middle place betwixt galvanism and mesmerism. It consists in this, that it can stamp the essential nature (Wesen) of its atoms on the essential nature of others, as far as we can make out, but indeed we confess we do not altogether understand the definition. He considers the medicinal power to become freer the more the mass of the medicine is diminished, and cautions against too much shaking from fear of "hyper-potentizing." Jahr also alleges that by the continued employment of the higher potencies we may ruin the system. Many physicians attribute the dynamization of medicines to the liberation of electricity by the acts of trituration and succussion; but they do not tell us what this liberated electricity has to do with the medicinal action, for electrical action is certainly not what is desired in a medicine.

Segin, in 1833, made experiments to shew that the dilutions and triturations still contain the medicine in substance—in the first six triturations of metallic copper, he detected with the microscope the blackish brown particles of copper. In 1838 he made further experiments with the solar microscope, and alleged that he observed particles of metallic copper in the 200th dilution—an assertion that we may take leave to doubt. Mayerhofer's experiments of a similar character our readers already familiar with; they will be found in the third vo... —Koch also testifies to finding under the micros... metallic mercury in the 3rd trituration.—Rummel ... of the high potencies with the solar microscope ... satisfactory—what he saw was probably just ... alcohol presents under the microscope wh... Doppler, in an essay which has been already ... of this Journal (*Theory of Small Doses*), ... of medicines is fixed by the extent of their ...

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be obtained in the best manner by triturating them with an indifferent substance; by this process also electricity is disengaged which may aid in rendering the medicine powerful. Comparisons from chemical action have been adduced to support the dynamization theory, and a very ingenious paper on this subject by Dr. Madden will be found in our last volume. Physiology has also been consulted in its support, and the well-known experiments of Spallanzani with the frog's spawn have often been cited. J. W. Arnold repeated these experiments with the 3rd dilution of frog's semen ($^1/_{1,000,000}$th of a grain) and succeeded with this very minute quantity in effecting the impregnation of the spawn. These experiments speak in favour of the action of small doses, but do not affect the dynamization theory. Arnold also succeeded in effecting inoculation with vaccine diluted with 100 parts of spring water.

Many homœopathic practitioners have recorded their opinion on the dynamization theory. Rau distinguishes three classes of medicines: 1. Those that in their crude state do not display their peculiar properties, which they only do by being comminuted; *e. g.* earths, carbon, some metals, lycopodium, &c. 2. Those that are very active in their crude state, but that cannot be used that way with advantage, and consequently require to be diminished—such are the so-called poisons. 3. Those whose activity is quite freely disengaged so that no exaltation of it is required; *e. g.* camphor, phosphorus, ætherial substances. These we do not require to "potentize," but rather to "depoten-

He moreover alleges, that by trituration and succussion

erated and transferred to other bodies brought into

th them; of this, however, he offers no proof,

ave broached the same idea; and that the act

e regarded as a separation of the forces that

the matter; which is not conceivable, as

more than the properties of that matter,

he matter if deprived of its properties.

e secret of dynamization to the well-

ecome more active by fine sub-

ore points of contact.—Schrön

eans to increase the strength

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of the substance; to "dilute," on the contrary, to diminish its strength,—that the two notions are irreconcilable; that the former is opposed to the aim of homœopathy; that many facts speak against, none for the notion, that the matter undergoes a change of quality by trituration or succussion. He considers the theory to have arisen from the necessity of diminishing the dose of an over-strong medicine, and from the fact that all medicinal substances as they occur in nature are not in the best condition for acting on the organism. The old maxim *corpora non agunt nisi soluta*, he conceives to be the foundation of what is true in the whole affair.—Kretschmar asserted that the number of shakes has no effect on the "development of power," that the first one sufficed to effect the "inoculation." He afterwards altered his views and regarded the dilutions "as diminutions both of volume and power."—Trinks asserts that the power of a medicine may be *developed*, but not *increased* or *potentized* by any technical processes.—An anonymous writer in the *Allg. Hom. Ztg.*, H—nn, expresses similar opinions; he observed no difference between the action of Drosera that had been shaken twice and that which had received ten succussions; and he says there is no necessity for "potentizing" either Salt or Sepia.—Werber advances opinions similar to those of Rau; he conceives that many substances by trituration combine with oxygen, to which is owing their greater activity; but that other substances, such as the narcotics, ætherial oils, &c., need no process of the sort, as they are in their natural state quite medicinal enough.—P. Wolf is against Hahnemann's theory of the "spiritualizing" of medicines by succussion and trituration, and asserts that at first Hahnemann only thought of diminishing the dose.—Fielitz, G. Schmid, H. G. Schneider, Lietzau, Strecker and others, hold the dynamization theory to be false and hurtful, and consider the homœopathic preparations to be diminutions of the dose merely.—Aegidi objects to both the terms "dilution" and "dynamization;" he proposes to call the preparations, 6th, 12th, 30th, &c., "degree of division."—An anonymous but ingenious writer in the *Allg. Hom. Ztg.* (vol. XXVII) objects to all analogies, comparisons, dynamizations, high potencies, arithmetical calculations, millionths, billionths, and the like, applied

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to our pharmaceutical preparations, which serve but to enshroud the subject in a veil of mysticism. The question is, he says, whether homœopathy introduces into the body living or dead matter. The process of trituration he refers to Brown's discovery of molecular motion, which he calls "vivifying," and homœopathic medicines thus vivified act on the organism, *life upon life*. He alludes, however, to trituration of the substances in water, which is not the way our preparations are made, and his explanation of their action will not account for the indubitable effect of untriturated substances, as tinctures, solutions of salts, &c.—Gross at first declared that Hahnemann's dynamization theory was correct, and cautions against "potentizing" too highly. Later he asserted that it would not do, although he admitted that many substances only became active by trituration, whereby they became less material, "more spiritualized." Soon afterwards he recognised it as a great truth that the power of medicines only became quite developed by such a diminution of their mass that nothing material could be detected. This view he followed out still further in his "high potencies," an account of which will be found in our fifth vol.—Rummel was at first an adherent of the dynamization theory, and sought to give it a positive foundation in the phenomena of expansive power. He talked of "hyper-potentizing" by too much shaking, and cited an eruption produced by Calcarea 30, that had received six shakes at each dilution. He makes use of the term "*potentized dilution.*" He afterwards rejected the theory, alleging that nothing similar occurred in nature from rubbing and shaking, that they can only effect the development of latent powers, and considers that we should call the process "a refining of the matter."—Kämpfer asserts that the strength (energy) of the medicines is diminished by the dilutions, but that in them it diminishes very slowly; that notwithstanding this diminution of strength most medicinal dilutions penetrate the organism more rapidly and develope all their powers more completely than undiluted medicines. Thus, trituration and dilution increase the activity of Silicea, Carbo, Calcarea, Sepia, &c., but diminish that of Camphor, Moschus, &c.—Hartmann rejects the theory of dynamization; considers the medicines to be merely diluted.

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Dynamic and material together constitute a whole; to separate the spiritual from the corporeal were impossible.—J. E. Veith says, that to assert that by our processes the power of the medicine is transferred to an indifferent substance (alcohol, milk-sugar) is to revive the old Persian mystic philosophy of Zoroaster. He contends that in every dose the medicine is entire and not fragmentary.—G. H. von Schubert entertains the very views that Veith seeks to refute; he contends that the homœopathist acts as it were with a psychical element immediately on the physical powers of the body, and through these on the grosser corporeal frame. This idea is, however, unsatisfactory, as homœopathic medicines often act just as well in gross material doses.

Griesselich repudiates the notion of a separation of the power from the matter. He divides medicines into two classes: 1, those that in an undiluted state display all their action; and 2, those that have no perceptible action on the organism in the crude state. For the first class the object of dilution is to diminish the strength of the medicine, for the second to allow the medicine to act by presenting many points of contact to the organism. The essence of the dynamization theory consists in this: *a.* to present the medicine to the organism in such a state as that it shall most certainly act; and *b.* to produce the maximum of effect with the minimum of quantity. For our own views on the subject we must refer the reader to the first article in the sixth vol. of this Journal.

The dynamization theory influenced the pharmaceutical processes. Thus the idea of the development of electricity led Tietze to propose glass in place of porcelain mortars for trituration. Müller, Weber and Mure each invented complicated machines for perfecting the "dynamization." Nagel speaks of a "succussion hammer." Jenichen makes a mystery of his "high potencies:" and Stapf asserts that any one may "dilute" but not "potentize;" whereas Hahnemann asserted that merely carrying about the medicines in a fluid state in the pocket "potentized" them.

Of the Dose. In 1797 Hahnemann gave, as we have seen, Veratrum album in considerable doses—from half to four grains

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for a dose; in the same year he gave, after employing other remedies, Nux vomica, eight grains twice a day, and proportionally large doses of Opium. Ipecacuanha he gave in doses of from one-half to one-tenth of a grain in substance, or the tincture (1st centes. dilution) in doses of from one to ten drops; and these doses he says were of excellent service. We have already seen what were his doses of Belladonna as a prophylactic in 1801. Chamomilla he prescribed in drops of a dilution made with one grain of the inspissated juice mixed with 500 drops of water and as much spirit, and of this a drop mixed with 800 drops of watery alcohol. We thus see that within a few years he descended from the crude substance to smaller quantities, in order, as he says, to avoid the aggravation of the disease. In the *Medicine of Experience*, published in 1805, he says: "a medicine of a positive and curative kind may, without any fault in itself, produce just the contrary of that which it ought to do; if given in excessive quantity it produces a greater disease than that present." As a corollary to this, he says, that the very smallest possible dose suffices for the cure, as the remedy acts in an almost spiritual manner. In the first edition of the *Organon* (1810), he says: "the minutest doses are always able to overcome the disease," but he does not say what those minutest doses are; but in a treatise he published about the same time, *On the Prevalent Fever*, he recommended Nux vomica in the 9th and Arsenic in the 15th dilution. For the hospital fever of 1814, he advises Bryonia and Rhus in the 12th dilution, "neither of which medicines," he says, "can we give in a lower dilution or in a larger dose, they are too strong." Hyoscyamus he prescribed in the 8th dilution, Spiritus nitri dulcis, one drop in an ounce of water, to be given by teaspoonfuls in twenty-four hours. Of course he indicates the particular conditions in which these remedies are to be used. About this time he prescribed doses of very various strength; thus we find him in 1815 prescribing for one case a whole drop of undiluted Bryonia juice, and for another half a drop of the 12th dilution of Pulsatilla. In 1827 (in the *R. A. M. L.*) he says of Carbo vegetabilis, "for homœopathic medicinal employment we by no means require a higher dynamization of wood charcoal than the

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million-fold (3rd) attenuation (trituration)." In the same place he says of Stannum, "I used to carry the dilution up to the billion-fold (6th), but in time found the million-fold (3rd) to be sufficient for all medicinal purposes." Thus we see Hahnemann at this period had rather a tendency to go back to the more material doses.

The psora doctrine had a marked effect on the dose doctrine, for with it was promulgated the direction to give the so-called antipsorics only in the 30th dilution. Drop doses had long been abolished; in place of them sugar-globules moistened with the dilutions had been introduced, 200 of which went to a drop; one, two, or three such globules were given as a dose, as we learn from the last edition of the *Organon;* and in the last edition of the *Chronic Diseases* we find that even these globules were divided by larger or smaller quantities of water (and spirit). In the *Organon* (fourth and fifth editions) he speaks openly of dividing the drop among globules, and says (§ cclxxxv) that his object in diminishing the dose is to diminish the effect of the medicine. In the preface to the *Chronic Diseases* also, speaking of the small doses, he says that thousands of warning experiments had led him to propose them as the most appropriate—the dose he refers to is the 30th dilution. But in the same book he mentions having cured recent cases of itch with the 3rd trituration of Carbo veg. and the same of Sepia. Thus he still changed to the larger doses according to circumstances; but in the year 1833 (*Organon,* fifth edition) he declares the 30th dilution to be the only proper dose, and that for both acute and chronic diseases. The only exception to this is the administration of Camphor-spirit in cholera—though the other cholera remedies (Verat., Ars., Cupr.) are to be given in the 30th; itch he now cures with Carb. veg. 30; syphilis with Merc. 30 (see the *Organon,* fifth edition, § ccxlvi, note). He speaks also of the 60th, 150th, and 300th dilutions, but does not recommend them; he merely says that their action lasts a shorter time.

The conclusions Griesselich draws from this history of Hahnemann's doses are these: 1. Hahnemann cured originally with doses that did not differ from those employed by the old school. 2. Observing that these doses often increased the morbid symptoms

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and caused new ones, which he traced to the influence of the medicine, he diminished the doses, and with these also he saw curative action. 3. This fact led him to the idea that a qualitive change was effected in the medicine by the processes they were subjected to (the dynamization theory); but he ascribed to the remedy what ought to be attributed to the susceptibility of the organism under certain circumstances for excessively slight medicinal irritations. 4. From all that he says about the size of the dose, it is evident that he suffered himself to be seduced into forming general conclusions from single observations; hence the great difference in his directions at different times.

A great deal has been written on the subject of the dose, and although it has been discussed pretty fully in our last volume, we may avail ourselves of Griesselich's labours to give our readers a brief notion of the principal opinions that have been delivered on this point.—Hartlaub was one of the first that contended that a repetition and increase of the dose might be of use.—P. Wolf likewise expressed himself to a similar effect. —Rau recommended the smallest doses in acute, and larger in chronic diseases, as we formerly stated. Chronic eruptions he treated with Graphites in substance, infusions of Dulcamara, Sarsaparilla, &c. with perfect success.—Werber starts with the idea that medicines act quantitively or qualitively, regulated by the quantity or quality of the vital forces. As the irritability is different and variable, the quantity of medicine to act upon the vital force must also be variable. He admits that the smallest doses act in the cases for which they are adapted, but considers it an untenable dogma to insist on the employment of only the smallest doses, and he adduces many histories of cases where larger doses effected a cure.—Aegidi says that the remedies that too often prove useless in the high dilutions, ought to be employed in stronger doses, and he alleges that he has been more successful since he gave the remedies in larger doses; under these the pure effects of the medicines sometimes shewed themselves much more distinctly, in accessory symptoms, than they are observed in provings on the healthy. He allows that all the "potencies," from the mother-tincture to the 1500th dilution, possess efficacy. He afterwards says that experience shews that under certain

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circumstances the 30th, 60th, and far above the 100th, shew themselves extremely efficacious; at the same time he says there must be a point in the continued subdivision of the matter, at which the medicinal power is so much diminished that it ceases to excite reactions in the organism. All the dilutions are serviceable; and homœopathy does not consist in small doses. He denies that the lower dilutions are more suitable for the acute, the higher for the chronic diseases, for that he had cured acute diseases with high dilutions after the lower ones had failed, and that he had employed with good results in chronic diseases, undiluted medicines. He objects to the rule of giving only one globule mixed with much water at once.—Rummel says we sometimes require minute doses, and sometimes undiluted tinctures even frequently repeated. The cure, he says, will be more rapidly effected the more the dose is adapted to the individual irritability of the patient. He declares himself against adopting the 30th dilution as the normal dose. He has often found that high dilutions produce no effect where low ones do. Medicinal aggravations he considers as exceptional; they occur as readily after small as after larger doses, they often are dependent on the course of the disease. The dilutions from 3 to 15 he found usually effectual. He is disposed to reject altogether the employment of Ipec., Cann., Euphras., Crocus, &c., in higher dilutions, as they do not seem to effect cures. He further alleges that Hahnemann even returned to the stronger doses at the time when he was speaking in favor of the smallest. He allows the 30th to possess power, but says there must be some limit to the efficacy of the dilutions. He thinks it probable that the higher dilutions possess special advantages in some cases. He by no means denies the efficacy of many remedies in the crude state, but higher dilutions sometimes prove useful when the lower ones fail. In diseases where the nervous system or abdominal nerves are affected he thinks the higher dilutions are the best; and the lower ones are often most suitable for acute diseases. It is sometimes useful to go from higher to lower, sometimes from lower to higher dilutions. Aggravations are rare and not followed by corresponding curative effect. In his practice he uses medium potencies from 3 to 30. There are, he

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says, no general rules for regulating the dose, but he found proportionally less favourable results from the lower than from the higher numbers; there are, however, exceptions to this. He testifies that medicines still act in the 200th dilution, and that they can even produce accessory symptoms characteristic of the remedy, and aggravation of the morbid symptoms; and that in some cases they are even better than the ordinary dilutions. The cases he gives to prove this, however, by no means justify this assertion.—Stapf, while witnessing to the good effects of the 30th dilution, will not deny that the lower numbers will produce the same result. The character of the remedy, the individuality of the patient and of the disease, are what should determine the size of the dose; of those medicines which do not act violently, as Cham., Valer., &c. it is always better to give medium dilutions—3 to 12, whilst Bell., Ars., &c. ought to be given in much higher dilutions. Medicines that acquire their full powers by trituration *seem* always to require the highest dilution; in acute diseases the lower numbers (3, 6, 9) are often the best; since he has given in inflammation, croup, &c. Acon. and other remedies in these dilutions he has met with better results. Although approving of the smaller doses in their proper place, he considers that in diseases deeply rooted in the constitution the remedies in the 12th, 9th, 8th, 3rd, and even the 2nd and 1st dilutions are preferable; in syphilis and scabies he gave almost always Mercury and Sulphur in the 2nd or 3rd trituration.—Kurtz's idea is, that let the dose be what it may, it is the *quality* that always comes into play, and the *quantity* is a matter of indifference as long as the vital dynamism is not overpowered by the relative preponderance of the remedy. In most cases he deems it best to adhere to the lower dilutions; he has often seen good effects from the higher, but often enough none at all; he does not deny homœopathic aggravations, but says they occur equally often with the higher as with the lower dilutions.—J. E. Veith acknowledges the necessity of dilutions and triturations. The 18th is the highest dilution he uses. Dulc., Sarsap., Samb., tr. Sulph., Cannab., and often Ledum, Rhod., and Rheum he gives in mother-tincture or the 1st dilution; much good may be effected with Sep., Calc., Sil., &c. in

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high dilutions, even up to the 30th.—Kammerer is one of the most zealous partizans of the small doses. He asserts that homœopathic physicians treating diseases with large doses often take weeks to their cure or do not cure them at all, whilst the same diseases are readily cured with dilutions and globules. He does not however reject the lower dilutions, but says each has it proper place, though there are no general rules; he prefers the lower dilutions in acute diseases, the higher in chronic, but even this depends on the individuality of the patient and the power of reaction of the organism. He, however, gives cases in which he cured diseases with the more substantial doses, as for instance, a phlogosis of the cellular tissue of the neck, and typhus, with remedies in drops of the 1st to 6th dilution, Calc. 5, Phos. 6, Ars 6, &c. He tries to reconcile the macro- and micro-dosers, saying that each possesses a portion of the truth, and that the degree of sensibility of the organism seems to resolve all the contradictions respecting the choice of the dose. —G. Schmid's opinion we have already alluded to in the paper before referred to; we may remind the reader that he is in favor of substantial doses of undiluted substances. — Watzke deems the dose greatly inferior in point of importance to the selection of the remedy, but by no means a matter of indifference. He says he has tried both extremes; he hovered first, as he expresses it, in the ether of the decillionths, and then sank down into the depths of the low dilutions. From these extremes he adopted a medium (usually from the 3rd to the 6th dilutions of the decimal scale), but he did not exclude higher and lower dilutions. Supposing the two to be equally efficacious, he would prefer the lower dilutions for several reasons: 1. because we should avoid the appearance of the paradoxical, miraculous and incredible; 2. because he does not like to pay dearer for what he can get cheaper; 3. because he is then surer of the purity and genuineness of his preparation. He further says that the size of the dose to be given depends on the receptivity and sensibility of the patient and of the affected organ or system, in the kind and magnitude, the course and the stage of the disease, as also in the peculiarity of the medicine; and moreover, that the dose must be larger the more rarely, tediously and

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slowly the disease could be cured by nature, and *vice versa.* He testifies that the smallest doses (30th dilution) may still produce accessory affections. He shews the utility of the stronger doses in an epidemic of measles; even in chronic diseases he gives the stronger doses, and meets with no medicinal aggravations. He is not unfavourable to the employment of the higher dilutions in certain cases, and he condemns the exclusive employment of the crude preparations.—Gross has given utterance to a variety of opinions on the subject of the dose. He has detailed cases in which the 30th, others in which the mother-tincture, 1st, 2nd, and 3rd dilutions, were employed. Later he said that medicines should all be used in the 30th dilution, which he asserts to be a maxim worthy of a place beside the discovery of the homœopathic principle itself, yet he admits it is "possible" that acute diseases may be cured with the lower dilutions, but chronic maladies demand the highest only; and soon afterwards he asserts it to be "pure allopathy" to give certain remedies in the 6th and 3rd dilutions by drops once or several times a day. The marvels of the "high potencies," as they are called, of which we gave an account in our fifth volume, were his last posological vagaries.—Trinks was always a defender of the larger doses, without, however, denying the efficacy of the higher dilutions. Patients, he alleged, could be cured by larger doses, while the smaller would only irritate them.—Schrön was one of Hahnemann's earliest opponents in the dose doctrine. He admits, however, that the smaller doses may be beneficial, and gives an example where Spongia 6 produced an extraordinary aggravation, while Spongia 45 diminished the symptoms. He acknowledges the "undeniable efficacy" of small doses, and seeks to account for it in the "delicate reactive powers" of the organism, and not in the so-called dynamization; the small doses are not to be considered as essential to homœopathy, as larger doses of the properly selected remedy act very well. He says that for certain cases he cannot dispense with the quite small doses, but as a general rule he finds it seldom necessary to go beyond the 3rd to the 6th dilution; many mild remedies he gives in the mother-tincture and 1st dilution without experiencing homœopathic aggravations. He ridicules the "high potencies," and

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does not consider it worth while testing them at the sick-bed.—Elwert attempts to prove by cases that the dilutions from 1 to 8 in drops were the most suitable. He considers the stronger doses to be the safest—they cure without aggravation of the disease, and even in cases where, from not attending strictly to dietetic rules, weaker doses were useless. He allows that excellent cures are performed with the high numbers and with globules, but not better than with the lower ones. But as he observed that in innumerable instances the higher dilutions produced no effect, while the lower ones effected the most brilliant results, he gives the preference to the lower ones almost invariably. Nos. 1 to 5 sometimes produced primary symptoms, but without doing any harm. To very young children he generally gives globules; in chronic diseases he is not less successful with the lower dilutions than he had previously been with the higher ones.—Helbig believes that although the very smallest doses are often effectual, there are cases in which a homœopathic medicine will not only be borne but required in doses still stronger than the usual allopathic doses, in proof of which he refers to his experience in drunkards, where an ounce of Sulphuric acid is not unfrequently necessary to effect a cure. Although he has found Ars., Bell., Acon., Nux v., and many other remedies efficacious in the 30th dilution, yet he denounces the general employment of the higher dilutions as an absurdity, because in many cases they have no effect where lower dilutions and mother-tinctures are useful, and because the lower dilutions are more easily prepared and regulated. He rejects all rules that would regulate the dose by the age, sex, temperament, &c. —Vehsemeyer is an advocate for the larger doses, which he says are always the best and the preferable ones. In typhus, for example, he gives spirit of Phosphorus undiluted, Carbo veg. 3, by grains, Arsen. 2nd and 3rd dilutions.—Schüler says that all "potencies" are applicable in appropriate cases. In patients who have a *penchant* for spirituous liquors the small doses even when oft repeated had no effect; he gives the 6th, 10th, 12th, &c. dilutions, and even mother-tinctures and infusions.—Noack prefers the stronger doses, but condemns those who employ them exclusively. He adheres to the scale from 1

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to 30, and even higher, but also employs the mother-tinctures, and relates many cases in which the larger doses produced primary effects.—Goullon, whilst acknowledging the power of the higher dilutions, says circumstances sometimes require that stronger doses be given—the reactive power of the organism, the form of the disease, and the quality of the medicine, must be our guides. He sometimes gives quite strong doses, as Ferr. carb. one-twelfth of a grain, Chlorine water five or six drops.—Lietzau says the employment of the smallest doses was a mere caprice of Hahnemann's. He allows that some medicines, as Arsenic, act when highly diluted, but says that the mother-tinctures are the best preparations, and that they very seldom cause homœopathic aggravations.—Schneider asserts that the phantom homœopathic aggravation has vanished, and the belief in the mystic dynamization theory is no more; which is no doubt very poetically expressed, but, like much poetry, not true. —Wahle at first used to swear by Hahnemann; he now says that for the last twelve years he employs all dilutions, but chiefly uses those from the 3rd to the 18th. In chronic diseases he generally goes from the smaller to the larger doses, seldom the other way; he does not think it requisite to count the globules anxiously, and alleges that even drops wont kill.—Kämpfer brings forward many good cases of cure by the higher dilutions (up to 30), and he even cured some cases with small doses where larger ones had been employed in vain. He admits, however, that the smaller doses much more frequently produce no or too little effect, while larger ones are serviceable without doing any harm; he agrees with most homœopathic physicians in thinking that most remedies should be given in dilutions from 1 to 12, and some even in whole drops and undiluted. The choice of the dose should be regulated by the strength of the remedy, by the disease, and by the individuality of the patient. Many remedies (Sil., Caust., Phos., Nux v., &c.) he usually gives in the higher dilutions (12 to 30), but from some, as Ipec., Chin., Stann., Hep., &c. he has only found sure and efficacious action when given in very low dilutions, the first two he often gives undiluted, as also Ferr. carb. and Valerian. But there may, he says, be cases in which the last mentioned remedies

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should be given in globules of the 30th, while the first may require to be given in material doses. In opposition to Helbig and Schüler, he found drunkards extremely susceptible to homœopathic medicines. In typhus, stronger doses were requisite; he saw no effect from the higher and medium dilutions; it generally requires pure tinctures, infusions, decoctions, of China, Arnica, Rhus, &c.—J. O. Müller says there is no more a constant, common, absolute medicinal dose, than there are constant qualities of individuals, of diseases, and of external agents that influence diseases.—Attomyr states that the *larger* doses act quicker, shorter, more intensively; the *smaller*, slower, longer, more extensively. Though an advocate generally for the higher dilutions, and even the very highest, he says that the patient should get the suitable remedy in the dose which made the healthy person ill in the same way, which would indeed be in some cases a hazardous experiment!—Hering's opinion deserves attention in this place, and we must refer our readers to our sixth vol., p. 5, for it.—Koch has the following rules for the dose: 1. The more similar the remedial power to the disease, the more certain will be the cure; and the smaller, within certain limits, should be the dose. 2. The less similar the remedy is, the larger must be the dose, but the cure is not so certain. 3. The more similar the remedy, the more hurtful will be too large a dose. 4. The greater the receptivity, the smaller should be the dose, and *vice versa*. 5. The more intensive the exciting cause, the more similar and stronger must be the remedy. 6. The more intensively, rapidly and energetically the morbid process goes on, the more necessary is it to give the larger dose. Whilst in less intensive and slower processes, a smaller dose is required.—With respect to the "high potencies," which we have already fully discussed in our fifth volume, we may merely enumerate some of their principal advocates and opponents who have written on the subject. Among the former are Gross (since dead), Stapf, Bönninghausen, Reiss, Tietze, Hering, Blödau, Nehrer, Nunez, Croserio, &c.; among the latter, Käsemann, Watzke, Cl. and J. O. Müller, Hartmann, Genzke, Wolf, Trinks, Johannsen, Griesselich, Arnaud, Molin, Roth.

Griesselich justly observes that it was perfectly unjustifiable

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in Hahnemann to insist upon the universal employment of the 30th dilution on the ground of having uniformity of observation, as thereby a complete stop is put to all individualization. Although Hahnemann has shewn us that the minima will act, the physician would do wrong to confine himself entirely to minima. It is necessary to allow no latitude with respect to the therapeutic principle, but there must be a latitude with respect to the doses, seeing the difference of the susceptibility of patients. Though there are, says Griesselich, no fixed rules for regulating the size of the dose, it must not be left to mere caprice, but those who do not fly to either extreme will in most cases hit upon the right measure. The extremes referred to are the large doses of the allopathic system, and the so-called high potencies; the first are injurious, the last useless. Still it cannot be denied that the organism will, on the one hand, sometimes make the too large quantity harmless, and on the other hand will re-act to the slightest medicinal impression. In cases of severe and rapid diseases, it is certainly more prudent to give the larger doses, as there is no time to be lost in trying experiments with doubtful dilutions, and experience has shewn that such affections are readily cured with such preparations. The fear of the larger doses is quite as unfounded as the horror of the smaller ones. In acute diseases we may give drop or grain doses without dread; in chronic diseases we may safely go up to 30, and, if time is not precious, even higher by way of experiment; but in some chronic diseases, especially when destructive processes occur in a dyscrasic system, we frequently have to give strong doses.—This subject has already been treated of in this Journal, by Dr. Drysdale in the last and Dr. Black in the present Vol.; we therefore only need to invite the reader to a careful perusal of both these articles.

Of the repetition of the medicine. In his *Medicine of Experience* Hahnemann says this must be regulated by the duration of the action of each medicine. The improvement consequent on the action of a homœopathic remedy is, he says, still perceptible after that action has expired; another dose will then eradicate the remainder of the disease. It will do no harm to

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wait several hours after that action has expired, but too rapid repetition of the dose before the action of the previous one is exhausted is hurtful, as by this increase the action may be too great. It is probable, he observes, that the medicine is the suitable one in chronic diseases if no new symptom occurs after its administration, although no improvement may be observable; it is certainly the right one if an improvement of the whole disease follows, and in either case a second or third dose may be given with advantage.—As regards the duration of the action of remedies, Hahnemann has already given some information on that point in his first *Essay on a New Principle, &c.* In the first edition of the *Organon* he says we should not repeat as long as improvement is visible, as each new dose will but disturb the amelioration, and cause aggravation of the disease. When repetition is requisite the remedy should be given in smaller and smaller doses, so that the patient shall never get the same dose. In the fourth edition the same rule is repeated, and declared to be the more important as we do not know the exact limits of the action of any medicine. In the fifth edition, after giving the same rule, he says that though the duration of action of some medicines is 40, 50, or 100 days, yet good results are often obtained by repeating the medicine every 14, 12, 10, 8, or 7 days, and in acute diseases every 24, 12, 8, or 4 hours, and even every hour, or every five minutes in the very acutest. He moreover states that the administration of but one dose suffices only in some slight cases, for young children and delicate and excitable adults. (See the last edition of the *Organon*, § coxlvi, and note.) With this admission the rule formerly laid down in the first edition of the *Chronic Diseases*, to let one dose act for 30, 40, 50 or more days, was abrogated. "If we do not allow the suitably selected antipsoric medicine to act out its full time, the whole treatment becomes null," he there said. In the last edition of the *Chronic Diseases* * he again alters the directions for repeating the doses. He says there, he finds it best to give a dose of the medicine in chronic diseases every day or every second day, but that as our vital

* In the new edition of the Organon just published these passages will be found at full length.

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principle does not bear well the repetition of the medicine in the same dose, this difficulty may be got over by altering the dynamization by means of shaking the solution several times before giving it to the patient: thus the same medicine may be repeated an incredible number of times. In the same place he says that when we wish to give the patient a course of the same medicine, we must give it in a lower "potency;" if he have had the 30th we must give him the 24th, and so on.

This subject has been discussed at great length by many of Hahnemann's disciples. We can only afford space to give in brief the principal opinions that have been mooted.—Aegidi spoke in favour of repetition at a time when it was not usual. He says, with respect to chronic diseases, if after the lapse of a week improvement take place, we should wait and observe; if the improvement become stationary we may repeat the same remedy as often as it does good, that may be every 7, 4, or 2 days. If aggravation is observed, we may either wait or give the antidote, which usually consists in repeating the dose; if amelioration ensue, but again come to a pause, we should give a smaller dose of the same remedy, or another one altogether. If the disease do not improve under the suitable remedy, we should repeat it either until the homœopathic aggravation ensue (after which there will be improvement), or until medicinal symptoms occur (after which either improvement will result or another medicine will be indicated.) He afterwards advises not only that stronger doses should be given, but that they should be oftener repeated. Still later he declared the repetition to be injurious in some cases, in others advantageous. A cautious delay could not do any harm, but a too violent attack might ruin everything.—In this Trinks agrees; he warns against too hasty repetition.—Wolf, while deprecating too quick repetition, says there are circumstances that render the repetition necessary, although there are no fixed rules for regulating it.—C. Hering enjoins the repetition of the medicine again and again where the reaction is defective; in painful affections we should not wait long. He usually repeats every 2, 4, 7, 11, or 16 days until reaction or new symptoms appear. Moreover, he repeats when the homœopathic aggravation is too

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strong, but then he gives at the most a second dose, but generally interposes an antidote; the same remedy may be its own antidote. When the reaction is too short he also repeats, generally giving another dose the next day. Where the curative action is too short, though evident, he also repeats: this he calls *renewing* the dose.—Gross, Kretschmar, and Rau, all speak in favour of the repetition of the dose.—Kämpfer says, Hahnemann has ascribed too long a duration of action to the remedies in general. In acute diseases, and where the intervals betwixt the doses are long, the doses may be repeated at regular intervals until the end of the disease. By repeating the doses the receptivity is blunted; hence if it be necessary to continue the medicine for a long period the doses should be stronger, but there are some cases in which repeating the dose increases the receptivity. As the action of remedies is more quickly exhausted in acute than in chronic diseases, repetition is more essential in the former than the latter. He distinguishes betwixt medicines of short and long action; in acute diseases the former should be given every 4, 2, 1, ½ or ¼ hour, the latter every 2 to 12 or even 24 hours, the short several times in that period. He is equally opposed to waiting very long and to repeating the medicine too rapidly: the degree of improvement is his guide in the repetition. In cases of sufficiently strong critical disturbances he advises us to wait—improvement will follow; where it is necessary to support these the remedy may be repeated in the same or a stronger dose: where it is too violent, smaller doses of the remedy are useful; they act as antidotes.—Attomyr alleges that rules for the repetition of the dose must be sought for in the Materia Medica, where we not only find long and short acting remedies, but also that some part of the action of a remedy is transient, while another is long continued; the homœopathic principle demands similarity in the medicine, in the effect of the dose, and in the duration of its action. Larger doses may be repeated more frequently, smaller more rarely. The 30th dilution of Aconite cannot be repeated with advantage every hour, even in pneumonia, but the 3rd can; the treatment of such diseases with the lower dilutions corresponds more to the principle of similarity than

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that with higher dilutions.—Koch gives the following rules for the repetition of the dose. 1. The more similar the remedy the less necessity is there for repetition. Repetitions of very small quantities not only do no harm, but are necessary for securing the cure. 2. The less similar the remedy the more necessary is frequent repetition. 3. The more intensive the morbid process the more frequently will the repetition be necessary. 4. The more quick (acute) the morbid process, the more frequent, the more slow (chronic), the more rare must be the repetition. 5. The more similar the remedy, the more hurtful is the repetition.—Griesselich asserts that there can be no general rule for the repetition any more than for the dose of the remedy. The duration of the action of an appropriate remedy, says he, is from the time of its ingestion to the period when amelioration shews itself; its work is then finished, and the amelioration is the sign that the functions of the organism have again resumed their course. It is wrong to speak of the duration of the action of a *remedy*, we can only speak of the duration of action of a *dose;* it is wrong to say Arsenic acts for 30 or 40 days—we may just as well say it acts for 10 minutes or for 5 years; small doses act differently from large ones; in acute diseases the action is more quickly exhausted than in chronic. In cases of cholera Arsenic may be given every 10 minutes in doses of a drop of the 1st, 3rd, or 6th dilution; a slow arsenical poisoning may last for years. The rule given is correct that the dose should not be renewed as long as good results are observed from it. He believes that by the renewal of the dose the fault of its size is often repaired, as by it the same action is obtained that would have resulted from a single *stronger* dose of an appropriate remedy. In chronic diseases it is advisable to allow longer intervals betwixt the doses; in acute ones too frequent repetition is not apt to do positive harm, but by waiting a long time much may be lost. In acute diseases the periods of exacerbation should be our guide for the repetition of the dose. In dysentery, diarrhœa, vomiting, cholera, a dose should be given after each evacuation, however often that may occur; in colic, periodical face-ache, tooth-ache, and other pains, we should renew the dose at every attack, and

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if that acts no more, we should give a different dose. It is probable that medicines may act as their own antidotes, so that the good action of a medicine may be nullified by a too quickly repeated dose.

Of the alternation of remedies, sequence of remedies, and intermediate remedies. In the first edition of the *Organon* Hahnemann allows the alternation of two equally appropriate homœopathic remedies, but in the last two editions he forbids this entirely; but he mentions cases in which a succession of remedies is requisite, and others where it is useful to interpose certain medicines.—Hering approves of the alternation of remedies in some cases, adducing the case of a liver disease cured by alternating Ruta and Ignatia every three or four days, and another of dropsy by Bryonia and Pulsatilla in alternation. He likewise says that one remedy may often be employed with advantage after another, as Aconite after Sulphur, Hepar after Zinc, and so forth. The cases for which this is applicable are those where the symptoms correspond to those wherein the two remedies differ from one another. In chronic diseases he has given in rapid succession, with advantage, even antipsoric remedies, where each corresponded to a portion of the symptoms: thus he cured a liver complaint with Kali carb. followed a few days afterwards by Carbo. He also speaks of the alternation of a remedy with its antidote, as in the West Indian colic, Colocynth 30, alternated with teaspoonfuls of black coffee, &c.—Gross asserts that Aconite and Belladonna in alternation mutually complement their several spheres of action; he speaks also of the alternation of Bell. and Lachesis, Bell. and Sepia.—Mühlenbein does the same.—Rummel lauds the alternation of Merc. and Bell. in sore throat, of China with the appropriate homœopathic remedy in masked intermittent fever, of Ipecac. and Antimon. in gastric affections, of Bell. and Graph. in lupus.—Hartmann speaks of the alternation of Cham. and Ignat., of Ipec. and Ignat., of Acon. and Coff.—Aegidi says that considering the difficulties of selecting the appropriate remedy in many cases, it is allowable to depart from the general rule, and sometimes give medicines that seem equally indicated, in alternation; thus finding the inefficacy of the medicines he has sometimes employed for tooth-

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ache, he has felt himself driven to give the patient three or four remedies, with instructions to take one every one or two hours, which proved successful, and the same with other diseases. If a remedy does not answer the complete morbid picture, he arranges in succession those that seem most indicated, and orders them to be taken one after the other, in acute diseases every one, two, or three hours, in chronic every night and morning.—Hirsch details several cases where he gave Cham. 12, followed half an hour afterwards by Dulc. 30, after another quarter of an hour by Puls. 30, and then by Ars. 30. These and similar cases, however, only betray uncertainty in the selection.—Kämpfer considers that where the alternation of medicine does good, the benefit should be ascribed to the mutual antidotal relation of the remedies. Where two remedies seem equally indicated it is better to give one in repeated doses, and watch the effect, before administering the next.—Griesselich admits two apologetic reasons for alternating remedies: 1. The partial incompleteness of the materia medica, and the imperfect knowledge of the action of medicines thence resulting, so that in many cases we cannot hit upon the right remedy. 2. The frequently rapid change of the morbid picture. When we cannot find the right remedy, the alternation of two is not only allowable but imperative. In most histories of cases where we read of the successive employment of many remedies, it is merely shewn that the practitioner made many experiments before he hit upon the right remedy. In others again the alternation of two remedies seems to be distinctly of use: thus Spong. and Hep. in alternation are decidedly beneficial in croup. In cholera also the alternation of two or more remedies seems of great utility.

Of the simultaneous administration of two medicines. At a very early period, in his essay entitled, *Are the obstacles to certainty and simplicity in practical medicine insurmountable?* * published in 1797, Hahnemann insists emphatically on the necessity of giving but one medicine at a time, and up to his latest day he continued to denounce the mixing of medi-

* Vide *Brit. Jour. of Hom.* vol. ii. p. 172.

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cines.—Aegidi declares that in some cases it may be useful to mix homœopathic medicines, those namely that seem to be homœopathic to the case and possess no mutual antidotal properties; he adduces cases from his own experience to prove its utility, and says that when we employ Hepar, and Cinnabar, we give mixtures. But such substances can no more be considered mixtures than any of the neutral salts or even the vegetable or animal medicinal agents; and moreover, having been proved as compounds, we could from their utility draw no inference as to the advantage of mixing two homœopathic remedies which have not been proved in combination. In the fifth edition of the *Organon* (§ cclxxii, note), Hahnemann emphatically protests against such "hazardous experiments," and Aegidi's suggestion excited much opposition from almost all homœopathists.—Molin speaks in commendation of mixtures of medicines, but desires that they should first be proved in combination on the healthy. He mentions having experimented with Nux vom. combined with Sulphur, and Belladonna with Aconite, on five healthy individuals, and obtained results that had been observed from each of these remedies separately.—Griesselich also instituted similar experiments, but the results did not encourage him to proceed. Some homœopathists are in the habit of giving one medicine internally, another externally, which is a different sort of mixing: thus Aconite is sometimes given by the mouth whilst Arnica is applied externally. Such practices are not worthy of imitation.

Of giving medicines in water. We have seen that at an early period (1801) Hahnemann counselled the administration of medicines in water, in recommending Opium in scarlatina; and again in 1814 he directs Sp. nitr. dulcis to be given also in water in divided doses. In the first edition of the *Organon*, however, he objects to such a mode of administering the medicine, and even forbids water to be drunk after the dose is taken. —Aegidi in 1832 revived the practice of giving the globules or even drops, dissolved in water, in divided doses. His process in chronic disease was as follows: from one globule to a drop of the medicine (from the 1500th dilution downwards to the pure tincture) was mixed with a quantity of rain water (varying from

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a cupful to a quart) by shaking well in a clean bottle. Of this the patient drinks, in the morning, fasting—the smaller quantity all at once, the larger quantity by cupfuls every quarter of an hour, whilst he walks about in the open air; after which, if he feel sleepy he may lie down.—In the fifth edition of his *Organon* Hahnemann mentions the mode of taking medicine in water, and in the second edition of the *Chronic Diseases* he enjoins this method, giving particular directions how it is to be done.*—Hering considers that with this new mode of administering the medicines begins a new era in homœopathy. He vouches for its excellency with very sensitive persons, in very painful affections, and for children: the dose may be repeated every hour even, but the solution should not be shaken too much, in case of "hyperpotentizing" it.—This method has now become very general among homœopathic practitioners, and is very convenient and successful. Care should be taken, however, not to make the solution last too long, especially in summer, without the addition, as Hahnemann advises, of a little alcohol or a piece of wood charcoal, which will keep the solution sweet.

Of the external employment of medicines. Hahnemann at an early period mentions the external employment of medicines, as the application of Hemlock to indurated places, and of a piece of paper moistened with Laudanum to the epigastrium. He afterwards (*Org.* 1st edit. 1810) declared every part of the body that possesses the sense of touch to be capable of receiving and propagating the influence of medicines, and says that when the medicine cannot be taken internally it may be applied in a stronger form to the epigastrium. He warns, however, against applying the remedy to a so-called external local disease; yet he admits the advantage of using Sulphur externally in itch when that is nearly cured by the internal homœopathic treatment, and he mentions curing itch by Hepar used externally, and allows that Arsenic externally may benefit facial cancer. In the later editions of the *Organon* he forbids all external use of the medicines; but in the second edition of the *Chronic Diseases* he enjoins the rubbing-in of the remedy that is given internally on a

* See the new translation of the *Organon* (§ ccxlvi, note).

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healthy part of the skin of the thigh or arm, whereby, he says, the disease will be much more rapidly cured. The parts where this process is performed should be varied frequently, and it should be done on those days when the medicine is not taken internally. In one instance he also allows the local application of a remedy to the diseased spot—in cases, namely, of obstinate condylomatous disease, where the warts may be touched with Thuja tincture. —Gross employed Lachesis 30 externally to an ulcer of the leg, and Silicea 30 to one of the finger, with success.—Schrön will allow the expediency of the external application of medicines only in very obstinate cases.—Backhausen is a great advocate for the external use of medicines. Burns are cured by Rhus 3, dysentery by clysters of Corrosive Sublimate, better than by the same remedy given by the mouth; ophthalmia by Sulphur and Staphisagria externally. He considers it a roundabout process to give a medicine by the mouth in many cases. He compares the action of the medicine to that of the cause of the disease, which often commences at a small spot, and thence spreads out in the organism.—Kämpfer says that the external employment of medicines for internal diseases is often much more efficacious than their internal use, and cites mineral-water baths in support of his point. He considers Tartar emetic ointment for hooping-cough, Ranunculus leaves for sciatica, Croton oil for rheumatic pains, to be instances of pure homœopathic and not derivative treatment.—Veith rubbed in Chamomilla for sciatica,—Koch applied Nux vomica to a prolapsus ani,—Mayerhofer rubbed the cramped mouth of the uterus with Belladonna ointment,—Segin steamed the eye with Euphrasia,—Aegidi used the remedies as compresses, collyria, injections, &c.,—Patzack used the leaves of the pine in baths,—Thorer employed Calendula externally for lacerated wounds,—and we all use Arnica externally for bruises, nor does any one think it wrong to give the appropriate remedies by the mouth when diseases of that part or of the throat are present. The case of cure of a vascular tumour of the cornea, in our penultimate Number, is a good example of the efficacy of the external employment of a remedy.

Of the simultaneous employment of homœopathic and other treatment. Hahnemann at one time recommended the appli-

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cation of a pitch plaster in chronic diseases, to effect a derivation to the skin, and the employment of fine electrical sparks in paralytic diseases. In the preface to the last edition of the *Organon,* however, he formally retracts both these pieces of advice, saying that homœopathy has advanced so far that they are *now* no longer required. He admits, however, that there are cases in which allopathic measures may be requisite, as in asphyxia, suspended animation from lightning, suffocation, freezing, drowning, &c., in which slight electric shocks, clysters of strong coffee, strong perfumes, may be required to excite the vitality.—Griesselich speaks in favour of employing the so-called derivative method in some instances, for example where, after sudden desiccation of eruptions and ulcers, dangerous symptoms supervene; in cases of metastatic hydrocephalus, in these Tartar emetic ointment, blisters, &c. may be of use; as also in metastases of external rheumatism to the stomach, brain, &c. When acute exanthemata suddenly disappear, rubbing the skin with onions, squills, &c. is advantageous, and does not prevent the simultaneous employment of the internal remedy. In acute diseases of children, he further observes, nervous excitations often occur, which are removed by mustard plasters to the calves. In croup the application of a sponge wrung out of hot water to the throat is an excellent auxiliary. —Poultices, water clysters, fomentations, &c. are as much used by homœopathists as by the old school. Many homœopathists are advocates for the treatment by the so-called water-cure, and in the principal establishments in this country homœopathic treatment is combined with the hydropathic. The employment of ice-pills and iced water in cholera has also been recommended by homœopathists. Mesmerism, as we know, has received Hahnemann's sanction.

Of the olfaction of remedies. Hahnemann, in his *Materia Medica,* merely mentions this procedure incidentally, in the employment of the olfaction of the 12th dilution of Gold for a patient melancholic almost to suicide, whereby he says he is freed from the evil spirit in an hour. But in the fifth edition of the *Organon,* he gives this method the preference over all others, both in acute and chronic diseases. The plan he adopted

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was to put a dry globule in a bottle, and applying the mouth of the bottle to the patient's nostril, let him sniff up the air in the bottle; this process was repeated with the other nostril if it was desirable to give a stronger dose.—Aegidi testifies to the value of this mode of administering remedies.—Rau is not very partial to it; he has used it in many cases without effect; it might do, he thinks, in cases of highly exalted sensibility, hysterical paroxysms, versatile nervous fevers, &c., but he gives no cases in which he has used it.—An anonymous writer in the *Allg. Hom. Ztg.* declares himself opposed to it, from numerous experiments that yielded no result.—Rummel admits its value in certain cases, such as painful affections of the head and teeth, and diseases of the organs of respiration. He ridicules the idea of curing a chancre by the olfaction of Merc. 30.—Perry vaunts its efficacy in cases of coryza, headache, facial neuralgia, toothache and constipation, and gives several cases in support of his opinion. He dissolves the globule in spirits and water, and allows the patient to smell it thus: and this, as we learn from himself and Croserio, was the plan Hahnemann latterly adopted when he employed olfaction; but in his last published directions in the *Chronic Diseases*, he prefers giving the medicines by the mouth. Cases are not wanting in homœopathic literature to prove the excellency of this method when applied to the administration of the "high potencies," to which indeed we think it may with advantage be limited.—Mayerhofer employs olfaction in nervous patients, for the purpose of aiding him in the selection of a remedy for internal use. He says, if the organism is affected by it in a good manner, the remedy is curative; if in a bad manner, it is not suitable, and will cause secondary symptoms; if it is unaffected, the selection is wrong. Painful affections and neuralgias are most adapted for this olfaction-process.

Of the diet and regimen. Hahnemann early (1797) directed his attention to this subject. In the paper before alluded to, *Are the Obstacles to Certainty, &c.*, he says it is much less frequently necessary to alter the diet in chronic diseases than is generally supposed; and if it be found requisite to make considerable alterations, we should observe attentively what effect

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these will have on the disease before giving any medicine. He further remarks that he has cured the most difficult chronic diseases without any particular change in the diet. He enjoins moderation, and the avoidance of some things that would derange the action of the remedies, as acids where narcotic remedies are employed, salted viands during the use of Corrosive sublimate, &c. He gives a case illustrating the folly of prescribing an over strict diet in cases where the appetite craves for a greater supply of food; and as the case is replete with instruction and warning to those who make of homœopathy a system of starvation, we refer the reader to it at p. 175 of our second vol. The directions in the *Organon* amount to forbidding the use of medicinal substances in the diet, as coffee, tea, medicinal beer, spirits, spices, perfumes, raw medicinal herbs, &c., as also sedentary occupations, flannel next the skin, gaming, &c. At the same time he does not approve of denying the patient things of little importance; and he says that if in acute disease certain articles are much longed for they should not be withheld. In the first edition of the *Chronic Diseases* he permitted the moderate use of coffee and tea to those accustomed to them, but in the second edition he advises that their use should be left off gradually; roasted rye or wheat make he says a tolerable substitute for coffee. In chronic diseases he says it is never necessary absolutely to forbid wine. Those accustomed to it from youth would experience rapid sinking of the strength, and their life even be endangered by leaving it off suddenly. For the first two or three weeks they may mix it with an equal quantity of water, afterwards with more and more water; in the proportion of five or six parts of water to one of wine it may be allowed to all chronic patients. Spirits must be discontinued; in place of which, at first a little pure wine may be used, afterwards wine and water. The whole of Hahnemann's observations on diet are well worth perusal, and seem not to be sufficiently known to those who have written on the subject in this country; he nowhere enjoins a universal system of diet applicable to all cases, which he says would be as absurd as a universal remedy; and while he avoids a pedantic strictness on the one hand, he guards equally against all negligence on the other.

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Of the preparation of the medicines. The reader will find at p. 353 of our fifth vol. an exhaustive article on this subject; we have, therefore, little to add to it. Before Hahnemann adopted the plan of making tinctures of the vegetable substances, he used frequently to employ extracts which he prepared without heat. All are aware that his favourite mode of administering remedies was in the form of sugar globules of the size of poppy or mustard seeds, impregnated with the particular dilution he wished to employ, and dried. This plan, as we learn from the last edition of the *Organon* (§ cclxxxviii, note), he seems to have adopted about the year 1814 or 1815. Many physicians, deeming the globules too small, are in the habit of giving larger masses of sugar, termed by the German physicians *rotuli*, in this country called *pilules*. Various improvements and alterations have been proposed by different homœopathists in the mode of preparing medicines enjoined by Hahnemann. Thus Hering shewed that all the dilutions might be made with water in one bottle; and he likewise proposed the proportion of 10 to 90 in place of 1 to 99 for the various dilutions, a proportion that was recommended by Vehsemeyer, and adopted by Gruner in his pharmacopœia. Rummel observed the proportion of 2 to 98 in his dilutions. Several works on homœopathic pharmacy have been published, as Caspari's *Homöopathisches Dispensatorium* (1st edition, 1825, 2nd edition, 1828), translated into Latin by Hartmann, under the title of *Pharmacopœia Homœopathica** (1829); Dr. J. B. Buchner's *Homöopathische Arzneibereitungslehre*, with Supplement (1843), which has received the official sanction of the Bavarian government; Gruner's *Homöopathische Pharmacopöe* (1845), and G. Schmid's *Homöopathische Arzneibereitung* (1846).

If it is deemed expedient to give a colour to the homœopathic medicinal solution, Griesselich recommends raspberry juice, mulberry juice, or almond emulsion; burnt-sugar or beet-root juice may also be employed.

* This was reprinted in England in 1834, published by S. Highley. So many years having elapsed since its compilation, it has now become quite antiquated, and the publication of a new Pharmacopœia, which should embrace all the new medicines and the pharmaceutical improvements introduced by Buchner, Gruner, and Schmid, were much to be desired.

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ON THE HOMŒOPATHIC TREATMENT OF SMALL POX.

By P. J. Liedbeck, M.D. of Stockholm.

The Small-pox, before the introduction of vaccination as a prophylactic means, was better known than it is at the present time. What remains of this disease under the name of modified small-pox is a mere fragment of the ancient epidemy,* which only now and then appears in its severe form, in consequence of the vaccination having been omitted, or the vaccine not having taken effect, as for instance, when there remain marks on the skin which are scarcely perceptible, or when there are none at all. If the surface be marked by many minute pits or indentations, denoting the number of cells of which the vesicle had been composed, then we may rely on the efficacy of the remedy, or trust that small-pox of a mild form only may occur; and if the previous vaccination has been efficacious, the second induces a mere miniature vesicle which runs its course more rapidly. As regards the recurrence of the small-pox, it would be unjust to claim a more absolute protection from vaccination than from the disease itself.

Man is seldom attacked twice with this disease: such cases may occur, but then the first attack will more generally have assumed a malignant form, and such instances (viz. the same person being twice attacked) are exceptions to the general rule, which is, that man is secure from a second attack; and also when the cicatrix after vaccination remains deeply marked, the liability to contagion is far less. "Could vaccination protect us from the small-pox otherwise than homœopathically? Without mentioning any other traits of close resemblance which often exist between these two maladies, they have this in common—they generally appear but once during the course of a person's life;

* "Before the introduction of Vaccination in the middle of the last century, one-tenth of our Swedish children died yearly from small-pox." (Rosenstein: on the Diseases of Children, Stockholm, 1771, p. 151.)

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they leave behind cicatrices equally deep; they both occasion tumefaction of the axillary glands; fevers that are analogous; an inflamed areola round each pock; and finally ophthalmia and convulsions. The cow-pox would even destroy the small-pox on its first appearance, that is to say, it would cure this malady when already present if the small-pox were not stronger than it—to produce this effect, then, it only wants that excess of power which, according to the law of nature, ought to accompany the homœopathic resemblance in order to effect a cure. Vaccination, considered as a homœopathic remedy, cannot, therefore, prove efficacious except when employed previous to the appearance of the small-pox, which is the stronger of the two. When so employed it excites a disease very analogous (and consequently homœopathic) to the small-pox, after whose course, the human body, which as usual, can only be attacked once with a disease of this nature, is henceforward protected against a similar contagion." (HAHNEMANN, *Org. of Medicine*, Introduction p. 83.)

Although the small-pox now seldom appears in its old and frightful character, yet is the danger sufficient to claim attention; and the knowledge of the nature and treatment of the disease is no more superfluous now than formerly.

The author cannot recommend a better guide for acquiring a knowledge of this disease than the work of *N. Rosén v. Rosenstein, on the Diseases of Children.*

Among the medical writers of late date, perhaps none has had a better opportunity to observe and describe the small-pox than Rosenstein, and the account he gives fully accords with what we observe at the present day when the disease is raging in its malignity. "It is difficult," says this writer, "to recognise the disease during the *first period*, which generally lasts about four days; when the epidemy is raging, and there are general symtoms of an eruptive fever, viz. lassitude from no external cause, shivering and heat, pains in the lumbar region, oppression on the chest with inclination to sigh, and other symptoms more particularly attendant on small-pox, as *tumefaction of the face*, heaviness over the eyes with watering of the eyes, more par-

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ticularly the left one, pain or tenderness of the epigastrium, tendency to sleep, startings in sleep, and *excessive vomiting*, then we may conclude the patient is attacked with the disease. The fever continues with more or less vehemence till the eruption breaks out, and about the fourth day the eruption appears as small red pimples, which to the touch feel as large as a pin's head, first on the face, lips and nose, and gradually spreads over the surface of the body, each pock becomes more elevated and larger, the apex white, the base and surrounding part red, as also the skin between them, the febrile symptoms abating in proportion as the pustules increase in number and height, when also the fever and vomiting decrease; and when the pustules are fully out, which occurs in a couple of days during the *second period*, then the fever and vomiting cease.

"The *third period* begins when all the pustules are out in the face, and ceases when they begin to dry up. On the 8th or 9th day the pustules are ripe and yellow; they become higher and broader; their bases are still red and painful; the eye-lids are swollen and sometimes closed, whereby the patient is rendered blind till about the 11th, when the tumefaction gradually declines. During this period the *suppurative fever* (febris suppuratoria) sets in.

"The *fourth period* commences on the 12th day from the drying up of the pustules, and lasts till the scabs separate; the pustules drying up in the same order in which they came out. And febrile symptoms a third time, often appear, the suppurative fever having scarcely ceased. There is hardly any fever unless the disease be malignant.

"When the disease is malignant, the eruption appears within 72 hours, suddenly and very full, *closing the nostrils*, and often occasioning *difficulty of swallowing*. The pustules are small and confluent, and not being yellow and ripe, or elevated and pointed, they contain no pus; and if on the 12th day the pustules be opened, a fluid like water escapes, and the scabs leave deep pits.* In the malignant disease the pustules assume a green, violet,

* Distilled water put to this fluid makes it, however, opaque and turbid.

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bloody or black colour; and when the small-pox is accompanied with blood-spitting or pleurisy, it is always of a malignant form.* The fever, which generally ceases as the eruption appears, continues, and the suppurative fever then comes on all at once with great violence. In the second period already, there is an increased flow of saliva more or less tough, which threatens to choke the patient."

As regards the nursing of the patient, according to Rosenstein, the following rules must be observed:

"The room should be large, free from draught, and lighted according to the feelings of the patient, who may also regulate the temperature of the room, which is generally preferred at 56 or 57 degrees. The linen should be well aired, and if it should adhere to the skin, the easiest way of removing it is to hold over the part a sponge filled with warm milk or water. The patient must not be allowed to talk; he may eat when he feels appetite, but little at a time, and never meat during a fever paroxysm, as at night for instance. All kinds of gruel are suitable, as also fruits and toast and water, milk and water, barley water, &c. To drink much, often and little at a time in the small-pox, as in all fevers, is advisable. The patient when delirious feels no thirst, but should be made to drink as often as necessary,—sweet juices of fruit are often refreshing."

As regards the treatment of small-pox, *Sydenham* (in the seventeenth century) knew that blood-letting prevented the appearance of the eruption, and yet his experience is not more generally followed in practice, notwithstanding the progress medical science has made in our days; although many modes of treatment have been adopted by different Medical Schools, yet all deviate more or less from simplicity, which is generally more commended than followed. For instance, Aconite has, by medical men of Hahnemann's school, been too often administered for the small-pox, although it has never been proved that Aconite excites any symptom analogous to small-pox but its fever or the reaction of the arterial system; this being a secondary part

* Sometimes I have seen the small-pox accompanied with a kind of miliary fever, known by a peculiar exhalation (smelling like straw) from the skin.

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merely of the disease. Other remedies, as Belladonna, Mercury, Rhus, China, Silicea, Vaccine, &c. have also been recommended, the effects of which are but partly similar to different stages and symptoms of the disease; but none of his followers has ever thought of administering a homœopathic remedy for the small-pox which were applicable in all its stages.

Professor Berg, of Stockholm, was the only one who, perhaps, led by a different opinion of the action of remedies, thought of something of this kind, but making use of blood-letting also, the result he obtained was less efficacious. However, it was surprising to me to find among my own countrymen a medical writer who administered the same medicine in the treatment of small-pox, although in larger doses than necessary.

Tartarus antimonialis, stibiatus sive emeticus is then the remedy which is used by Professor Berg and myself as a remedy for the small-pox. When I first published our observations and experiments in a German journal, the *Hygea*, No. XI, 1839, I had then, as well as up to the present time, never seen a patient die from the small-pox, who was treated by this remedy in smaller doses than those which are generally given.

Although I never had under my care as many (215) patients attacked with small-pox as Dr. Berg, yet in all cases the disease yielded mostly to Tart. ant. in small doses, without the use of blood-letting, and without leaving a vestige of any after effect.

By making an extract from the account I gave in the *Hygea*, 1839, it will be seen how I obtained a knowledge of this remedy.

It is known that cow-pox inoculation was introduced by law into Sweden; and I leave it undecided whether the vaccination of Jenner be attended with more good than evil: in my own family I have seen both. We have known scurf and ulcers, in healthy children, to be the immediate result of vaccination, as well as eruptions and itch to be removed by the same.* The tumefaction of the skin observed by Rosen and others, we have known to be absent, the pock being modified. The identity of these pustules with the eruption occasioned by Ung. Tart.

* Nævi, it is known, will often disappear after vaccination.

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Stibiat. was already known to Autenrieth, and similar pustules are sometimes observed after poisoning by Tart. Stibiat., and according to Hahnemann, miliary fever, scabs, &c. are produced by it. It is astonishing then that no homœopathist ever thought of applying this remedy as a specific in small-pox. It is now a long time since I was prepared to treat the small-pox with this remedy in the smallest doses that are used in the allopathic treatment. Having tried it during this year (1839) at the University Hospital, as well as in my private practice, I have had ample opportunity of testing its value, the small-pox at that time being generally accompanied with gastric symptoms, furred tongue, &c.;—gastric and nervous fevers (see Fleischmann, *Hygea*, and Dr. Berg in the Swedish *Hygiea*, third part, 1839,) and typhus petechialis belonged also to the symptoms observed.

The small-pox, like any other acute skin disease left to itself, may doubtless often run its course and the patient recover (see Dr. Berg's observations); but it is also true that the patient's sufferings may be greatly alleviated by the use of Tart. Stib. in doses of half to one grain, dissolved in a pint of water, of which one tablespoonful is given every fourth hour. Often, after the first dose, I found the tongue cleaner, the fever subsiding; in short, the disease ran its course with less severe pains to the patient; even the difficulty of swallowing was sometimes much less when the remedy had been administered in time. If the last symptom were accompanied with foul breath, whether the patient had ptyalism or not, I applied Unguent. Hydr. with good effect; a quantity not exceeding in size a pea to be rubbed in from ear to ear under the cheeks; after it had been used twice, this symptom generally disappeared within twelve to fourteen hours.

A desperate case of *confluent* small-pox, with bleeding from the nose, affection of the chest, delirium, and difficulty of swallowing, was observed at the University Hospital. The patient was a labouring man, and in the house in which he used to live a servant girl had died a short time before from small-pox. Mercur. solub. was given in vain, and afterwards Dr. Eisen-

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mann's method of removing infectious matter with Chlorine was tried, which of course proved useless. I am sorry now I did not try Tart. Stib., as I know (from *Hygiea* 1839, part III, p. 127) that Dr. Berg used to give the same remedy in those cases. Dr. Berg says:

"The small-pox epidemic which commenced in October, 1837, and ended in September, 1838, consequently of one year's duration, was the greatest that ever was known. If we deduct the influence of the increased garrison in June, it will show *a sudden but regular increase of the epidemy till January, when it reached its maximum*, after which, during the first half year, it became stationary, and fell suddenly after this period. The general character of the epidemy seems to have been this: the eruption, though very often confluent, was not attended with any danger in proportion to its extent, and there was often no suppurative fever. In those cases that proved fatal, the cause, *without exception*, seems to have been the irritation of *the respiratory mucous membrane*, and laryngitis, tracheitis, and bronchitis with lobular hepatisation, as the results of the *specific* irritation of the contagion, were *most difficult to conquer by common antiphlogistic treatment*, although it proved *successful in many cases*. Where there was no irritation of the respiratory mucous membrane I did not consider myself called upon, only regarding the eruption on the skin, however full it might be, to use any internal treatment; whereas the irritation of the respiratory organs always requires blood-letting, general or local, according to its degree and extent; and *repeated use of Tart. Ant. in small doses*, to be followed by other remedies according to circumstances."

From Dr. Berg's report of the Royal Military Hospital of Stockholm, 1838, it may be seen that out of 214 soldiers attacked with the small-pox only 13 died, and 201 left the hospital cured, the percentage being thus $6^{1}/_{16}$. After all that has been said with regard to Tart. Antim. it is as much the specific remedy for the small-pox, according to homœopathic principles, as Mercury is that for syphilis. In order to prove this fact still more, I refer my readers to *Froriep's Notizen*, March, 1839. Tartarus Antim. in large doses is there mentioned to have produced *dryness, heat, and redness in the throat*, as also internal eruption; in the mouth, throat, larynx and

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trachea were found large pustules with depression in their centre (vertiefte).*

The internal small-pox, when it proves fatal, is accompanied with a more general ulceration of the mucous membrane of the larynx and trachea, as I found in two instances of post-mortem examination at the University Hospital of Upsala.† But the question is, whether this ulceration in fatal cases be not the secondary result of confluent small-pox in the larynx, as often is the case on the skin in a malignant form of the disease. The cause of the controversies among medical men, whether internal eruptions occur or not, might be, that some only have observed the primary form of the internal pocks, indented in their middle; others again, and myself among the number, only the ulceration; whilst others, with their preconceived opinions, have drawn unwarrantable inferences from autopsies.

It is now nine years since I wrote this article in the German language, and I have certainly nothing to retract, but would only refer to Tart. Stib. as a substitute for cow-pox inoculation (Compare my treatise *On Vomiting and the ordinary Emetics*, Upsala, 1843, p. 43).‡ It will suffice to add here the following remarks:

* Among pathological anatomists, Rokitansky and Engel, at the head of the school of Vienna in particular, have truly described the internal pustules caused by the use of Tart. Stib. in large doses. The former found them most numerous in the lower third of the œsophagus (*Rokitansky, Handbuch der pathol. Anatomie*, III, 162). The latter dwells more particularly upon the effect of Tart. Stib. as shown in the mouth and throat, and from the stomach all the way down to the orifice of the rectum (Comp. *Allgem. Repert. d. med. chirurg. Journalistik*, 1843, s. 6). In the post-mortem examination he found the injected capillaries in the mouth and throat circumscribed, of a light red colour, and bleeding easily; the hyperemic follicles in the large intestine tumefied, and the glands of the ileum enlarged, the mucous-membrane being pallid, dry, and brittle, as also its valvulæ conniventes dry and pallid, the result of which is mortification of the mucous membrane of the whole alimentary canal. So far the author. The effect of this remedy upon healthy persons will be nearly the same.

† One of these instances happened in the labouring man abovementioned; the second under the treatment of another physician of the ordinary school, after my appointment had ceased.

‡ *Lichtenstein* even found that the lymph taken from pustules which were produced by Tart. Stib. may produce vesicles, which in non-vaccinated persons in

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During the last few years I have used generally Vinum Stib. (according to the Swedish pharmacopœia) instead of Tart. Stib. dissolved in water. It contains a quarter of a grain of the salt in a drachm of wine, or one grain in an ounce—each drop therefore contains $^1/_{480}$th part of a grain of the salt. Vinum Stib., according to the Swedish Pharm., lies thus between the first centesimal and third decimal dilutions.

Of this remedy I usually gave one, two or three drops every three or four hours, with a little water in a tumbler or in an ivory or wooden spoon—the same salt dissolved in water was given in the dose of from a teaspoonful to a tablespoonful, according to the age of the patient. According to the common calculation of three teaspoonfuls to a tablespoonful ($\frac{1}{2}$ oz.) every teaspoonful contains $^1/_{72}$ to $^1/_{144}$ gr. salt, and every tablespoon three times as much, $^1/_{24}$ to $^1/_{41}$ gr. Thus for a grown person is used not so large a dose as formerly for children, and still the remedy in these small doses is very effective, and does not produce nausea, which is generally caused by the larger doses. I have always found it most efficacious, never having lost a patient who had taken it, and when early applied, the patient has not even been confined to his bed. In confluent small-pox, accompanied with heat and itching, it is a febrifuge remedy, and allays the irritation of the skin better than any other remedy. It is possible that the dose of this medicine may be still further reduced, and like other heroic remedies still retain its effect; experience has not yet tested this.

The knowledge of homœopathy and its small doses is barely more than half a century old, and as a system of medicine it begins to be more approved of in other countries. Its lineage consequently is not to be counted from past ages. There was a time when Antimony as a remedy was forbidden;*

no way differ in appearance from those occasioned by the vaccination. In thirty- [redacted] fact was established, and that the pustules from Tart. Stib. protect [redacted] all-pox. (See *Rep. d. med. chir. Journalistik, Okt.* 1840, p. 136.)

[redacted] ved opinion, and its power over medical men, has ever been the cause [redacted] e progress of important discoveries in science. One over-rated [redacted] rejected, and both, misled by exaggerations, deviated from the

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and in our days we find literary men and their corporations, as well as most other persons, disapprove and reject new medicinal methods, without having sufficiently tested their utility, with the same obstinacy as they cling to other old doctrines, the effects of which have been talked of rather than proved.

Five drops of Vin. Stib. is considered by Dr. Berg as a sufficient dose to produce vomiting in a baby at the breast, whereas formerly much larger doses were given for the same purpose. From three drops taken every 3—4 hours, I have sometimes known nausea produced in an adult; but if that occur the dose should either be diminished by higher dilution, or it should be discontinued, its effect in producing vomiting not being desired

true way to a knowledge of the action of medicines. Antimony is one instance of this. Its mere name (Antimoines) gives an idea that it was forbidden to be employed by the monks; and medical men of the 16th century, with their many doctrines, (the dogmatic, or the school of Galen, the chemiatric, or the school of Paracelsus, &c.) differed among themselves either in under or overrating the same remedy. The school of Galen, the most powerful, opposed the introduction of Antimony, which was entirely struck out of the list of remedies, as not suited for their unnatural and narrow-minded system. This was done through the medium of the medical faculty of Paris, by an Act of Parliament, 1566, by which the use of it even by medical men was prohibited on the penalty of a severe punishment. *Turquet de Mayerne* not obeying the decree, the act was renewed, 1603, and *Bernier*, on account of his transgression of the same, was formally dismissed from the faculty in 1609. Not only in France, but also in Germany, the same rash measures were resorted to, and in 1580, at Heidelberg, every medical man was forbidden to use either Antimony or Mercury internally, which interdiction lasted nearly a century. In 1650 the parliamentary act of Paris was abrogated, and five years afterwards the use of Antimony by examined medical men was consented to by the faculty of Heidelberg. For this act of liberality on the part of the Faculties, we are much indebted to men such as Kunkel von Löwenstern, Krato von Kraftheim, Frederick Hoffmann, &c., through whose discoveries the usefulness of this remedy became known. A more enlightened time and a more general knowledge of Antimony and its preparations, in spite of the prohibition of the remedy, might have done more towards the withdrawal of the interdiction, else it would not be so easily conceived that the chemiatric school, with Paracelsus at their head, should have met with a greater opposition than their successors, and, in fact, all the rest of chemical physicians now-a-days. "*Invidia medicorum pessima*, is an old proverb, the truth of which men of the profession have *always* found." (*Les passions*, par Descuret.) A better account of Antimony and Tart. Emet. is to be found in the *Archiv für homöop. Heilk.* 3 B. 2 Heft. Leipzig, 1824.

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when used as a homœopathic remedy in small-pox.* Should the physician not prepare his own medicine it would consequently be advisable to get it from an approved chemist. If the remedy be judiciously administered, or according to the direction given above, I have no doubt that the small-pox, hitherto so much dreaded, will be mastered.

CASES BY DR. KER.

THE following cases are such as are frequently met with in the practice of most medical men. And it is not claimed for them that they are instances of wonderful cures. In the selection of the remedies for their treatment there was not much difficulty. In most, the medicine indicated is at once apparent. No physician of the new school would have hesitated long in choosing the remedy, and the result in his case, as in mine, would be—cure. To the experienced homœopathist, therefore, such cases as these will not give much new information; he will perhaps be confirmed in his faith, but he will scarcely derive any new hints for his guidance in practice. But it is not for the advanced homœopathist that these cases are published. I have been induced to publish them in the belief that they may prove useful to the young practitioner. Such a Journal as this should always keep a corner for the beginner. We may confidently hope that there will be, year after year, an increasing number of homœopathic students, earnestly searching for what they could not find in the old practice—a law for their guidance in the treatment of disease. To such inquirers a record of the treatment of cases of disease will be more useful than any amount of reasoning. When they begin to practise, and find themselves oppressed with the labour entailed on them by the necessity of consulting the Materia Medica, and that even after such con-

* A better account of Tart. Antim. as a depletory means, and still more its mechanical action in general, is to be found in my pamphlet, "On vomiting and the usual emetics in relation to the healing art of nature in cases of congestion and inflammation of the brain and other viscera." Upsala, 1843.

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sultation they are still in doubt as to the proper remedy among many indicated to prescribe; it is in such a case as this that the experience of another proves of the most essential service. I remember how joyfully I turned such assistance to account when treating the first acute case ever entrusted to my care. It was one of acute articular rheumatism: there was much fever, and most severe pains in all the joints of the body—so greatly aggravated by motion or touch, that the patient could not refrain from screaming out if one only approached the bed. I was unwilling to undertake the case for many reasons: the patient was a very near relation, I was very inexperienced as a homœopath, and I had not yet graduated. But I was urged so earnestly by the patient herself, who dreaded submitting to the usual treatment, that I consented, though unwillingly, to prescribe for her. I had not *Jahr's Repertory* to consult, and the Materia Medica of Hahnemann appeared to me then such a labyrinth as it was easier to get into than out of. In a case so urgent as this, and with my mind disturbed and anxious at the responsibility imposed on me, I could not sit down to the study of the pathogenetic effects of different remedies—a work of great labour, and requiring as much concentration of thought as the most intricate of mathematical problems. Instead, therefore, of consulting Hahnemann, I had recourse to an elementary work on homœopathy, and greatly rejoiced was I in finding among the illustrative cases one of acute rheumatism. I followed the directions given, and prescribed *aconite* and *bryonia* alternately. The effect was almost instantaneous. Improvement commenced, and my patient very soon left her bed. Many inquirers into and students of homœopathy will probably find themselves in such a position, and they will more readily apply to this Journal for assistance than to any other work. And they will be grateful, as I was, for the assistance they derive. It is in the hope that they may be of service to such inquirers that these cases are published. But I must prevent any misunderstanding that may arise in consequence of what I have said about the Materia Medica. There is no other true guide to the Homœopathist. The more he studies it, with the more confidence will he treat

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diseases, and with the more certainty will he cure them. The labour of perfecting himself in this study is immense; but he will be amply repaid—exactly in proportion to the labour bestowed. In alluding above to the assistance I gained from a recorded case of disease, and to the service rendered to the young homœopathist by such records of cases, I intended only this conclusion to be derived—that in particular circumstances such records are of very great service; as a general rule the homœopathist should consult the Materia Medica and not published cases. I by no means wish it to be understood as my meaning, that diseases are to be treated by one man exactly in the manner which the experience of another has proved to be the best mode. No two diseases are in all respects alike; and, therefore, were we to take invariably the experience of others as a guide in practice, we would soon degenerate into the worst abuses of the old school, and become mere routiners. It is impossible, in describing a case of disease, to give *all* the symptoms. Many are not given which are unimportant, or because they are deemed so, and which would lengthen out a description beyond reasonable bounds. And many symptoms are not given because they cannot be written down. We sometimes gain at a glance information as to a patient's state which it would be impossible to communicate in words or to write down. The face, the eye, the colour of the skin, the speech, gait, address, intellectual and moral condition—the *tout ensemble*—of these we gain such an impression as very frequently influences our treatment. But as we cannot communicate such information to another, much, therefore, that influences our choice of a remedy remains untold. How careful then should we be of copying the treatment of others. If we do so, and fail in curing, we ought not to be surprised, for the probability is that we are treating a very different disease, or a very different form of it. As we must not, therefore, get into the habit of consulting records of cases for our guidance, let us at once go to the fountain-head. Hahnemann has given us a guide which will seldom fail us if we consult it diligently and earnestly. It is only when time or opportunity is wanting to us to consult the Materia Medica, that

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we should have recourse to the recorded experience of others. Without further prefatory remark, I shall copy from my notes the following cases.

Case I.

Tic Douloureux.

Maria M., aged 20, consulted me first on the 11*th of June*, 1849. For nearly two years she has suffered from neuralgic pains in the face. At the time when they first commenced, she had only lately recovered from a severe attack of typhus fever, and was, besides, exposed to the depressing influence of anxiety and vexation. The attacks of pain have recurred at short intervals ever since. During the last two months she has scarcely ever been free from pain in the face, and lives in constant apprehension of a paroxysm. Twenty-four hours seldom pass without a severe paroxysm, which generally comes on in the night. She scarcely ever sleeps well. She is rapidly losing flesh and strength. She suffers most pain in the right side of the face, near the inner canthus of the eye. The pain follows chiefly the course of the nasal branch of the fifth pair of nerves. The pain is tugging and tearing. The paroxysms continue generally about an hour, but occasionally for half the day. The eye feels as if it must be forced out. There is profuse lachrymation. After a paroxysm there is frequently swelling of the face. On one or two occasions the pain has suddenly shifted from the right to the left side of the face. General health pretty good. Since the attack of typhus fever she has had pain in the region of the spleen. Digestion is good. The menstrual function is normal. She is excitable and easily startled. Disinclined to exertion. Desponding. For these symptoms, *platina* 12 was prescribed, six globules in six tablespoonsful of water, and a dessertspoonful taken three times a day.

15th.—Has been nearly free from pain in the face since she commenced the medicine. She sleeps better. Her spirits are lighter. *Plat.* 12.

18th.—She had a severe attack of tic on the 16th, which continued for about an hour; but she has been free from pain since. *Plat.* 12.

22nd.—In every respect improved. She has had no more suffering in the face; but has had occasionally slight vertigo and tremulousness. *Saccharum lactis.*

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July 6th.—Since I last saw her she has had one or two attacks, but of short duration, and not very severe. *Plat.* 12, and *Sacch. lact.*

Up to this time, August 28th, she has had no return of tic. It is too short a time from the cessation of the pain to pronounce this as a decided case of cure. But that *platina* has been of very great service there can be no doubt. Before she took this medicine she was scarcely ever free from pain, and had nearly once a day a severe paroxysm. She did not know what it was to have a good night's rest; she went to bed to suffer and toss about, and rose in the morning unrefreshed, and more tired than when she went to bed. Now she is free from pain in the face, and sleeps soundly every night.

Case II.

Tic Douloureux.

On January 16th, 1849, Mrs. B., aged 36, came to me complaining of tic. She had tried in vain many of the usual remedies administered in such cases by the old school. She resorted to Homœopathy as to a *dernier ressort.* She has been subject to this affection more or less for two years. The paroxysms are very severe and affect chiefly the superior and inferior maxillary branches of the fifth pair of nerves. She is sometimes free from pain for many weeks or even months, but when once an attack comes on, it generally continues for two or three months. The most acute pain is in the roof of the mouth. There is also much pain in the alveolar processes of both jaws, especially the lower one. She has had many miscarriages, and been much reduced in strength in consequence. She had one about three weeks ago. This attack has continued about a month. Sleeps very ill. *Cannabis* 6, was prescribed, as it appeared to be indicated not only by the analogy which its pathogenetic effects presented to the symptoms, but from its being especially useful in cases where the constitution has been weakened and exhausted by miscarriages.

23rd.—The pains have not been so severe. She has slept more. The appetite is improved. The bowels are costive. *Cann.* 6.

30th.—Has suffered much from the neuralgic pains. They have been chiefly under the tongue, in the lower jaw, and under the left ear, and have been sharp and darting. There is much heat in the

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mouth. Unpleasant dreams at night. The bowels are still costive. *Bell.* 6.

Feb. 6th.—Shortly after the last visit she had a most severe paroxysm, but she has been quite free from pain since. The bowels are more regular. *Cann.* 6.

19th.—Has had no return of pain, though there is still an "uneasy sensation" in the teeth. General health exceedingly good. *Sacch. lact.*

This patient did not come to me again, but I was informed by a mutual friend some months afterwards, that she had not suffered from any more attacks of tic, and that she boasted to her friends of the good results that had followed her trial of the homœopathic system.

Case III.

Prosopalgia.

Mrs. S., aged 35, had suffered much from face-ache for five years, when, on the 2nd November, 1847, she came under my care. About ten months ago she had a very severe attack, and she has never quite recovered from it. Says that she has ever since been in constant pain. Sometimes the right side of the face, sometimes the left is attacked. At present the pain is chiefly on the right side. The teeth are much decayed, and very tender to touch: mastication of food causes much suffering. She describes the pain to be such as if a nail were driven into the jaws. The pain extends along the whole right side of the upper and lower jaws towards the temple, and occasionally fixes behind the eyeball. The pain is relieved by pressure, and sometimes by cold, sometimes by hot applications. Only temporary relief, however, is gained in this way. The face is not swollen. There is much weakness. Catamenial discharge is regular; but there is dysmenorrhœa. The appetite is craving. There is much thirst. The bowels are regular; the feet are cold. The tongue is streaked with a yellowish fur. Sleeps pretty well, but never wakes refreshed. Eructations after a meal, and she sometimes tastes food that she took some hours before. Palpitation of the heart on the slightest exertion or excitement. Very excitable. *Bell.* 6.

5th.—Declares herself to be rather better, though she is in very much the same state. *Merc.* 6.

12th.—General health much improved, but the pains in the face are not at all relieved. *Phos.* 6.

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19th.—All the symptoms improved. *Phos.* 6.

26th.—Face-ache nearly gone, and feels stronger, physically and mentally.

Improvement went on steadily till the 10th of December, when I did not think it necessary to prescribe more medicine for her. She has been, with the exception of one or two slight returns of the pains, quite free from them ever since.

Case IV.

Pleurisy.

Miss T., aged 55, felt chilly during the whole of yesterday, though the day was very warm, and in the evening she had a severe rigor. She went to bed, but could not get warm; passed a very restless night, and in the morning felt so ill that I was sent for.

June 9th, 1849.—A short time before I arrived, in reaching to a chair near her bed, she lost her balance, and fell heavily on the floor. Her left arm and side were much bruised, and when I saw her she was in great pain; complaining, however, as much of a sharp pain in the left side of the chest below and to the outside of the mamma, as of the bruises. This pain she had suffered from during the night, and before the fall. It is very much aggravated by motion, by touch, and by inspiration. There is a slight hacking cough which she makes the greatest efforts to suppress, as the pain in the side is so much increased by it. The expression of the countenance betrays great anxiety. There is dyspnœa and hurried breathing, rapid and full pulse, and hot dry skin. The tongue is coated; and there is frontal headache and slight vertigo. *Acon.* T. 3, and *Arnic.* T. 3, alternately.

10th.—Great soreness over the whole body. The pain in the left side is very severe—almost unbearable. Continue the medicines.

11th.—Indifferent night. Cough violent, and consequent aggravation of the pain in the side. Slight expectoration of viscid, glassy or flocculent sputa, brought up with great difficulty. Tongue coated with whitish fur. Weak and faint. Pulse rapid. Headache continues. Thirst. Still a very anxious expression of countenance. Dyspnœa considerable. *Phos.* T. 3.

12th.—Another bad night. The cough is better, but only since 3, A.M.; before that hour it was nearly constant. Bowels costive for

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four days. Pulse 72, and of moderate strength. Purulent expectoration. Dyspnœa not relieved. The pain in the side is still acute. The appetite is improving. Slight vertigo. Great prostration of strength. *Phos.* T. 3, *Bry.* T. 3, alt.

13th.—A restless night. Pulse softer and 72. Cough better. Pain in the side continues, but modified. Dulness on percussion over the whole of the lower lobe of the left lung. *Bry.* T. 3.

14th.—Slept better. Pulse still 72, but rather stronger. Cannot yet lie on the left side, though the pain there is not so great. Bowels costive for six days. Cough much less. Urine high coloured. Dyspnœa less. *Bry.* T. 3.

15th.—No pain in the side on coughing. Sleeps very well now. Expectoration freer, and cough very slight. The pulse is natural. The appetite is good. She feels so well that she wishes to get up. *Bry.* T. 3.

18th.—The left lung now rises more on inspiration than it did, and is less flat. The bowels have been relieved by an enema of tepid water. Coughs very little. *Sacch.* 3.

25th.—Is walking about the house, and is now quite free from all pain, cough, and dyspnœa. *Sacch. Lactis.*

CASE V.

Acute Bronch

The following case illustrates the efficacy of the homœopathic treatment as well as the p from the state of exhaustion to which the child was redu such as was of quiet operation could w administered. An emetic or a purgative the balance against the child, and death wou result. And one or both of such remedies have been given by an allopath.

The patient was an infant of five months old see her on the 3rd of March, 1849. About e contracted a cold. Suddenly the lungs w medical man in London (where the parents case to be a most serious one. He pr and a large dose was given to the inf such prostration of strength, that the pa

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on flying off from London and from the physician whom they had consulted. Notwithstanding the condition of their child, they travelled with her to the neighbourhood of Cheltenham. When I first saw her there did not appear to be any prospect of saving life, and the prognosis I gave was in accordance with this belief. The symptoms were—extreme dyspnœa; loud wheezing; violent and almost constant cough, and much expectoration of glairy watery sputa, which threatened to suffocate her whenever it accumulated in the throat; the sputa filled the mouth, from which it was removed by the nurse; great drowsiness; pulse very rapid and almost imperceptible; restless, and constantly rolling from one side to the other; lips pale; sleeps pretty well, though frequently disturbed by fits of coughing; appetite indifferent. *Acon.* 3.

4th.—The cough and oppression of breathing are very great; the face and lips have a blueish tinge; frothy mucus is constantly oozing from the mouth; great drowsiness. *Acon.* 3, *Bry.* 3, alternately.

5th.—Extremities very cold, but the face is not so blue; still very drowsy, and the cough and dyspnœa not relieved. *Acon.* 3, *Bry.* 3.

6th.—Hectic redness, first on one cheek, then on another—seldom on both at the same time, but the expression of the countenance is more natural; cough is not so violent; rattling of mucus and the wheezing in the chest are not so great; appetite improving; very drowsy; the eye is without lustre; the bowels are relaxed; constantly moaning and throwing the arms about. *Bell.* 6, *Ipecac.* 6, alternately.

th.—Better; less drowsiness; bowels still relaxed; oppression thing less; the hectic redness of the cheeks has disappeared; brighter; the appetite is not so good; there are perspira- pulse is still very rapid. *Bell.* 6, *Ipec.* 6, altern.

k P.M. I was sent for, and found the child suffering aggravation of the cough, and from oppression of ing at the mouth of mucus; very restless, and con- tremities warm. *Arsen.* t. 3.

deal during the night; there was less moaning; and less violent; bowels open; fæces bright extreme; face pale, with rather a livid hue; 80 in the minute; dull and heavy eye.

pect; a quiet night's rest; cough less on still 80; the expression of the

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countenance is natural; the bowels are open, and the fæces normal; no more frothing at the mouth; less moaning and tossing about; the extremities are warm. *Arsen.* t. 3.

11th.—Going on improving; breathing not laboured, and cough nearly gone.

From this date the child daily gained in flesh and strength, and all the chest symptoms gradually disappeared. *Chamomilla, bryonia* and *sulphur* were prescribed to meet particular stages of the convalescence, but no medicine was given after the 26th of the month.

CASES BY HAHNEMANN.

THE well-known cases related by Hahnemann in the second vol of the *Reine Arzneimittellehre,* are specimens of his practice in 1815, and betwixt that period and his death we know that his mode of administering remedies underwent numerous changes. The following cases illustrate his mode of practice just before his death, which our readers are aware took place in July, 1843. They are recorded in the first vol. of the *Neues Archiv,* by Dr. Bönninghausen, to whom Hahnemann transmitted them himself on the 24th April, 1843, as specimens of his practice at that time. As they are faithful transcripts from his journal we have no doubt they will prove interesting to the reader.

Case I.

Julie M. a country girl; 14 years old; not yet menstruated. 12th September, 1842. A month previously had slept in the sun. Four days after this sleeping in the sun a frightful idea took possession of her that she saw a ... thereafter she felt as if she had received a great blow ... The now spoke irrationally; became as if mad; wept ... difficulty in breathing; spat white mucus; could ... sensations.

She got *Belladonna,** weakened dynamiz... spoonfuls of water, of this, after it was shake...

* Dr. B. tells us that whenever the dilution is ... that the 60th dilution was administered.

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glass of water, and after stirring this one teaspoonful to be taken in the morning.

16th.—Somewhat quieter; she can blow her nose, which she was unable to do during her madness; she still talks as much nonsense, but does not make so many grimaces while talking. She wept much last night. Good motion. Tolerable sleep. She still is very restless, but was more so before the Belladonna. The white of the eye full of red vessels. She seems to have a pain in the nape of the neck.

From the glass in which one tablespoonful was stirred, one teaspoonful is to be taken and stirred in a second glassful of water, and of this from two to four teaspoonfuls (increasing the dose daily by one teaspoonful) are to be taken in the morning.

20th.—Much better; speaks more rationally; works a little; recognizes and names me; and wishes to kiss a lady present. She now begins to shew her amorous propensities; is easily put in a passion, and takes things in bad part; sleeps well; weeps very often; becomes angry about a trifle; eats more than usual; when she comes to her senses she likes to play, but only like as a little child would.

Belladonna, a globule of a higher potency: seven tablespoonfuls shaken in two glasses, 6 teaspoonfuls from the second glass early in the morning.*

28th.—On the 22nd, 23rd and 24th, very much excited day and night; great lasciviousness in her actions and words; she pulls up her clothes and seeks to touch the genitals of others; she readily gets into a rage and beats every one.

Hyoscyamus X^0, seven tablespoonfuls, &c. one tablespoonful in one tumbler of water; in the morning a teaspoonful.

5th.—October. For five days she would eat nothing; complains of belly-ache; for the last few days less malicious and less lascivious; stool rather loose; itching all over the body, especially on her genitals; [illegible] good.

[illegible] *Lactis* for seven days, in seven tablespoonfuls, &c.

[illegible] the 7th, fit of excessive anger; she sought to strike [illegible] The next day, the 8th, attack of fright and fear, almost

* of these directions, which is not very obvious, seems to be that [illegible] dissolved in seven tablespoonfuls of water, and of this a [illegible] stirred in a second tumbler of water, and from this second [illegible] be given for six successive mornings.

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like the commencement of her illness (fear for an imaginary wolf;) fear lest she should be burnt. Since then she has become quiet, and talks rationally and nothing indecent for the last two days.

Sacch. Lactis, &c.

14th.—Quite good and sensible.

18th.—The same, but severe headache; inclination to sleep by day; not so cheerful.

New *sulphur* (new dynamization of the smallest material portion) one globule in three tumblers; in the morning one teaspoonful.

22nd.—Very well; very little headache.

Sulphur, the next dynamization in two tumblers.

She went on with the *sulphur* occasionally until November, when she was and still remains a healthy, rational, amiable girl.

Case II.

O—t, an actor, 33 years old, married. 14th January, 1843. For several years he had been *frequently* subject to sore throat, as also now for a month past. The previous sore throat had lasted six weeks. On swallowing his saliva, a pricking sensation; feeling of narrowing and excoriation.

When he has not the sore throat he suffers from a pressure in the anus, with violent, excoriative pains; the anus is then inflamed, swollen and constricted; it is only with a great effort that he can then pass his fæces, when the swollen hæmorrhoidal vessels protrude.

On the 15th January, he took, in the morning before breakfast, a teaspoonful of a solution of one globule of *belladonna* X^0, then the lowest dynamization, dissolved in seven tablespoonfuls of water, of which a tablespoonful was well stirred up in a tumblerful of water.

15th.—In the evening aggravation of the sore throat.

16th.—Sore throat gone, but the affection of the anus returned as above described; an open fissure with excor[illegible] inflammation; swelling; throbbing pain and constriction;— [illegible] painful motion.

He confessed having had a chancre eight years [illegible] had been, as usual, destroyed by caustics, after which [illegible] affections had appeared.

18th.—*Merc. viv.* one globule of the lowest new [illegible] (which contains a vastly smaller amount of mat[illegible] kind,) prepared in the same manner, and to be [illegible]

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way as the Belladonna (the bottle being shaken each time), one spoonful in a tumbler of water well stirred.

20th.—Almost no sore throat. Anus better; but he still feels there excoriation pain after a motion; he has however no more pulsation, no swelling of the anus, and no inflammation; anus less contracted.

One globule of *merc. viv.* (2/0) the second dynamization of the same kind; prepared in the same way, and taken in the morning.

25th.—Throat almost quite well; but in the anus, raw pain and *severe shootings;* great pain in the anus after a motion; still some contraction of it and heat.

30th.—In the afternoon, the last dose (one teaspoonful). On the 28th the anus was better; sore throat returned; pretty severe excoriation in the throat.

One globule in milk-sugar for seven days; prepared and taken in the same manner.

7th February.—Severe ulcerative pain in the throat. Bellyache, but good stools; several in succession, with great thirst. In the anus all is right.

Sulphur 2/0 in seven tablespoonfuls, as above.

13th.—Had ulcerative pain in the throat, especially on swallowing his saliva, of which he has now a large quantity, especially copious on the 11th and 12th. Severe contraction of the anus, especially since yesterday.

He now smelt here *merc.*, and got to take as before, *merc. v.* 2/0, globule in seven tablespoonfuls of water, and half a spoonful of

—Throat better since the 18th; he has suffered much with motion causes pain when it is passing; less thirst.

seven tablespoonfuls.

more sore throat. On going to stool a bloodless comes down (formerly this was accompanied pain), now with merely itching on the spot. and then to have milk-sugar in seven.

fter a motion; yesterday some blood along ptom). Throat well; only a little sensi-

ion is performed by opening a small ol or brandy, wherein one globule or two).

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The following extract of a letter from Hahnemann to Dr. Bönninghausen, giving an account of a malady with which he himself was affected, and his treatment of it, will also be read with interest.

"Although," he writes, on the 28th April, 1833, "I kept myself very calm, yet the annoyance I received from * * * * * may have contributed to bring upon me the suffocative catarrh, that for 7 days before and 14 days after the 10th of April,* threatened to choke me, with instantaneous attacks of intolerable itching in the glottis, that would have caused spasmodic cough, had it not deprived me of breath altogether; irritation of the fauces with the finger, so as to cause sickness, was the only thing that restored the breathing, and that but slowly; there were besides other severe symptoms—very great shortness of breath (without constriction of the chest), total loss of appetite for food and drink, disgust at tobacco, bruised feeling and weariness of all the limbs, constant drowsiness, inability to do the least work, presentiment of death, &c. The whole neighbourhood proved their great affection for me by sending so frequently to enquire how I was, that I felt quite ashamed. It is only within these four days that I have felt myself out of danger; I obtained relief by two olfactions of *coff. cr.* X° first, and then of *calc.*; *ambra* too was of use. And so the Great Protector of all that is true and good will grant me as much more life upon this earth as seemeth good to his wisdom."

* Hahnemann's birthday.

A FEW NOTES ON A FE[illegible]

By Dr. Chapman,

Vice-President of the British Homœopa[illegible]

(*Continued from page* 399.)

Belladonna.

This is one of those precious polychrests [illegible] cult to speak, lest too much be said.

A child, about two years of age, excessive[illegible] were incessant from eight o'clock in the mo[illegible]

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very eminent surgeon had seen the little boy five or six times in the course of the day. The cause of the fits was not traced to dental irritation, and in fact was unknown. The child had scarcely come out of one fit, before he went into another. The warm bath for the body and cold application to the head, leeches to the temples, and repeated doses of Calomel, made up the allopathic treatment.

At midnight the writer saw the child: it was violently convulsed, and then lay in a state of stupor; breathing comatose; face livid; the jugular veins much distended: a drop of the tincture of Belladonna of the 3rd dilution was mixt up with some powdered sugar, and about a fourth of it was put in the child's mouth. The practitioner remained an hour with the little patient. The fits did not recur: the features became relaxed; the little creature passed from the comatose stupor into natural sleep and natural breathing; it had no more medicine, and was out with its nurse two days after. Eighteen months after, the child went with its mother to the West Indies, having been quite well in the interval. The eminent allopathic surgeon had decided that the case was hopeless; and yet through his unbelief that homœopathic treatment could ever produce any curative results, the parents of this child were induced to believe also that the homœopathic remedy was given at a critical moment, and that the favourable change would have occurred had the Belladonna not been given.

Another child had been subject to fits from the commencement of ... any cause of irritation would produce a fit; any little ...hich these little mortals are subject; any little alteration ... a week of Aconite, a dose night and morning, another ...lla, and a third week of Belladonna, this child had ...w in her tenth year, and excepting measles has ...llness. She had just commenced her second ...ic medicines were given to her.

...r in scarlet fever the writer has had ...ndoubted superiority of the homœo- ...der is to his mind an incontrover- ...h year since homœopathy was ...d has lately died there, from ...ubercles, after homœopathic ... is the only case of death ...hat disease in that town,

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notwithstanding the multitudes treated. An eminent allopathic surgeon in that town lost three of his children from this disease in one year: another has three of his children in a wretched state of dyscrasia from the same complaint: an eminent merchant lost, last year, three of his children from the same disease under allopathic treatment. Several thousands of children have probably died from scarlatina, or its results, in Liverpool, during the last eight years, yet this single case has been laid hold of by some as a proof of the wretched failure of homœopathy.

A young gentleman of 15 was supposed to have influenza; his father had derived great benefit from the homœopathic treatment, and asked his medical adviser to visit his son. On being seen, the patient was declared to have scarlet fever of a malignant kind. There was but little of the scarlatinous rash; only a few patches on the chest; the papillæ of the tongue were very prominent and very red. The throat was intensely inflamed, of a brownish red colour. There was great fœtor of breath; extreme lethargy. He was with difficulty roused to answer the questions put to him. When roused, his answers were pertinent and coherent. Great heat of skin. The oppression of the sensorium was the noticeable point. A few doses of Opium 2 were given to him every two hours, and then Belladonna and Opium alternately every two hours.

The next day the youth was decidedly better, still very alarmingly ill; the rash not apparent, except in rare patches; but the lethargy was less, and he had some natural sleep. The medicines were continued; but early the next day he was put under allopathic treatment, and died two days afterwards.

The result might have been the same under our treatment; but so far as the practitioner could judge, the treatment so far had availed. At the time of his last seeing the patient, though the prognosis was of course unfavourable, he did not consider the case absolutely desperate.

A boy of 12 years of age sickened with scarlet fever; it was intense in its character. He had some delirium at first, with great fever; the exanthematous rash was general, and lasted the usual time. In this case the discharge from the throat, which was severely affected, and from the nostrils was so acrid that it blistered his cheek and chin. Belladonna was the remedy chiefly relied on. He had

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a few doses of Capsicum of the 1st dilution for the ulceration of his throat, and afterwards Mercury of the 3rd trituration. The glands of the neck were, in the course of his illness, immensely swollen, and there was some suppuration. The boy recovered, and was convalescent in three weeks.

It was alleged in this case that the suppuration of the glands of his neck was due to the homœopathic treatment, and would have been escaped, if *active* means had been used for him.

A boy, seven years old, had been bathing in the sea: he came home with his face violently red, and in a raging fever. He became furiously delirious; his skin was very hot; his pulse very frequent. A few doses of Aconite were given to him. His skin became cooler, and his pulse less accelerated; but he was in perpetual motion on his bed, tossing from side to side, never quiet an instant. A few doses of Acetate of Copper of the 3rd trituration were given to him. He became more composed, and had sleep. On the third day, the scarlatinous rash was evident over the whole body. Belladonna was then given to him, in the 3rd dilution, a dose every three hours—the disease went through its course. On the seventh day of his illness, the lungs became congested. Phosphorus was given to him. When this difficulty was overcome, considerable enlargement of the glands of the neck and suppuration followed; after this he had albuminous urine, and dropsy was anticipated. But he rallied, and after a few months in the country was quite well.

In this case too, the sequelæ of the scarlet fever were attributed to homœopathy; and it was said that he would have escaped them if the allopathic treatment had been used. The disease in the case was of the most virulent character. A young woman, who acted as his nurse, sickened one night; an express early in the morning was sent for the medical attendant, and before he reached the house, which was some miles from the town, she was dead. She had bled from the ears, nose, and mouth; the body was covered with livid patches. This is what the people call, in these parts, "spotted fever," and is an instance of that worst kind of scarlatina, in which the disease at once pounces on the citadel of life, poisons it at its very fount and source, and at once extinguishes the very capacity of living. Another instance of the intensity of the poison in this case may be men-

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tioned. The family left the house; the bedding and curtains of those that had been ill were destroyed; the furniture was removed and fumigated; the house was stripped to its bare walls; it was whitewashed; the windows were left open night and day. Four months after it was refurnished, two new servants were sent into it to make it ready for the return of the family, and both, in a few days after entering the house, had scarlet fever. They recovered.

A family at Birkenhead lived in one of a block of houses, behind which there were some tenements of the poor. In the better class of houses there was scarlatina, and some deaths: from the tenements of the poor, many little victims of the same disease had been borne out for burial. This particular family was put on a course of Belladonna as a prophylactic; all and each, though it was a numerous family, escaped. One of the professors of Edinburgh lauds Belladonna as a prophylactic for scarlatina, and confesses its specific virtue for the treatment of this disease: "Yet, gentlemen," says he to his class, "this is no proof of the truth of homœopathy, for Hahnemann made his discovery of the value of Belladonna as a preventive of scarlatina before he became a homœopathist."

If Belladonna is given where the scarlet fever prevails, it either acts as a prophylactic, or if the disease does appear, it mitigates it considerably. In scarlet fever, though it is only one of several remedies, yet Belladonna is of priceless value.

This remedy acts very powerfully on those who are susceptible to its influence. A lady, who has been subject to the most distressing hysteria through life, and still suffers from it, though now fifty years old, had among other symptoms, violent tetanus, with a good deal of uterine erethism. The writer happened to be in her house when she had one of these attacks. She had always disbelieved the homœopathic doses: on this occasion, however, she consented that he should give her a little medicine. The tetanic condition, in conjunction with other symptoms, seemed to indicate Belladonna. He had only the 30th dilution at hand; and gave her that. She was soon relieved of the tetanus, but suffered from Belladonna symptoms: she did not know what she had taken. The next morning she said,

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you gave me Belladonna last night; I took it, a few doses of the extract of Belladonna a few years ago, and I know the Belladonna symptoms. She was told she had taken Belladonna, but in an infinitesimal dose. She maintained, and still maintains, that the globules contain medicinal properties in a concentrated form, and are very dangerous, because very powerful. So much for prejudice.

A lady had severe tic-douloureux, especially in the malar bone; it radiated to the ear on one side, and to the chin on the other. The pain was of the most violent kind. While she was consulting the practitioner, she was in an agony: the face was intensely red, and turgid; large beads of tears were dropping on her cheek. There was no disease of the teeth. A drop of Belladonna of the 3rd dilution was given to her; and some of the same medicine was given to her in solution, to be taken night and morning. Several years after, she consulted him for something else, and observed that she had had no recurrence of the pain: this was a "lucky hit."

Another lady, in the seventh month of her pregnancy, was similarly affected, with the same characteristic symptoms. It was her first pregnancy, and she began to suffer from this painful affection from the period of quickening. Her allopathic attendant had tried various means for her: she was worse, not better. Belladonna was given to her also, and with the like effect—she had no recurrence of the pain.

A few days ago, a third lady had similar symptoms: like the two others, she was of a fair complexion, the face red and turgid; the pain radiating from the malar bone to chin and ear; no disease of teeth; in her there was considerable uterine disturbance, leucorrhœa, and bearing down pain. Belladonna at once mitigated her sufferings.

An old lady, of sixty-six, had been suffering for some years from considerable discharge from the womb, of a sanious and most fœtid character. Her napkins were changed a dozen times a day. The odour was intolerable, even to her maid and herself. She had suffered for twenty years from prolapsus uteri; she had bearing down pain, and a sense of dragging weight; she could not walk; her countenance was very anxious and care-worn; she had very little sleep; had no appetite; she believed she had cancer. She had not submitted, and would not submit, to any examination of the uterus. This case was undertaken with very little hope of relieving her. Belladonna was.

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the base of the treatment: she had occasionally, at long intervals, a few doses of Sepia 30; and occasionally some doses of Nux vomica, for constipation chiefly. At the end of six months the discharge had entirely ceased; six years have passed, and she continues well.

A case of a similar discharge, in which the character of the uterine disease was not absolutely ascertained by examination, was treated with Belladonna in part, but chiefly with Sepia, with a like favourable result.

Belladonna and Mercury, alternately, have been given with full curative effect in many cases of enlarged cervical glands in scrofulous children.

Every practitioner knows the wide range of Belladonna; of its use in head affections, erysipelas, &c. No medicine is of greater value than this when it is truly indicated by the totality of the symptoms. If any one was obliged to limit himself to the use of a few remedies, Belladonna would be one of the first to occur to him for selection.

Bismuthum: nitrate of bismuth.

In the ordinary practice, as is well known, this remedy is often given in dyspepsia.

A lady, of 35, had been suffering from dyspepsia for many years: the tongue whitish and tremulous; headache; weight and pressure in the stomach, commencing half an hour after a meal. She was much disturbed with flatulence.

She was directed to take a quarter of a grain of the 3rd trituration of bismuth, half an hour after dinner, daily. On the first day of her taking the powder she felt some relief, and after a week she was quite relieved. It is not known if the effect was permanent; but it is judged to be so, as she has not reapplied for advice, and she seemed quite convinced of the value of the homœopathic treatment.

A tradesman, 32 years old, had been suffering some years from dyspepsia; great langour, and considerable wasting; urine in excess, and limpid. During the three months preceding his first consultation of the writer, he had lost each week nearly a pound and a half in weight, week after week. He had constant nausea; obstinate constipation. He frequently vomited his food; had regurgitations of food; great flatulence; pressure in the stomach. He was of dark complexion.

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He was advised to take a very small dose of Nux vomica of a low dilution each night, at first; then every three or four nights; and to take a quarter of a grain of Bismuth, of the 3rd trituration, an hour before his dinner. At the end of a week he again presented himself; he had ceased to waste, being just of the same weight as he was the week before: his nausea and his vomitings of food had ceased; he had no longer pressure in the stomach. He then went into the country, where the treatment was pursued under the eye of another homœopathic practitioner; he has since made favourable progress to recovery. This medicine seems valuable in those cases of dyspepsia which depend on chronic or subacute inflammation of the mucous membrane, with irritation of the spine. The large flow of limpid urine, like that of hysterical females, seems to be one of the indications of this state, and for this remedy.

Borax.

In the case of an infant with aphthæ, whose mother had cracks on the nipples, and suffered much pain from nursing, the mother took Borax, and applied a lotion of it to the cracks of the nipples; the cracks were healed, and the child was cured of the aphthæ.

In cases of sterility, when the female has suffered all along from acrid leucorrhœa, Borax is likely to be a very useful remedy.

Bryony.

A lady arrived at Liverpool from South America in a great state of suffering. She was a Spanish American; and this had been her first voyage. She was twenty years of age, and had been married six months. From the time she went on board the ship till she landed she had been constantly sea-sick; was never free from nausea, and vomited frequently. During the last fortnight of her voyage, there had been hæmatemesis several times. The bowels had not been relieved for upwards of a fortnight, though she had taken pills frequently, which only increased her nausea and the distress of her stomach.

Her face was very red; she was very giddy; she could not stand, and could scarcely sit. She had considerable head-ache; a sensation of great fulness in the bowels. The slightest movement increased her sufferings, which were partially relieved on lying down, and keeping quite still. The colon was distended, and to the touch seemed loaded with fæces. Notwithstanding her repugnance to it,

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half-an-ounce of Castor-oil with a few drops of Laudanum was given to her. She retained it; and discharged an enormous quantity of fæces.

The next day, though the distention of the bowels was relieved, and the long accumulated fæces had been removed, all her symptoms of sea-sickness continued: the flushed face, the head-ache, the giddiness, and the nausea; the distress increased on any movement. A drop of Bryony of the 3rd dilution was given to her: the next day she was quite well, and travelled to London.

In another case of extreme suffering from sea-sickness, during a voyage by steamer from Glasgow to Liverpool, where the faintness after much vomiting and continued nausea were the only symptoms, a drop of Ipecacuanha of the 2nd dilution removed the distress in a few hours. There was in this case slight diarrhœa.

The writer is disposed to think the *Bryonia nigra* still more specific than the Bryonia alba in the cases of bronchitic and catarrhal affections for which Bryony may seem indicated.

Calcarea Phosphorica: phosphate of lime.

In several cases of incipient mesenteric tabes, where there has been much diarrhœa, the stools being fœtid and sometimes lienteric, this medicine has been given with excellent effect, after Iodium, Mercury, and Arsenic.

Cannabis Sativa.

Five years ago, a lady was taken suddenly with angina: there was vehement but fluttering palpitation of the heart; she leaned forward; breathed with great difficulty; could only speak by snatches; complained of anguish and acute pain in the cardiac region. The countenance very anxious, with an imploring expression; the pulse at the wrist very feeble and hurried. She had taken cold; had had pains in her arms and [illegible]. Aconite was given to her at hourly intervals; then Aconite and Bryony in alternation every two hours; and then Spigelia [illegible]. The heart was relieved, and then her lungs [illegible] she had a cavity in each lung. At first Phosphorus [illegible] followed by Cannabis. The rhythm of [illegible]; it was thought there was some hypertrophy [illegible] discovered. She rallied: had, at long [illegible]

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and various other medicines. Spent the two subsequent winters at Torquay; the last two winters at Liverpool. The last winter she got through very well. This lady is not at all remarkable for her prudence. When the attacks she had during the first two years of treatment were pneumonic, she had Aconite, Phosphorus, and Cannabis; when pleuro-pneumonic, after a few doses of Aconite, Bryony and Squills. The Cannabis always acted well in her case. She is now about 38 years old. There was tough, greenish expectoration in the first instance when it was used, the sputum being previously rusty; towards the close of the attacks she expectorated freely—the expectoration muco-purulent.

This medicine has been found effectual in gonorrhœa, given in alternation with Cantharis when there was much burning and scalding in the urethra. Cubebs, in large doses, frequently repeated, and Copaiba in the same manner, have been curative in some cases. Petroselinum has been found effectual in some cases of gleet.

In a recent case of swelled testicle, from the suppression of gleet, Pulsatilla was at first given, with some relief; but the pain and swelling continuing, Arnicated cerate was applied locally, and Arnica given internally, and the patient was soon relieved. The gleet returned, and the swelling of the testis at once subsided.

In several cases of amenorrhœa in young women, whose physical powers have been overtasked, as domestic servants, or from other laborious occupations, Cannabis has been given with good effect. It has been used also with benefit in cases of constipation, where there has been at the same time amenorrhœa. In some of these cases the Cannabis Indica has been prescribed.

Morgagni describes minutely the appearances found after death in four persons whose occupation it had been to clean hemp, and whom he supposed to have died from the pernicious [illegible] of the hemp. As it may be interesting, the report is [illegible] from Dr. Hempel's large American edition of Jahr.

[illegible] blue spots on the right side of the neck. The [illegible] contracted, containing but a small quantity of bile of [illegible] The pancreas enlarged, and somewhat hard.

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Adhesion between the right lung and the pleura and the diaphragm; the left lung shrivelled superiorly; red, hard, heavy, and dense inferiorly; a tubercle containing pus. The left pleura and the left side of the diaphragm close to the lungs are inflamed. The pericardium contains but a small quantity of reddish, turbid water. Polypus-shaped exudations in the heart; the same in the carotid arteries. The vessels of the membranes of the brain are congested with blood; polypus-shaped, whitish and dense coagula in the falciform sinus, and in most of the vessels communicating with it; the other large sinuses contain coagulated blood; the arachnoid membrane is red throughout. Water in the convolutions of the brain; reddish water in the lateral ventricles. A number of watery vesicles of considerable size in the posterior portion of the choroid plexus. *Ep.* 7, *art.* 13.

2. A quantity of turbid water in the pericardium; polypi in the heart; small, whitish, roundish, but not indurated ossifications scattered over the inner surface of the arteria magna (aorta), the more numerous the nearer the heart. The vessels of the diaphragm are distended with blood, as if injected with wax. Extravasated drops of blood on the arachnoid membrane of the brain. The vessels of the right hemisphere are distended with blood, and black. Clear water in the convolutions of the brain throughout; water in the canal of the spinal marrow; a quantity of turbid water in the abdomen; the spleen is white on the outer side; the liver likewise, with a round black spot on the middle of the convex surface; behind that spot is a cavity of moderate size filled with half coagulated blood; pus in the left kidney, not far from the pelvis; [illegible] of the membrane of the bladder; the vessels of the [illegible] injected; some fleshy fibres in the urethra; the testicles [illegible] surrounding membranes, and even the scrotum are [illegible] *Ep.* 10, *art.* 13.

3. The lungs are filled with air, with black[illegible] jelly-like substance on the arachnoid membra[illegible] serum in the lateral ventricles, also in the [illegible] dorsal vertebræ; the brain is less consistent th[illegible]

4. A quantity of yellowish water in the [illegible] enlarged; polypi in the heart; the vess[illegible] lungs are distended; the upper portion of [illegible] and dark superiorly, discharging a dark [illegible]

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cut into; the liver is somewhat hard and "marbled" in appearance; the membranes of the gall bladder are blackish externally, and entirely black internally. *Ep.* 24, *art.* 13.

Cantharis.

This is one of our most valuable remedies in the treatment of inflammatory disorders.

A young woman, 22, had acute peritonitis: she could not lie down at all: she could not bear the slightest touch: there was some dysuria. The pulse frequent and small: at first constipation. After a few dozes of Aconite, Cantharis was given to her, and with great relief. The bowels then became affected; the sensibility to touch was much less; she could lie down, and get a little sleep: the pulse was less frequent, but there was pain on pressure; the pain occurred in paroxysms: mucous diarrhœa set in; she became hysterical: after a few dozes of Mercury, Pulsatilla was given to her. She was convalescent in ten or twelve days; but was so pulled down that she was sent into the country for several months. She had a little cough and perspired greatly; China and Phosphoric Acid were given to her, among other remedies; and after a while she recovered her health.

In a recent case of peritonitis, where there was retention of urine for thirty hours, the bladder being empty, Cantharis was given with very happy effect.

The writer thinks it would be very useful in meningitis: and disposed to give it in all inflammatory affections of the mem- structures, especially where there is dysuria, or retention

ks it would be very useful in various kinds of fever, ellow fever especially, where retention of urine is a symptom in the worst cases.

and Cantharis seem worth trying in opisthotonos

d in nephritis, dysuria, hæmaturia, renal is quite obvious; and also for priapism

flammatory stage of gonorrhœa, when the urethra, &c.

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In some cases of this sort, the writer has had the opportunity of testing its value.

A man made a large fortune at Liverpool some forty or fifty years ago by selling this acrid medicine, which he infused into a cordial of pleasant taste, and called it the "Balm of Gilead." He rejoiced in the name of Solomon. After a time some other nostrum, by some other quack, for impotence, seminal weakness, sterility, &c. &c. took the place of this; whereupon the aforesaid Solomon resolved to close his business, and get rid of his large stock of this "Balm of Gilead" by a single stroke of business. He sent it all through the Custom House for exportation; it was a very costly article; the drawback was heavy; he received a very pretty sum; it was of course never shipt; and this cantharized liqueur was sold to pay expenses, and diffused at a very cheap rate among the lieges of the good old town. On the London Road, no long time back, might have been seen a large house, inhabited by this Solomon, with some vulgar, ugly statues in the ground, which went by the name of Gilead House.

It is still the chief staple of the worthies who advertise cures for the miseries of unwary youth, and of unfruitful women.

The writer is inclined to think that this will be found one of the most valuable of the Homœopathic remedies, and that it should be included in the list of the polychrests.

Capsicum.

Persons who have taken Cayenne freely at any one time, who are not habituated to its use, will have diarrhœa from it, with smarting and burning in the rectum, and in the perineum. The writer has frequently experienced this effect of Capsicum.

He has given it in mucous diarrhœa and dysentery where there has been this burning, in and around the anus, with great advantage.

He has used it in ulcerations of the [illegible] to be malignant, with success.

It is also very useful in hiccough.

He should prefer a preparation made from [illegible] "negro" pepper of the West Indies.

It is said that the Indians of South Amer[illegible]

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in a diluted form, for the treatment of acute inflammation of the eyes.

Carbo Animalis.

An old lady had considerable inflammation of one of her big toes; it was very painful; tumid; and looking blackish. Carbo Animalis was given to her, and in seven days she was cured. In this case gangrene was threatened.

Carbo Vegetabilis.

The writer has used this remedy, and in the way of a palliative, where there is great exhaustion and want of reaction, especially in dyscratic diseases, with some benefit. He has generally given it, and he has thought with advantage, on the decline of hooping cough, as a preventive of the injurious sequelæ of that disease.

A little girl, between three and four years of age, had this distressing cough. Aconite and Ipecacuanha were given in the first instance, as she had a catarrhal fever; when the hoop was distinct and the paroxysms frequent, with sugillation, she had Belladonna: this remedy seemed to be of some use, but not much. The little creature could not sleep; the cough was then followed by passionate crying; little or no benefit was derived from Arnica; she sometimes became rigid; little or no benefit from Cuprum; Cina of no use; Drosera of no use: she then had bronchitis; she had Bryony with good effect: then pneumonic congestion; for this Phosphorus was given to her and with advantage. The next disaster was a mild attack of croup; for this she had Hepar and Spongia: but for the characteristic and convulsive cough no medicine that was tried seemed to be of much use. After seven weeks of this distress and suffering, Veratrum was given to her with some benefit; and after a few days Carbo veg. This medicine seemed to be of more use to her than any that preceded so far as the convulsive cough was concerned. The complaint in the form of the frequent hoop, for eleven or twelve weeks, period for homœopathic treatment. She is now well, and flesh.

mmended for gangrena senilis.

urred at Liverpool some years ago, this and dies were tried for some months: the d not spread: it was on the foot and

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heel: the patient suffered intense pain from it; and got impatient at last, and put himself under the care of an allopathic surgeon. The result is not known.

Chininum Sulphuricum: sulphate of quinine.

An officer in the army, aged 26, who had served in the Chinese war, got the Hong Kong fever. He was ill some time, and took a very large quantity of Quinine. His fever was cured, but he was still so unfit for duty that he was invalided and came to England.

He applied for homœopathic treatment.

He felt very feeble, and was often chilly; he had suffered from humming in the ears, but this symptom had left him. He was incapable of any mental exertion; unfit for any pursuit; his sleep was disturbed and unrefreshing; he felt good for nothing: he had little appetite, and had various dyspeptic symptoms. The nervous irritation, and anxiety, and discouragement, were his chief symptoms. He was told that his condition was owing to the quinine he had taken to such abuse. The symptoms of quinine were shewn to him; he found the symptoms he still had corresponded with those of quinine, and that some distressing ones which had then left him were also quinine symptoms. He was advised to amuse himself by going from place to place, and to take occasionally some of the antidotes. This attracted his attention to homœopathy. He got some books and read them; then a box of medicines; and began to practise for the poor in a country village; and after some time gave up his commission in the army, and became a medical student. He has been studying medicine on the continent during the last two years, and promises to be one of our very best English homœopathists. He has, in a remarkable degree, the faculties that constitute the medical mind.

Another Indian officer, 36, consulted the same practitioner in 1847. He had been subject to fever in India, and he also was labouring under quinine disease. He had tried the water treatment, but was so chilled after each of the processes, that after a few weeks he gave it up. Anorexia; listlessness; unfitness for work; sense of feebleness; discouragement; flatulence; white and tremulous tongue; sinking at the epigastrium, were among his symptoms: he had also, occasionally, præcordial distress.

Both these would have been taken by a medical man, who had not recognised the quinine disorder, for cases of "nervous

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dyspepsia." This last gentleman suffered also from constipation. He derived some benefit from the treatment; but was not as steady a patient as the other. He married, however, last autumn; so we may infer that he had got over his discouragement.

A young gentleman complained of lassitude and inability to attend to his studies, and had lost his zest for the sports and exercises of his schoolfellows. He was at the age in which the boy is being changed into the youth—his fifteenth year; and had lately been growing very fast. Not a symptom could be got out of him. He had lost flesh, or rather had shot up out of his flesh. After a few doses of Ignatia, Sulphate of Quinine was given to him, first in the 3rd and then in the 2nd trituration. He is now quite well, and has recovered his appetite and his spirits, as well as his flesh.

Cocculus.

Cocculus has often been found beneficial by the writer for the menstrual colic. He has found it very useful in some stomach complaints; but the chief reason for noticing it in this place, is to mention that he has found it very useful in lingering cases of gastric fever. In one case of spasm of the stomach it was taken with speedy relief.

Colocynth.

A medical man, who had lived a few years in British Guiana, had been subject during the last year of his residence to nearly weekly attacks either of colonial fever, or of what is there called "the rose" (inflammation of the absorbents of the leg—the glandular disease of Hendy), or of colic. It was the lead colic, he thought. He remained free from colic for some years, but on going to live at Liverpool he again became subject to it: it was brought on by exposure to cold, or from any irregularity of diet. He had several of these attacks yearly. In 1842 he had one of them, and took a dose of Colocynth at the very commencement of it. It was severe for ten minutes, and then subsided, and in a few minutes he was free from it. On two successive occasions the same remedy relieved him quite as rapidly. Before he had homœopathic treatment, the attacks lasted many hours, and soreness and tenderness of the abdomen were left for some days.

A tradesman suffered frightful pain from an attack of colic: he felt as if his bowels were drawn into knots; nausea and vomiting.

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Colocynth was given to him; and soon after, he discharged a large quantity of fæculent matter, and was relieved.

An old man, about 70, had a similar attack. His pain was very severe. Colocynth was given to him, and the result was equally satisfactory.

In these cases it was purely spasmodic colic, with twistings and gripings of the bowels.

In other cases, Aconite followed by Nux vomica, or Belladonna followed by Nux vomica, were given. Sometimes Coffee was given. Colocynth has been repeatedly given for coxalgia, with relief.

Coffee.

A lady had been subject to excruciating facial neuralgia from disease of the teeth. On one occasion, some five years ago, a small cup of strong black Coffee was given her, with a view to relieve her from this suffering. It need not be said that she had not been in the habit of taking coffee. She was speedily relieved, and continued free from this distressing neuralgia.

Conium.

This has been used with benefit in the sickness from pregnancy; and especially in women who have been subject to miscarriage. The writer has treated between fifty and sixty persons liable to miscarriage, and it has so occurred that in all these cases the habit has been overcome. In most of them, the best skill of good accoucheurs had been employed in the previous pregnancies; strict rest had been enjoined, and so forth. The medicines that have been found most generally useful in such cases are Belladonna, Natrum Muriaticum, Nux vomica, and Sepia, with Conium for nausea.

A young lady had a lump of considerable size in one of the mammæ; this and the other breast had wasted. She had taken Iodine from the allopathic practitioners, in former years, in large quantities. The nipple of the affected breast was retracted: the tumour was very sensitive to the touch and painful. She had a few doses of Conium, and the cure was completed in about three months with Iodide of Arsenic of the 6th potency. The pulse in this case was very frequent; there was considerable emaciation; she was

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very easily fatigued from walking; and she had from a tender age been overworked as a governess. This young lady continues quite well.

In the irritable tumours of the mammæ, for which Sir Astley Cooper used to prescribe Conium and Blue-pill with happy results, the writer has frequently found Conium curative, and several times without the use of any other medicine.

(*To be continued.*)

ESSAYS ON GENERAL PATHOLOGY.

By William Henderson, M.D.,

Professor of Medicine and General Pathology in the University of Edinburgh.

(*Continued from page* 300.)

Among the most remarkable examples of hemorrhage supposed to be dependent mainly on a deficiency of fibrine, is that class of cases usually distinguished by the term *hemorrhagic diathesis.* Those who possess the constitution to which that term is applied appear to derive it from their parents—or, more strictly speaking, from one parent, in whose family it had been previously known to be hereditary, and not from morbific agents operating on them so as to change a previously normal constitution into the hemorrhagic. And they are further distinguished from the cases of a more common kind by the circumstance that with the exception of the peculiar liability to hemorrhage they betray no evidence of disordered or enfeebled health. Nothing in their appearance indicates the dangerous tendency which they possess, and in muscular vigour, development of body, and discharge of all the functions proper to healthy persons, nothing has been discovered to distinguish them from others. It would appear, also, that they retain the hemorrhagic constitution from infancy to age, and without there being any decisive evidence that it is less at one period of life than at another. In some of them the liability to hemorrhage is probably greater than in others, for while it has been remarked of certain among them that the most trifling bruises, and even the ordinary pressure of a limb against a table or writing desk,

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have been sufficient to produce ecchymotic patches in the skin at the points of contact, others have not been observed so extremely liable to injury. Nor in all those who are the subjects of the hemorrhagic diathesis is the hemorrhage equally liable to be *spontaneous*, or independent of an obvious mechanical cause. Among the somewhat numerous cases on record we are told of some in whom bleeding from the gums, from the nostrils, or from one mucous surface or another, was a more or less frequent occurrence; while of others nothing has been recorded but the liability to excessive bleeding from wounds even of the slightest nature.

It is to be regretted that we have no satisfactory knowledge of the state of the blood in this remarkable disorder. Several of those who have published details of the cases which had occurred to them notice the watery appearance of the blood as it flowed from the wounds that had occasioned the hemorrhage: some of them, too, specify, as a peculiarity of the blood, that it either did not coagulate or shewed little disposition to do so; and in the account of a case given by Mr. Liston it is stated briefly that "the blood was deficient in fibrine." (*Lancet*, 1839). In the absence of the requisite information regarding the constitution of the blood in this affection, we are left to conjecture the condition of it. It may be held either that the fibrine is decreased in quantity or is impaired in its property of coagulating, owing to some change in its chemical constitution.

Either condition would afford occasion for obstinate hemorrhage, by preventing the occurrence of that occlusion of the wounded vessels by coagula at their bleeding apertures—the well-known means by which hemorrhage from wounds is in great measure stopped. The formation of such coagula is not indeed the only method by which bleeding from wounds is naturally arrested: contraction of the vessels at the injured part is another and most important event in the spontaneous stopping of hemorrhage from wounds, and there is reason to believe that the vessels, in persons affected with the hemorrhagic diathesis, are but little calculated to undergo that salutary occurrence. The facility with which the smaller vessels are ruptured by pressure and slight contusions proves that they do not

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possess the firmness proper to the state of health, and renders it probable that they do not become constricted and retracted after division, as healthy vessels do. We have no means of knowing at present the actual condition of the capillary vessels in respect to contractility, but of the more considerable arteries it has been noticed by Wilson, Blagden, and others, that they were preternaturally thin either from deficiency of substance in their fibrous coats or from defective contraction, and we may presume a similar condition to extend to the ultimate vessels. But while due consequence is assigned to the part which an abnormal state of the bloodvessels plays in the continued bleeding of the hemorrhagic diathesis, there can hardly be a doubt that a change in the blood is mainly concerned in the occurrence. Cold applications, and pressure, might be presumed to be sufficient to supply the defect in the state of the vessels, and to obviate the tendency to hemorrhage in so far as it depended upon that, but there have been too many fatal instances of hemorrhage, in spite of those appliances, to warrant our overlooking the state of the blood as constituting an essential part of the pathology of the disease.

It appears to me that the hypothesis of a deficiency existing in the property of coagulation possessed by the fibrine is more probable than that which holds the fibrine to be lessened. A mere decrease of the fibrine, it may be presumed, might *retard* the formation of coagula in lacerated vessels, and thus admit of much more hemorrhage than usual from wounded surfaces; but it is by no means so probable that it would in any instance prevent the ultimate formation of them in time to arrest the bleeding and save life. In the fevers which are attended by a very great decrease of the fibrine, fatal hemorrhages from slight wounds and abrasions are unknown; nor are we entitled to suppose that the difference between them and the hemorrhagic diathesis, in this respect, consists in the yet greater deficiency of the fibrine in the latter. Soft, spongy coagula are repeatedly mentioned by authors who have related examples of fatal hemorrhage from the peculiar disease in question, as having formed over the points from which the blood continued to escape, and of one case which had almost terminated fatally

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—after the extraction of a tooth—it is recorded that the patient was nearly choked by the formation of coagula in the mouth. (*Lancet*, No. 909);—statements which do not countenance the opinion that the fibrine must have been extremely deficient in quantity. A material defect in the rapidity and degree of coagulation much more readily accords with all the phenomena of these hemorrhages, and with one curious and important particular in the successful treatment of them.

It is related by Otto, of Philadelphia (*London Medical and Physical Journal*, 1808), that by the members of a family affected with the hemorrhagic diathesis "Sulphate of Soda was accidentally found to be completely curative" of the occasional bleedings; that the persons who were the subjects of the affection "speak of it with the greatest confidence;" and that they were so much accustomed to rely upon it when required, that they rarely applied to a physician when they were affected with hemorrhages, although several deaths had occurred among them before their fortunate discovery had been made. Krimer adds his testimony to its efficacy, and subsequent writers strongly recommend its employment. I do not find, however, that a satisfactory explanation of the *modus operandi* of the salt has been given. In an ingenious essay on the Hemorrhagic Diathesis by Professor Miller (*Ed. Monthly Journal of Medical Science*, 1842), it is suggested that the Sulphate of Soda may act in arresting the hemorrhage in consequence of its producing, when mixed with the blood, a dense though tardy coagulation. When coagulation is rapid, it is argued, the clot is loose, and ill adapted for stanching hemorrhage, while a dense coagulum is specially suited for that purpose, and therefore the Sulphate of Soda is effective by producing the proper kind of clot. To this view of the action of the salt, various objections may be adduced. In the first place faintness, which is so well known to be an important agent in arresting hemorrhage, causes a rapid and loose coagulation, for reasons adverted to in a former part of these Essays, and consequently coagulation of that kind, if it occurred in the hemorrhagic diathesis could hardly fail to be beneficial; but we have no evidence that it is ever rapid, (and on that account at the proper time and place,) although

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it may be loose. In the next place, the slower coagulation of blood under the influence of the salt, would leave the fluid ample time to flow away from the surface where the coagulum was needed, and would thereby ensure the continuance of the oozing: and, lastly, given as the salt has been given in the cases in which its successful employment has been averred, it is impossible, owing to the well known laws of endosmose, that so much of it could have become mixed with the blood in the circulation as to have retarded the coagulation of the fluid. It is advised by all who recommend the Sulphate of Soda in these hemorrhages that it should be given in purgative doses, and it is now understood that the common purgative salts operate as purgatives by causing exosmose of the watery element of the blood from the vessels of the intestinal mucous membrane, while but a small exchange is made by endosmose of the saline solution into these vessels. A curious effect of minute quantities of almost any neutral salt which has the power in large quantities of suspending the coagulation of blood, has, I think, been overlooked in the attempts to account for the action of the Sulphate of Soda in the disease in question. Minute quantities of those salts added to freshly drawn blood accelerate its coagulation, and as it can be only in a minute quantity, compared to the mass of the blood, that the salt of Soda can gain admission into the circulation in the circumstances referred to, it must act as an accelerator of the coagulation of the blood if it act at all on the coagulation, as the means of arresting the hemorrhage. That it does so, and in the way now explained, is highly probable, if there be any truth in the views I have stated, regarding the condition of the blood in this disease, and the part it plays in maintaining the flow from the wounded vessels. To make this doctrine of the action of the Sulphate of Soda tenable, it will be required that other salts which act in the same way on the blood, in minute and in large quantities, should have a similar effect when administered in the like examples of hemorrhage. Observations are deficient on the point, probably because the salt of Soda had accidentally acquired a reputation which excluded other saline purgatives from competition with it. One instance, however, I have noticed, in which the Sulphate of

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Magnesia is mentioned as having been habitually used with advantage by one who was subject to this kind of hemorrhage. (*Monthly Journal, p.* 504.)

No experiments appear to have been made on persons affected with hemorrhage, in order to ascertain whether the Sulphate of Soda is of equal service when given in small doses, so as to enter the circulation without purging. In order that it may do so, it would require to be dissolved in a large proportion of water, that it might be taken up by the intestinal vessels; and if it be found to act beneficially when thus administered, it can be fairly claimed as a homœopathic remedy for this kind of hemorrhage—in minute quantities restoring the activity of a power or property which in large quantities it suspends or destroys. Even with the knowledge we have of its benefits when given as a purgative, the only reasonable explanation of its action is the homœopathic one which has been given, for there is no known influence of a merely purgative operation that can be made available as a *modus operandi*, and if its efficacy depended on its purgative qualities, other purgatives besides these salts should act in the same way, which is not asserted to be the case.

To shew how much the blood is implicated in the pathology of the hemorrhagic diathesis, no better instance can be adduced than that which is related by Mr. Lane in the *Lancet* (1840.)—A boy, who had been operated on for strabismus, continued to lose blood, by the slight wound which had been made, for six days, in spite of every effort to stop the discharge. By the evening of the sixth day he was reduced to apparently the lowest state consistent with life, and in imminent danger of immediate dissolution. Vomiting, fits, syncope, an imperceptible pulse, extreme pallor, were among the symptoms of his prostration at the time when transfusion of blood from a robust young woman began to be performed. By the time five ounces and a half of this healthy blood had been imparted to him the pulse returned to the wrist; in an hour or two he was able to sit up; the bleeding did not return, and he recovered.

Supposing that the stopping of the hemorrhage in this case was due to the healthy blood that was injected, it remains to be

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determined what element of the healthy fluid it was on which the successful issue depended. About eight grains of fibrine, and from 25 to 30 grains of saline matter, were contained in the injected blood. The former appears too small in amount to have been the immediate means of plugging the wounded vessels; while the latter, by its effect on the coagulability of the fibrine proper to the blood of the patient, will more easily account for the result.

The blood of purpura and of scorbutus has been supposed to be defective in fibrine, and analyses are not wanting to countenance the supposition. Andral gives an account of the constitution of the blood in one example of scorbutus, in which the amount of fibrine is said to have been 1.6 per 1000 of blood; and Routier in a case of purpura hemorrhagica found the same elements in the proportion of only 0.905 (*Simon*, p. 319). More extensive researches, however, abundantly prove that a deficiency of fibrine is not characteristic of either disease. In two cases of purpura Dr. Parkes found the fibrine amount to 2.088 in the one, and to 5. in the other (*Monthly Journal*, Aug. 1849); and in scorbutus the blood has been found by Busk, Becquerel, Rodier, and others, to possess a proportion of fibrine varying in different cases from 2.2 to 6.5: indeed, the later researches on the blood of scorbutus would appear to prove that the fibrine is generally rather above the average proportion of health. As it is with the pathology of the fibrine alone that I am at present concerned, I shall content myself with remarking, that these observations do not, any more than the analyses of the blood of apoplexy, furnish support to the doctrines of Andral on the pathology of hemorrhages supposed to depend on some morbid condition of the blood. Not only is there no *absolute* decrease of the fibrine in scorbutus and purpura, but on the contrary there is usually both an absolute increase of it, and a very considerable *relative* increase, or in proportion to the corpuscles—the very opposite of the condition which Andral supposes to be characteristic of the blood of hæmorrhages. The corpuscles in these two diseases have been found [illegible] the proportion proper to health (Parkes), or, [illegible] arly

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in scorbutus, considerably below the limits of health, as low as 60.7, 72.3, 47.6 (Busk), 79. (Bequerel).

Without going further into detail at present regarding the constitution of the blood in spontaneous hemorrhage, on which chemistry has hitherto thrown no satisfactory light, and has failed more especially in suggesting a rational explanation of the distinctive peculiarity of the diseases in which it occurs—the hemorrhage itself, I would offer a few remarks on the pathology of this latter particular.

It may be justly averred that the majority of the best physiologists of the day recognize the operation of a something additional to the *vis a tergo* of the heart and arteries, in the transmission of the blood through the ultimate vessels, that something consisting of an attraction between the fluid that passes on into these vessels, and the walls of the vessels themselves. The attraction or affinity in question depends upon the state and constitution of the fluid, and on those of the vessels traversed by it, either of which being changed, the affinity will be impaired or altogether destroyed. In the case of healthy arterial blood arrived at the capillary portion of the vascular system, the attraction between it and the walls of the vessels helps to convey it into the latter, where but for the change which the fluid undergoes it would stagnate by virtue of that very attraction. Becoming altered, however, in its constitution, on reaching that stage of its course, the blood ceases to have an affinity for the walls of the vessels, or has, at least, that affinity lessened, and is propelled onwards by the yet unchanged arterial blood behind it, which is actuated by the full force of the attraction. What is thus true of the arterial blood and capillaries of the systemic circulation, is also true *mutatis mutandis* of the venous blood, and the capillaries of the pulmonic circulation. The application of these views to pathology has hitherto proceeded on the supposition that the morbid conditions which occur to prevent the passage of the blood through the capillaries take place in the blood itself; but there does not appear to be any reason to conclude that a morbid change in the condition of the ultimate vessels cannot give occasion to a similar effect, although

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the blood continues healthy. No doubt it is much easier to ascertain the existence of a morbid state of the blood, than to demonstrate an alteration in the intimate constitution, or in the nervous or vital force of the capillary vessels, although it cannot be denied that the affinity existing between these vessels and the blood, in the healthy state of the circulation, must depend as much upon a certain condition of the capillary vessels, in these respects, as upon the constitution of the blood they attract. The phenomena of the circulation in the ultimate vessels have their analogues among inanimate substances in those of capillary attraction; and, indeed, they may be regarded as phenomena of capillary attraction in the conditions peculiar to living bodies. If temperature and electricity can affect the phenomena of capillary attraction among inanimate substances, there is no reason to suppose that nervous or vital force may not affect those of living bodies. But we have as yet the best illustrations from pathology of the existence of those relations which have been referred to, between the blood and the capillaries, as the subsidiary agents in the capillary circulation, furnished by cases and experiments in which the blood had become morbidly affected. To these belong the well-known effects of withdrawing the supply of oxygen to the lungs on the pulmonic circulation in asphyxia; and the important observations of the late Professor Reid on the systemic circulation, where blood of a venous character existed in the arteries. According to that able and accurate physiologist, [illegible] experiments on asphyxia, the instrument he employe[illegible] force or pressure exerted by the blood in [illegible] pelling power of the heart, indicated [illegible] the onward passage of the fluid throu[illegible] olour had become dark in conseq[illegible] into the lungs having been interrup[illegible] tions of the heart before the entr[illegible] pre-vented, the mercury in the [illegible] artery ro[illegible]nd fell four, or four [illegible] minutes a[illegible] supply of air [illegible] was circulat[illegible] the arteries, [illegible]

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between four and nine inches, the force of the heart's action having been no longer expended in the same degree as before in the onward propulsion of the blood, but to a greater degree in the form of pressure on the inner surface of the arteries, owing to the resistance presented to the current at the ultimate vessels.

The application of these observations to the pathology of certain hemorrhages is obvious. The lateral pressure produced by the *vis a tergo* is not confined to the larger arteries when the blood is unfitted for traversing the capillaries with its customary facility, but the reluctant current presses also with undue force against the walls of the more delicate vessels, and here and there the skin becomes spotted with petechiæ, and the mucous surfaces allow their blood to escape, in consequence of the rupture of their over-distended capillaries. In purpura, in scorbutus, in typhoid fevers, such is the probable pathology of the ecchymoses and hemorrhages they present, although we may not be able at present to determine what are the precise changes in the blood (if they be in the blood) which prevent it from traversing the ultimate vessels with its former freedom. Such, also, is the probable explanation of the hemorrhages observed by Magendie and others, after the injection of alkalies and putrid substances into the circulation; without there remaining the smallest reason for supposing that the *defibrination* of the blood, as it is termed, or the rendering the blood incoagulable, has any peculiar connexion with these hemorrhages, in the sense of being the reason why the blood escapes from the vessels, or as a more important element in the causation of the hemorrhages than the accompanying changes in the fluid which bear witness to its vitiated qualities. The readiness with which increased pressure on the inner surface of the capillaries may occasion rupture of them is daily manifested in the bleedings from the nose, and the petechial specks about the temples, forehead, and eyelids of children during a paroxysm of hooping-cough.

(*To be continued.*)

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OBSERVATIONS ON HYDROCELE.

By Francis Black, M.D.

Case I.

I was consulted in Nov. 1848, by a gentleman, aged 54, long time resident in the West Indies, for an attack of bronchitis. Towards the end of 1847 he suffered from a similar attack, for which he was blistered, and took various remedies; but as the disease did not yield to these means, his medical attendant prescribed Calomel, and kept him for some time salivated. He recovered very slowly, and was a prisoner to the house until the spring of 1848 had passed. Throughout the summer his health was very indifferent: the injurious effects of this violent treatment induced him to try homœopathic remedies for this fresh attack. The violence of the symptoms was soon relieved by Arsenic and Aconite; and a constant fatiguing, spasmodic cough, which prevented sleep, yielded in a few days to Nux vomica and Carbo v. The patient was so gratified by his easy and rapid recovery that he requested me to examine a hydrocele which had existed for some time. He stated that when a very young man his right testicle was injured by the pommel of a saddle. There was always afterwards a great tendency on catching cold to pain in that testicle and cord; for this he has had as many as forty leeches applied in three days. When in England in 1829, and again in 1834, he was induced, owing to the great tendency to orchitis, to consult various surgeons, he was then assured that there was no fluid, and no disease. As soon as he was taken ill with the influenza in 1847 fluid rapidly formed in the scrotum, and in September of that year he consulted a surgeon* in London, and [illegible] Liston; they agreed that he had hydrocele. The hydr[illegible]ded on in June, 1848, by injecting a solution of Iod[illegible] appeared to have been successful, but in Augu[illegible] mulated, and a second operation was performed [illegible] injection consisting almost entirely of pur[illegible] The patient suffered agony for some hours, [illegible] mation subsided, and in October he came to [illegible] again soon accumulated, and the weight and [illegible]

* Dr. Chapman is acquainted with the subject of this case, [illegible] man who operated.

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caused great discomfort. On examination there is a large, tense pyramidal shaped swelling of the right side of the scrotum; the spermatic cord of that side is so much swollen that it presents the appearance of a hernia descending into the scrotum.

Nov. 29th.

℞ Graph. 12. 12. pulv. (1. 2. 3. 4)
Sil. 12. 12. pulv. (5. 6)
Graph. 6. 12. pulv. (7. 8. 9)
(4) m. et n., $\overline{1}$, sed post pulv. 3, et 6 $\overline{4}$.

In nine days the fluid was considerably absorbed; and in four weeks the swelling had entirely disappeared, the swelling of the cord had subsided; and but for the greater corrugation of the scrotum and slight hardness of the epididymis it would have been difficult to say on which side the hydrocele had existed.

I kept him for some weeks longer under the action of Graph. 6, and 3. April 16th. I again examined the scrotum, there was no trace of effusion, or swelling of the cord. On July 24th, 1849, the gentleman writes from the West Indies that he is quite well.

Case II.

A child three months old, presented a swelling of the left side of the scrotum; the swelling had been observed by the nurse to form in a few days; it was oval, tense, fluctuating and translucent: not affected by the cries of the child. As the child was very restless and peevish, a few doses of Chamomilla were given, and then Graph. 6. 12. pulv. III. (4) m. et n. $\overline{1}$. In a week the swelling gradually diminished, and at the end of three weeks had wholly disappeared. June, 1849.

Case III.

A child, aged 6 months, had suffered much for a fortnight from profuse lachrymation of the eyes; there was no appearance of inflammation. Sept. 1843. ℞ Iod. 3. gtt. iii. (9) 8va. q. q. h.: this was continued for six days, and used also as a collyrium; in a few days the lachrymation diminished, and before the prescription was finished had ceased entirely. My attention was then drawn to a slight, oval, fluctuating, and translucent swelling of the scrotum, which had been observed for about a fortnight; as I happened to have a vial of Iod. 1, I painted the scrotum with it, and ordered it to be applied every day;

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but in a few days it irritated the scrotum and was discontinued. No further remedies were employed, and in two months afterwards the swelling commenced to disappear as gradually as it had appeared.

Case IV.

(Communicated by Dr. Chapman.)—A gentleman, upwards of 60, had a hydrocele. There was no disease of testis or spermatic cord. The hydrocele had existed several years; when he commenced homœopathic treatment he was resolved not to submit to any operation. Rhododendron, 3rd dil., was given to him night and morning. This was the base of the treatment; he had occasionally a few single doses of Puls., Sil., Graph., and Sul. The cure was complete in a few months, and has been permanent.

From case III, it appears that the hydrocele of infants may disappear without any treatment, for it is not likely that the application, for a few days, of Iodine, was sufficient to excite absorption. In case II, Graphites was probably the means of accelerating the recovery, for if no remedies are given to children, or if discutient lotions are alone used, the cure is not so rapid. Altmuller * states that the hydrocele of infants, as well as that of adults, is readily cured in a short time by Dig. and Graph.; but as he at the same time employed a lotion of Kreos. 1, gtt. ii Sp. Vini, rectif. ʒ i, Aq. Font. ʒ i, it is as likely that this discutient lotion was the curative agent, as that the above remedies were. He, however, details no individual cases, and I doubt much if experience will shew that the hydrocele of adults is as readily cured as that of infants.

The medicines which have been recommended in hydrocele are Dig., Graph., Puls., Rhod., Sil., Sulph. Graph. and Puls. are the only ones in which symptoms resembling hydrocele have appeared in the proving. *Graphites*,† symp. 297, "Swelling of the scrotum;" and Hahnemann adds, with a point of interrogation, "in the tunica vaginalis" (?), "hydrocele" (?). But from symptom 296, it may justly be supposed that this occurred in connection with "great and painless œdema of the

* Beauvais, *Clinique Hom.*, t. IV, p. 500.
† Hahnemann, *Chronic Dis.*

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prepuce;" and, therefore the probability is that this swelling was an œdema of the scrotum, not effusion into the tunica vaginalis.

*Pulsatilla;** symp. 538, observed by Hahnemann himself; "the scrotum is swelled on the right side." Symp. 539, "Swelling of the scrotum, after forty-eight hours." The very slight symptoms in the instance of Graph. probably suggested its employment, and the indication has been confirmed by clinical experience. The administration of Puls. in hydrocele has probably been suggested more from its known efficacy in orchitis, than from the symptoms now quoted.

Case I shews the marked efficacy of Graphites, and that in a patient where the disease was so obstinate as to resist two operations; and where the injections had no effect in reducing the swelling of the spermatic cord. Segin † reports a case of hydrocele of two years' standing in a patient aged 48, where he gave Puls. 6. 4., and then in ten days Graph. 30. 4.; but finding in five weeks that there was no diminution of the swelling, he applied every evening a compress dipped in Tr. Arnic. gtt. x, cum Sp. Vini. ʒ iss. After thirty days the swelling was reduced one half; he then gave Con. 24, gtt. i., and six weeks after Tr. Sulph. 24. gtt. iii. In two months the cure was complete. In this case neither the Puls. nor the Graph. seem to have had a fair trial, for but scanty results could follow the administration of a single dose. In such an affection as hydrocele, partaking so much of a local character, and where the general health is often so good, I would feel disposed to persevere with one medicine for two or three weeks, giving it in gradually increasing doses, in order to be assured that the full action of the medicine had been secured.

The employment of Digitalis is purely empirical, and from the proving of the medicine it appears to manifest no action either on the scrotum or testes. Trinks ‡ mentions a case of hydrocele of a child, twelve weeks old; the effusion had no doubt been caused by external violence. Two cases of Puls.

* Hahnemann, *Mat. Med.*

† *Hygea*, Theil. I. p. 89, 1834.

‡ *Annales Hom.*, vol. I. p. 270.

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12. were given, the swelling diminished very much; and then tincture of Digitalis was administered. Neither this case, nor the remarks of Altmuller are very demonstrative of the efficacy of Digitalis. The employment of *rhododendron* has probably been suggested from its producing painful swelling of the testes. Case IV proves its beneficial effects. *Clematis* exercises so decided an action on the testes and cords, and is so useful in chronic enlargement of the testicle, that it may be found a valuable medicine in hydrocele. The employment of *sulphur* and *silex* is empirical, in some instances they have proved very useful.

From the above cases it would appear that hydrocele, especially that of children, is an affection very amenable to homœopathic remedies: but I have not been able to find notices in Journals of a sufficient number of cases on which to found a prognosis on the hydrocele of adults; there is, however, amply sufficient to warrant our recommending a patient to give a full trial to homœopathic remedies before proceeding to operate. Perhaps evacuating the sac with a capillary trocar might hasten the cure.

I have treated four cases, three of these got well as above reported; the fourth, complicated with scrophulous sarcocele, was partially improved, but again relapsed; many remedies were tried.

The obvious analogy which exists in the form, functions, and original position of the testes and ovaria, seems to be repeated in the various remedies which act specifically on these organs. For example, Puls., Sep., Graph., are very useful in ovarian disease, also in affections of the testes and vesiculae seminales: found beneficial in the chlorosis of females, so diminished ovarian action, and also in the originating in impaired function of the easier to procure provings of remedies this obvious analogy, between the he spermatic cord, prostate gland s, may legitimately suggest the se of the female genital system, ic indication exists.

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REVIEWS.

Doctrine de l'Ecole de Rio de Janeiro et Pathogenesie Bresilienne. Paris, 1849.

This work is the production of Dr. Mure, the indefatigable apostle of homœopathy, of whom many of our readers may have heard, though they may not be aware of the immense energy displayed by this zealous disciple of Hahnemann, in the propagation of the new system. We think it may not be uninteresting to our readers to give a slight sketch of the labours of Dr. Mure, as far as we are able from the documents to which we have access. His whole career bears such an air of knighterrantry and romance about it that it seems something like a fiction, but we have every reason to believe that all the facts we are about to relate are in the main true, though perhaps somewhat highly coloured by the zeal of the narrators.

M. Mure was a French merchant, well known at Palermo, and having fallen into extreme ill-health, (phthisis pulmonalis, is said to have been his malady,) he was given over by his allopathic physicians. Apparently in the last stage of consumption the *Organon* of Hahnemann fell into his hands, which he eagerly perused, and struck by the new light revealed in this extraordinary work, a ray of hope beamed upon him, and he hastened away from Palermo to seek that relief from the hands of the homœopathists which he was unable to obtain from the adherents of the old school. On his arrival at Lyons he placed himself under the care of the venerable Dr. Count Des Guidi. Such was his miserable condition on leaving Sicily, his friends scarcely expected he would survive the fatigues of the sea-voyage. Their astonishment was great when they saw him return in a few months in perfect health. All Palermo flocked around him and begged he would give them information respecting the system which had produced on him these marvellous results.

He made some cautious experiments with homœopathic remedies, and with complete success. Several physicians of Palermo were convinced by the proofs they saw of the efficacy of homœopathy, and set about studying it with diligence.

Mure was now resolved to consecrate the life that had been saved by homœopathy to its propagation, and, abandoning his commercial pursuits, he went to Montpellier to study medicine and obtain the legal qualifications for practising as physician.

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Having completed his studies and obtained his degree, he began to devote himself to propagate homœopathy. Malta was the first spot he chose for his operations. He arrived there in 1836. In the Grand Hall of the Knights of Provence, at Valetta, he got up an exhibition of his cures; something, we suppose, in the style of those formerly witnessed in this country, though on a more extensive scale, but not on that account of less questionable propriety, but Dr. Mure in his proselytizing ardour was no stickler for professional etiquette. He succeeded in making converts of some medical men here, particularly of Drs. Fennich, Buona-via and De Claude. The cholera having broken out in the kingdom of Naples, he crossed over to Palermo in 1837, and on the voyage wrote some papers on the progress of homœopathy and the homœopathic treatment of cholera, with Hahnemann's instructions for the cure of that disease. These he published on his arrival. The cholera not appearing in Sicily, he went elsewhere to propagate the faith, but was speedily recalled to Palermo by the invasion of the pest in June 1837; he did not arrive there however until the disease was already in its decline, after having carried off near a quarter of the population in forty days. Whilst most of the allopathic physicians had fled from the town during these fatal days, two of Mure's disciples, Drs. De Blasi and Bartoli, remained faithful to their post, and were instrumental in rescuing a number of persons from the grave. However, the Academy of Palermo, which had erased De Blasi's name from among its members on account of his heretical opinions, refused to register the cases treated by the homœopathists, but the Government, appreciating the excellence of their treatment, took care to spread a knowledge of the method pursued by them among the parts of the country still ravaged by the plague.

Our hero now set about translating a repertorium from the German, for the use of the Silician physicians, and established a pharmacy, where he made all the homœopathic preparations with his own hands. He here invented a machine for triturating the medicines, and another for succussing the dilutions, of which he has given as drawings in the *Bibl. Hom. de Géneve*, and also in the work before us. His plan was to triturate every substance, mineral, vegetable and animal, up to the third attenuation, and with his succussion machine to give 300 [illegible] to each dilution. He undertook to supply every medical man [illegible] with all the homœopathic preparations. Not being able [illegible]s in sufficient quantity, he established a glass-blowing

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manufactory, himself instructing the workmen, whereby he was enabled to supply with pocket pharmacies all the medical men who applied to him, and who were by no means few in number. During this time he translated into Italian, Jahr's Manual.

In the beginning of 1838 he opened a dispensary at Palermo, and soon afterwards a second in the centre of the town on a magnificent scale. In less than a year the number of patients daily seen here amounted to upwards of 200, and above six physicians were occupied in attending to them. Physicians, students, lawyers, priests, literary men, flocked to this temple of charity to hear from the patients themselves an account of their astonishing cures, we are told: and thus this dispensary became the centre of the propaganda for Sicily. The allopathic physicians, our informant assures us, found themselves almost deserted by their patients, the apothecaries begged to be allowed to sell the homœopathic medicines, and the wards of the great hospital were almost forsaken. In some public hospitals homœopathy was adopted, viz. in the hospitals of Morreale, Mistretta, Pietra-perzia, and that of the brothers of San Giovanni de Dio, their physicians having become converts to the new system. In a very short time about thirty physicians declared themselves favourable to the new doctrines, the principal of whom were, Tranchina, De Blasi, De Bartoli, Morello, Tripi, Calandra, Bandiera, the Marquis Inguagiato, Vasallo, Lipomi, Cinirella, Aceto, Maglienti, Strina, Selvaggio, Perez, Evola, Bonelli, Bataglia, Magri.

Under the editorship of De Blasi the *Annali di la med. omeopatica*, a periodical journal for the propagation of homœopathy, was established.

A Homœopathic Society was formed, which in 1844 was formally recognized by government and converted into "The Royal Homœopathic Academy." Courses of lectures on homœopathy are delivered here.

Having thus given the impulse to homœopathy in Sicily, our indefatigable colleague, desiring a new field for his beneficent conquests, turned his eyes towards Paris, and thinking things were not going on quick enough there to his liking, he resolved to stir up the energies of his dormant confrères.

Arrived in Paris in 1839, he immediately set about the foundation of a Homœopathic Institute, for the purpose of spreading the system by practice, instruction and publications.

A dispensary was opened every day for the poor; courses of lectures were announced, on clinical homœopathy, by Dr. Croserio—on

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the theory and history of homœopathy and on materia medica, by Dr. Jahr. Two newspapers for the indoctrination of the public were set a-going—a daily one, the *Capitole*, and a weekly one, the *Nouveau Monde*. A homœopathic pharmacy was established, provided with all Dr. Mure's ingenious apparatus. A library containing all the homœopathic works necessary for the student was formed. The opening of this institute on the 20th November, 1839, was rendered peculiarly imposing by the presence of Hahnemann himself, and a long oration was pronounced by Dr. Jahr, which is reported in the *Bibl. hom. de Géneve* for 1840, where also may be found numerous particulars relative to the impulse given to homœopathy in France by Dr. Mure, the opposition he encountered, and the spirit with which he attacked his adversaries.

But this restless spirit yearned like Alexander for new worlds to conquer; he desired to find some land where he might be the first to break the ground, and to convey blessings hitherto unknown to a race of men ignorant of the glorious doctrines of Hahnemann. He determined to cross the ocean and rear the standard of homœopathy in the virgin soil of South America. Accordingly he sailed for Rio de Janeiro, and arrived there in 1840. The traces of homœopathy in the Brazilian empire were but few before this time. In 1834 a Dr. Maya had published an article against homœopathy. In 1837 a M. Jahn had presented a thesis on homœopathy to the Faculty of Medicine of Rio, in which he related some cases of homœopathic treatment, but these were performed with massive doses of medicines in the crude state, and were not crowned with much success. Dr. Mure himself had before this time sent books and medicines to Brazil, but no one seems to have taken any notice of them. Shortly after his arrival in Rio he converted a young surgeon of considerable celebrity as a skilful operator, A. J. Souto de Amaral, who died two years afterwards without ever abandoning entirely allopathic procedures. He was shortly after his arrival dispatched by the Brazilian Government to Ste. Catherine, in order to found a phalansterian colony, for our hero is an ardent Fourierist, and a disciple of Swedenborg to boot. On his journey he treated many patients and spread abroad a knowledge of the system. At Ste. Catherine he made a convert of Dr. T. de Silveira. We do not know what success his phalansterian scheme met with, (heaven grant it did not fail like Cabet's Icarie!), but at the end of March, 1841, we find

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him again at Rio, where he was joined by Dr. Lisboa, and he soon succeeded in converting a number of allopathic physicians, and vigorously assailed the old school by his publications and successful practice. He travelled about from place to place creating wherever he went a homœopathic public, whom he left in charge of some medical man, of whom he had made a convert. His custom we believe was, when he arrived in any new town, to address appeals to the priests, in the name of charity and Christianity, to assist him in the propagation of the system, and by this means he made numerous converts among the clergy, whose influence with the laity served to spread a knowledge of homœopathy in a very short time, and crowds speedily flocked to his gratuitous consultations.

His resources being speedily exhausted in these disinterested efforts to spread the cause, he found himself forced to settle down to remunerative practice, which he did in Rio in 1842. Towards the end of that year, with the assistance of Dr. Martins and Dr. Lisboa, he founded the Brazilian Institute, and opened the first dispensary in Rio. In July 1844, the foundation of the homœopathic school was laid, and the course of study was opened in January, 1845. The following is the plan of study.

PREPARATORY.

Languages.—Portuguese, French, German, Latin.

Sciences.—Geometry, Geography, Natural History, Chemistry, Natural Philosophy, Astronomy.

MEDICAL STUDIES.

Anatomy, Physiology, Homœopathic Doctrine, Pharmacology, Pathogenesy, Pathology, Hygiene and Prophylaxis, Surgery, Operations, Accouchments, Clinical Homœopathy, [illegible], History of Medicine.

These studies are distributed over a [illegible]
a prolonged struggle and numerous difficulties [illegible]
incarceration of some of the homœopathists [illegible]
accusations of assassination, &c. may be mentioned. In
1846, the Secretary of State for Justice authorised [illegible]
give certificates of study to prove the capacity of the [illegible]
on the 2nd of July, 1847, a grand [illegible] was held [illegible]
the first certificates. The description of the ceremony [illegible]
with crimson damask and ornamented with gold [illegible]

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and portraits, reads amazingly fine, and was doubtless very imposing. The president (Dr. Mure) made a touching speech, and was followed by the secretary (Dr. Martins), then the vice-president and director (Dr. Moreira) announced that he had examined the candidates, and found them fully entitled to certificates of study, and in virtue of the imperial ordonnance so and so, the homœopathic school would now proceed to grant these certificates. Hereupon eight of the members, including the president, each put round their necks a white ribbon with two knots—the colour indicating the purity of their motives, the form denoting the orbit of human knowledge, the knots representing religion and science, which bind man to God and his neighbour, the whole signifying the inexhaustible mercy of the Deity, wherein is a refuge from error and falsehood. (The profound significance of Lord Burleigh's celebrated shake of the head is totally eclipsed by that of this bit of white ribbon. Ah! que n'ai-je étudié plus tôt pour savoir tout cela?) The director now calls up the candidates and one for all pronounces the following words, which we cannot resist quoting entire.

"Receiving the certificate of study which is conferred on me by the homœopathic school of Brazil, I voluntarily make my profession of faith, and take the oath hereafter to be signed by myself and two witnesses in double copy, of which I keep one.

"*Profession of Faith.*

"My hand upon my conscience, [?] and my eyes upturned to heaven, I embrace homœopathy, and declare, after having examined attentively and impartially the various systems of medicine,

"1.—That I acknowledge the doctrine of Hahnemann to be the only true medical doctrine:

"2.—I believe all the functions of life to be guided by an essential force, which I express by the words, vital dynamism:

"3.—That as the perturbation of that force constitutes disease, the mode of restoring it to its ordinary state, called cure, consists in modulating it by agents endowed with the power to produce on the person symptoms similar to those manifested in the transformed disease:

"4.—That substances in nature, even those regarded as poisons, have the power of acting on the vital dynamism, only by the forces which they derive from God:

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"5.—I believe, that trituration, succussion, and the other processes designed to separate in an ever increasing degree the molecules of matter, develope their dynamic properties:

"6.—I believe, experimentation with these substances, thus prepared, made upon men and women in good health, to be the only means of attaining to a knowledge of their dynamic properties, and of obtaining efficacious medicaments:

"7.—I believe it to be a sacred duty for every man, and particularly every Christian, to submit himself to pure experimentation as far as his health admits of it, remembering that our divine Redeemer consented to suffer an ignominious death on the cross to redeem us from sin, and to obtain for us eternal happiness:

"8.—I adopt the theory of doses taught by Dr. Mure in Sicily, France and Brazil, in order to develope it by my own experience:

"9.—I acknowledge surgery to be the only branch of the old medical sciences of any real and positive value, and that only for lesions that require the aid of mechanical means in order that life may be preserved or improved."

Having repeated this creed, the student puts his name to it in due form, and all the candidates say—"This is also our profession of faith."

And now in religious silence all the company arise to hear the oath, which runs as follows:—

"By our Saviour Jesus Christ, who suffered and died for us, redeeming our sins by his precious blood, and by virtue of his glory obtaining for us eternal felicity: by our duty to our neighbor, whom I ought to imitate as far as human weakness permits.

"I sw

"1.—To redeem sufferings of the sick sufferings of pure experimentation, which I shall means of persons animated the like charity:

"2.—Not to treat patients by medicaments which have been well proved, which are in the domain of pure homœopathy, which I have acknowledged and declared in profession of faith:

"3.—To observe strictly the precepts of the good of my duties, regarding as sacred objects virtue, the modesty of women, and the religion

"4.—To propagate the knowledge of homœopathy by all lawful means in my power.

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"5.—To profit as much as possible by the propagation of the principles of homœopathy, and by the advantages of its application, in order to make them serve to diffuse Christianity, to further Christian instruction and the civilization of the Indians, and to require of Pagans, Mahommedans, idolators and other infidels, their conversion to the faith before initiating them into a knowledge of the principles of homœopathy.

"And this I swear in the name of the Father ✠, of the Son ✠, and of the Holy Ghost ✠."

To this is affixed the name of the candidate and of his two witnesses. And all the other candidates say, "And this we swear."

The spokesman then proceeds:—

"I promise on my honour,

"1.—To make upon myself one pure trial annually:

"2.—To communicate faithfully to the direction of the Homœopathic Institute of Brazil the result of these trials:

"3—To give at least once a week gratuitous advice to the poor in a dispensary of the institute, or in one of its affiliated associations, furnishing at my own expense the necessary medicines."

Here he signs his name; and all the candidates say, "We promise this."

The president then pronounces the following benediction:—

"In the name of Hahnemann, discoverer of homœopathy, from ... I have received the mission and the power, and with the ... of my coadjutors, the disciples of that messenger from ... now declare you fit to exercise the new art, acknowledge ... colleagues, and as professors of pure homœopathy."

... concluded by the candidates receiving a triple em... band of the Imperial marines struck up the "Hymn ... The secretary then attempted to make a speech, ... as he expresses it, "emotion and satisfaction ... and obscured his ideas." Fortunately the ... nd to the tune of the Brazilian "God save ... meeting was dissolved.

... repeated last year, and it is hoped the

... roduced in 1847, by Dr. Martins, ... nd an affiliated society formed ... rts of the Brazilian empire

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it was also spread by pupils of the institute, by whose means it was also extended to the other side of the South American Continent, to Africa, India, and if we can believe Dr. Mure, even to China and Thibet; but the data for such missionary efforts are not very clear, and we much fear that Dr. Mure has occasionally drawn upon his imagination for his facts, at least when he goes beyond the sphere of his own immediate observation. The following is his own summary of the performances of homœopathy through his instrumentality.

"The annual mortality of Rio diminished from 7,294 in 1842 to 4,455 in 1846, and for the first time since the foundation of the city not exceeding the number of births; the extinction of numerous epidemics of scarlatina, small-pox, rheumatic fever, &c.—rapid increase of the population of the empire; preservation of the negro race in the plantations, and assurance of their lives by the society *Prosperidade;* alleviation of the condition of the negroes on shore and in the middle passage; diminution of the slave-trade; establishment of Sisters of Charity in Brazil; return of religious sentiment and extinction of materialistic medicine; spread of the propaganda on the coasts of Africa, India, and wherever the Portuguese language is spoken:—such are some of the fruits of our labours. Do they not suffice to repay us for all our trouble?"

Five and twenty dispensaries have been established in Brazil, and the following are the names of the principal homœopathists:

Amaral, Silveira, Gama e Castro, Lisboa, Martins, Moura, Duque Estrada, Moreira, Costa, Ackermann, Pastor, Gomes, Nogueira, Lemos, Cochrane, Castro, Procença, Pereira, Bimont, Mesquita, Moraes, Olegario, Carigé, Soarès e Souza, Rouen, Laperrière, Chedifer, Figueirido, Cesario, &c.

In Dr. Mure's work we have a homœopathic chart of the world; those countries where homœopathy has [illegible] are appropriately depicted of a black colour. [illegible] and his coadjutors have introduced it are [illegible] hue, to shew that homœopathy exists there; [illegible] those countries where homœopathy has been [illegible] are of a neutral or grey tinge, to denote, we [illegible] degree of purity of the homœopathy there practised.

Having thus rapidly sketched the chief propag[illegible] Dr. Mure, before proceeding to the examination of [illegible] just published, we may remark that creditable

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efforts, sacrifices and performances of Dr. Mure, we very much fear that the diffusion of a purely scientific truth by such dashing and chivalrous manœuvres as his, can be of but a superficial character. Striking and seemingly marvellous as is the progress at first effected, a slight check, some unfortunate case, or the natural declension of the ardour of the novelty-seeking quidnuncs who are at first attracted to the new system and serve to swell its ranks, will suffice to throw it back a great way, if not to consign it altogether to the limbo of forgotten things; and we would much rather see the truth advancing slowly and noiselessly among the thinking portion of the community, than heralded by all the parade of popular enthusiasm, and appealing to the passions and feelings of the masses. With the theoretic truth of a new system the unprofessional portion of the public has nothing to do, and are in most instances incapable of forming a correct judgment upon it, that must be determined by those whose education has fitted them for the task; all, however, are able to appreciate at their true value facts and statistics; and if these are brought properly before them, there is no fear but that they will ultimately embrace the truth, and if their belief be founded on such substantial grounds, it will be much less liable to be weakened or overthrown by adverse arguments, or slight reverses. What have not phrenology, mesmerism and homœopathy itself suffered by clap-trap exhibitions and ultra-popular treatises!—But we must return to Dr. Mure and his book.

After the flaming description of the Homœopathic Institute we have just alluded to, our author presents us with a new astronomical and a new geological theory—*apropos des bottes.* It is hardly worth while alluding to so much silliness did it not serve to give an idea of the intellectual character of the author, and from his mode of treating the exactest of the sciences, enable us to estimate at their proper value his ideas respecting the most inexact of sciences. He rejects the theory of gravitation and centrifugal and centripetal forces to explain motions of the planets; and holds all these bodies to be nothing balloons filled with some excessively rarified red-hot gas, the ether of space at different distances from the sun, according to several specific gravities, those that have atmospheres turning on their own axis by a curious process, the sun's rays being *refracted.* The whole astronomical theory is made out, and the geological theory is not a whit better. The earth is but a very thin shell, with depressions on its surface and eminences of the exterior, and *vice versâ.*

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This being the case, the water of the ocean, lying in the exterior hollows, penetrates through the crust of the earth, and there coming in contact with the incandescent gases is vaporized and condensed in the hollow cones representing our mountains; which fully accounts, Dr. Mure thinks, for the frequent origin of springs, and even hot springs, in mountainous countries—and so on. Luckily for himself, Dr. Mure does not anticipate many adherents of his cosmogonic doctrine.

The next article in Dr. Mure's book, is an account of the pretended conversion of Broussais to homœopathy; but nothing is demonstrated further than that the founder of physiological medicine was willing to try homœopathy before condemning it, and would probably have done so had the state of his health permitted it.

Next follows an ode in honour of the 60th anniversary of Hahnemann's doctorship; then an oration and an ode on the death of Don Alphonso, the son of the emperor, who was killed, we are told, by the combined efforts of phthisis and allopathy.

The next portion of the book is devoted to the consideration of the homœopathic doctrine, and first we have a chapter on pure experimentation, then on the law of similars, then on small doses, next on the administration of but one medicine at a time; the fifth chapter is on vital dynamism, and here Dr. Mure shews himself to be an ultra-dynamist—he rejects entirely the notion that our tissues are formed by the assimilation of matters from without, it is only, he affirms, by means of the reaction that aliments provoke in us that our organs grow and are developed: if this be true we may hope some day to discover an agent that shall excite this necessary reaction in us, and enable us to dispense with the gross materialism of food and drink. In the sixth chapter a theory of acute and chronic diseases is propounded. "Acute or natural diseases," he says, "such as are observed in perfectly healthy persons [illegible] terminate simple disease, or when making [illegible] Chronic diseases present three aspects: [illegible] diseases, where the period of natural reaction [illegible] over, and where the vitality is unable of itself to [illegible] integrity. 2. Miasmatic diseases; psora, syphilis, [illegible] viruses which are able from the first to triumph over [illegible] reaction. 3. Primary, secondary, tertiary, &c. forms, [illegible] transformations of the morbid affection.

The next chapter gives an account of Dr. M[illegible]

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making the homœopathic preparations, and here he shews considerable mechanical skill. There is first his triturating machine—he triturates all medicines without exception up to the 3rd attenuation; then his machine for corking the phials in vacuo, when it is desired to succuss the medicine without the presence of atmospheric air; and lastly, his succussion machine, which by means of a long lever shakes the medicine more easily and much more effectually than can be done by the arm. In the following chapter are given rules for making provings of medicines, of a very milk-and-water character. He advises to be taken a single drop of the 4th or 5th dilution, and this not to be repeated until all its action is supposed to be exhausted, which may be days, weeks, or months. Certes, the provers will not take much harm from this innocuous recreation. The next chapter contains directions to the prover how to note his symptoms, and to the physician how to examine the patient, merely a repetition, with variations, *à la Mure*, of what Hahnemann says in the *Organon*. Some cases treated by the author are also given, which show his excessive minuteness and industry, but are not otherwise remarkable. In the next chapter Dr. Mure expounds his theory of doses, and his deductions are, that the lower dilutions are more suited to acute, the higher to chronic diseases. He does not approve of dilutions higher than 100, and gives in very acute diseases the 2nd or 3rd dilutions. Children, he says, require the lower, old persons, the higher dilutions; males the lower, females the higher, &c. He touches also on the repetition and alternation of remedies; but says nothing of much importance on these subjects. The remaining chapters are devoted to the exposition of a symptomatic algebra, ingenious enough, but which it would be difficult to describe without giving to it more space than we can afford.

The rest of the book is occupied with the pathogenetic effects of medicines, which have been tested by Dr. Mure and his co-mounting in all to thirty-eight, some proved with considerers presenting but few symptoms. Not always is the cteristics of the prover given, which we cannot but omission. Among those remedies that have roved, we may mention Hippomana mancinella, bonariense, Solanum tuberosum ægrotans cascavella (the rattlesnake's poison), Elaps poison), and the Pediculus capitis. We medicines, especially Crotalus (which

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has been already partially proved by Hering) and Elaps will prove valuable additions to our Materia Medica.

We have now completed our analysis of Dr. Mure's book, and whatever value we may ascribe to his literary labours, none will, we feel assured, deny to Dr. Mure the possession of the most disinterested enthusiasm and zeal for our cause. As we before asserted, however, we fear that the means adopted by Dr. Mure for the spread of homœopathy have not been in all cases the most judicious. Though, by his theatrical mode of going to work, wherever he went he attracted a number of admirers, such a mode of propagating a scientific truth must doubtless have deterred rather than attracted sound-thinking and earnest men, and we fear that the permanent results of his endeavours will belie sadly the expectations raised by his brilliant commencement; indeed, we learn from the *History of Homœopathy* by Rapou, recently published, that the zeal of the lay enthusiasts in Sicily, whom Dr. Mure had gained over, was not of long duration, and that the magnificent dispensary at Palermo itself would have gone down altogether had it not been for the vigorous efforts of a few of the homœopathic physicians; and now we rejoice to learn, homœopathy in Sicily is slowly recovering from the violent reaction which threatened at one time to overwhelm it; so that, after all, homœopathy is on no better, probably on a worse footing at this moment in Sicily than if it had originally been propagated in the same way as it has spread in other places, and had never experienced the deceitful impulse of the ardent Mure's endeavours to force it forwards. A scientific matter like homœopathy, which requires to be carefully investigated and tested by the expert, if thus pushed into premature popularity, will inevitably, like the hot-house plant, rapidly lose much of its unnatural bloom when brought into contact with the storms and blighting influences of every-day life; much more hopeful would we be of its future, did we see it undergoing the slow and gradual growth of the sturdy oak of the forest, which no rude storms can uproot, no chilling frost can blight. *Festina lente*, for let us bear in mind the homely proverb, "the more haste the less speed."

NOTES ON HOMŒOPATHY, by JAMES LOFTUS MARSDEN, M.D., M.R.C.S.E., &c. &c. &c. London: HEADLAND and BAILLIERE.

THIS light and agreeable book is designed to give a general notion of homœopathy to those unacquainted with the subject, and at the same

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time to justify by a selection of striking facts, and the publication of a few cases, the author's adoption of that mode of practice in preference to the one in which he was educated, and which he successfully cultivated.

He has executed his task in a very pleasant and satisfactory style; and we have no doubt of the extensive circulation and usefulness of the volume.

The popular character of the work, as well as our want of space, forbid our entering upon a minute criticism of its details, so we shall content ourselves by laying before our readers a few extracts, from which they may form their own opinion as to its style and general merit. As the author promises to give us another work soon, we may be allowed to give him a word of friendly advice, to the effect that he runs great risk of committing serious errors by indulging in too great a facility of composition. Very easy writing is seldom very instructive reading, and there is great hazard of such a writer doing injustice to other authors by quoting their works imperfectly and without sufficient acknowledgment. We trust in future to find a little more care in the statement of facts, and fuller reference to the writings whence quotations are taken.

The following extracts, made almost at random, afford a fair sample of the style and matter of the work.

"The proximate cause of a disease is a different matter: to ascertain it is of the utmost importance. Homœopathy investigates the disease analytically—analyzes every symptom, endeavouring to trace the disease to its source; returns upon its investigation, and rearranges the symptoms synthetically, in order to treat them as a whole, called the disease. Unfortunately it too often happens that the proximate cause of the disease cannot be discovered.

"The Nile has five symptoms—five mouths, which appear at the Mediterranean: the explorer traces each mouth up to one stream, and follows this up in search of its origin; but he would be a foolish traveller, who, finding himself stopped at the first cataract, should declare the first cataract to be the source of the Nile—the proximate cause of the disease. Yet this has frequently been the case with theorists of the old school. Thus Broussais, a man of genius, whose views were very much adopted at one time in England, declared that inflammation was the first step in every disease. Broussais used topical bleedings himself; but Herod is always out-Heroded. A con-

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temporary of Broussais, writing upon the evil effects of bloodletting, says, 'Let a man of iron constitution, on whom neither physical nor mental affections seem capable of making any severe impression, let such an one take a fever—bleed him, and treat him in the usual antiphlogistic way, and this iron man shall become weak as an hysterical woman. The creaking of a door shall thrill through him—the slightest annoyance wound him to the quick—a little subject of grief melt him to tears. Many a brave fellow have I seen thus reduced by the disciples of Broussais.' * * *

"General bleeding was declared to be the remedy for inflammation; consequently in went the lancet on every occasion. An *opinion* was treated and not the disease: the opinion was taken for a universal fact. This opinion has slain its thousands. I have seen a man bled by Bouillaud (of the Hospital de la Charité), *coup sur coup*, three times running, for inflammation of the chest; he died the third time—he might as well have been shot."

We have space only for another quotation, and that a short one.

"Dr. Lugol, who discovered the use of Iodine in scrophulous complaints, came to the examination after death of a patient who went to the hospital for a tumour, to cause the absorption of which Iodine had been given to a great and fatal extent. When the body was opened the tumour was found almost absorbed. 'Mon Dieu,' cried Lugol, looking with exultation at the diminished tumour, '*il est mort guéri.*'"

HOMŒOPATHIC INTELLIGENCE.

Homœopathic College of Pennsylvania.

Few of our readers are probably aware that our transatlantic brethren are so far in advance of us, that not only do there exist in the United States several Homœopathic Societies that can number their members by fifties and hundreds, and that hold frequent and numerously attended meetings, but that there now exists a College in Philadelphia which holds its charter from the Legislature of Pennsylvania, has its regularly appointed Professors, who indoctrinate the rising generation in all the branches of medical science, and confers its degree of M.D. on those who give proofs of their proficiency on examination. The second report of this College now lies before us, and presents most satisfactory [illegible] to

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the advancement of our cause in the far West. The following is a list of those who occupy professorial chairs in this rising medical school:

Dr. Williams, Professor of Materia Medica and Therapeutics. Dr. Helmuth, Professor of Homœopathic Institutes and the practice of Medicine. Dr. Freedley, Professor of Botany and Medical Jurisprudence. Dr. Neidhard, Professor of Clinical Medicine. Dr. Williamson, Professor of Obstetrics and the Diseases of Women and Children. Dr. Small, Professor of Physiology and Pathology. Dr. Semple, Professor of Chemistry and Toxicology. Dr. Sims, Professor of Surgery. Dr. Gardiner, Professor of Anatomy.

Connected with the College is a Dispensary, to which are attached eighteen physicians, who do the duties by turns, for two months at a time, three always being in attendance.

We extract from the report the following—

REGULATIONS OF THE COLLEGE.

"The affairs of the Institution are under the control of a Board of Managers, consisting of the President of the College and twelve gentlemen, elected annually by the corporation, which is composed of 106 members.

"The Faculty shall have authority to elect their own officers, consisting of a President and Dean, hold meetings for the purpose of arranging and conducting the business of their department, and for the preservation of order and decorum among the medical students.

"The winter course of medical lectures will begin annually on the first Monday in October, and end about the 1st of March ensuing.

"Graduates of respectable medical schools shall be permitted to attend the Lectures of the College, free of expense, except the payment of the matriculation fee.

"A candidate for graduation must be of good moral character, and be possessed of sufficient preliminary education; have attained the age of twenty-one years, have applied himself to the study of medicine for three years, attended two courses of medical lectures, the last of which must have been in this Institution; and have been during that time, the private pupil, for two years, of a respectable practitioner of medicine.

"Students who have attended one complete course of lectures in another medical school where the same branches are taught as in this, may become candidates by attendance upon one full course in this institution.

"The candidate, when making application for an examination, must exhibit his tickets to the Dean, or give other satisfactory evidence to the Faculty, to prove that the above regulations have been complied with.

"Special examinations in particular cases may be had, with the consent of the Faculty.

"The examination of the candidates for graduation will begin about the

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middle of March; and the commencement for conferring the degree of the College, shall be held by a special mandamus of the Board of Managers, as soon after the close of the lectures as practicable.

"The candidate, on or before the 1st of February, must deliver to the Dean of the Faculty a thesis composed by himself, and in his own handwriting, on some medical subject, which shall be referred to one of the Professors for examination.

"The essay must be written on thesis paper, of a uniform size, the alternate pages being left blank.

"General bad spelling, or inattention to the rules of grammar, will preclude the candidate from an examination for a degree.

"A thesis may be published by the candidate, permission of the Medical Faculty being first obtained.

"The candidate shall pay the fees of graduation at the time of presenting his thesis, and in the event of his rejection, the money shall be returned to him. The order of the examinations of the candidates shall be determined numerically by lot.

"The examinations shall be conducted in private by each Professor, and the voting in the case of every candidate shall be by ballot.

"A student receiving two-thirds of the whole votes of the Faculty, shall be considered as having passed.

"If in the opinion of the Faculty a candidate would be very much benefited by attending another course of lectures, of which the Dean will inform him, he may withdraw his thesis without being considered as rejected.

"If a candidate should not be successful in the first ballot, and one or more of the Professors have any remarks to make in relation to his qualifications, they shall be heard, and if the case demands it, a second vote may be taken. In unsatisfactory cases, the candidate may avail himself of a second examination, before the whole Faculty, with their consent.

"Formal notice of the successful examination shall be given by the Dean to the passed candidates, each of whom shall record his name and address upon the register of graduates, with the title of his thesis.

"The names of the passed candidates are to be reported by the Dean to the President, who will communicate such report to the Board of Managers, in order that, if approved of by them, their mandamus be issued for conferring the degree.

"A passed candidate may not absent himself from the commencement without the permission of the Faculty.

"Amount of fees for a full course of lectures	100.00	dollars.
"Matriculation fee (paid once only)	5.00	,,
"Practical Anatomy	10.00	,,
"Graduation fee	30.00	,,

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"Fee for students who have attended to full courses in another medical school ..... 30.00 dollars.

"Admission to the practice of the dispensary is without charge.

"The matriculation ticket must first be obtained of the Dean, before any other tickets can be purchased.

"The tickets must be taken by the first Monday in November, except in special cases, to constitute a full course.

"Students who have attended two full courses of instruction in this institution, or one full course in this school, and one or more in another respectable medical school, shall be admitted to the subsequent courses of the College without further charge.

"The Medical Faculty shall have authority to consider and decide upon cases of special application for admission to the lectures.

"W. WILLIAMSON, M.D.,
"No. 80, North Eleventh Street, Philadelphia,
"*Dean of the Medical Faculty.*"

"*Philadelphia, June 12th,* 1849."

Homœopathy in Bavaria.

We read in the *Munich Homœopathic Journal,* the following decree respecting Homœopathy, which by a law passed in 1842, had been prohibited in prisons, hospitals, and alms-houses.

"1. Permission is granted to the homœopathists to treat homœopathically in future, in all the prisons, public hospitals, and alms-houses, those who expressly wish to be so treated.

"2. The medicines prescribed for such persons, must not, however, be dispensed by the prescribing physician, but only by the apothecary.

"Munich, 30th October, 1848.
"By high command of His Majesty the King,
"von Thon-Dittmer,
"By the Secretary of State,
"Grau."

With respect to this decree we have only to observe that as regards No. 1, it is a strange arrangement to empower every patient in an hospital to dictate the mode in which he is to be treated, and it will be seen that No. 2, is an actual repeal of the permission given some years previously to physicians to dispense their own medicines.

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Annual Report of the Homœopathic Hospital in Gyöngyös, by* Dr. Horner. *Tabular view of the patients treated from the 1st July, 1846, to the 30th June, 1847.

DISEASES.	Remaining from 1845-6.	Admitted.	Cured.	Relieved.	Unimproved.	Died.	Remaining.
Angina tonsillaris		3	3				
Amenorrhœa cum asthmate		1	1				
Arthritis		5	4	1			
Asthma		1	1				
Catarrhus chronicus		2	1	1			
Chlorosis		1	1				
Conjunctivitis rheumatica		1					1
„ scrophulosa		1		1			
Congelatio sinistri pedis		1	1				
Delirium tremens		1	1				
Diarrhœa		2	2				
Dysenteria		1	1				
Epilepsia		1					1
„ cum fatuitate		1				1	
Erysipelas		2	2				
Febris gastrica		9	9				
„ „ catarrhalis	1	1	2				
„ „ rheumatica		1	1				
„ „ nervosa		1	1				
„ rheumatica		1	1				
„ catarrhalis c. diarrhœa		1	1				
„ „ nervosa		1	1				
„ nervosa		1	1				
„ „ lenta		1		1			
Febris intermittens quotidiana		10	10				
„ „ c. hydrope		2				2	
„ tertiana	1	7	8				
„ quartana c. sinubus fist. dextri femoris		1	1				
„ intermittens irregularis	1	2	3				
Fractura tibiæ et fibulæ sin.		1		1			
„ brachii sinistri		1	1				
Gangræna pedis utriusq. a congelatione c. scroph. univ.		1					
Hæmorrhoides		1	1				
Hernia inguin. dext.		1	1				
Herpes		1	1				
Hydrops universalis		4				2	
Hydrothorax		4	2			2	
Icterus		1	1				
Induratio hepatis et lienis		1			1		
Luxatio femoris		1		1			
Marasmus senilis		2				1	
Œdema pedum		1	1				
Orchitis dextra		2	2				
„ „ c. sinubus fist. reg. inguinal.		1	1				
Carried forward ..	3	86	68				

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DISEASES.	Remaining from 1845-6.	Admitted.	Cured.	Relieved.	Unimproved.	Died.	Remaining.
Brought forward..	3	86	68	6	2	10	3
Pemphigus		1	1				
Phthisis		4	3	1			
Pleuritis		3	3				
„ c. peripneumonia		2	2				
„ „ nervosa		1	1				
Rheumatismus divers. partium ..		7	7				
Scabies		12	12				
Scrophulosis..	1	1	1	1			
Syphilis	1	8	7				2
Sycosis c. ulceribus pedum		1	1				
Splenitis		1	1				
Typhus		19	15			3	1
Tumor faciei c. abscessu gingiv..		1	1				
Ulcera extremitatum	1	6	7				
Uteri prolapsus c. spasmis		1	1				
Vertigo		1	1				
Total....	6	155	132	8	2	13	6

Homœopathic Treatment of Cholera in the United States.

In a letter just received from our esteemed correspondent Dr. C. Hering, [illegible] informs us that in Philadelphia and throughout the States, the homœo[illegible]hists have met with the most brilliant results in the treatment of the [illegible]c Cholera. He promises shortly to give us more particular infor[illegible]on the subject, which we shall have much pleasure in laying [illegible] readers.

Homœopathy in Vienna.

[illegible] has commissioned twelve homœopathic physicians of [illegible] a homœopathic pharmacopœia for the use of the

[illegible]espondent in Vienna that medical men are looked [illegible] authorities, as they are not supposed to be [illegible]ds the Government. Homœopathic physi[illegible] (Indeed we are credibly informed that [illegible]students' corps was commanded by one [illegible]hic physicians of the city.) Hence all [illegible]t, including those of the Homœo[illegible]n *Homœopathic Journal* has not [illegible]derstand its publication will soon

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Homœopathy in Spain.

In the *Boletin de la Sociedad Hahnem. de Madrid*, of October, 1847, we read: "We are happy to be able to announce that Her Majesty Queen Isabella II. being extremely satisfied with homœopathy, and with the services rendered by our worthy President, Dr. Nunez, has been graciously pleased to testify her satisfaction, by decorating him with the Grand Cross of the Royal Order of Charles III., and has at the same time appointed him her physician in ordinary."

Proposed Homœopathic Cholera-Hospital in London.

A circular has reached us containing a proposition for the immediate establishment of a Homœopathic Hospital in one of the districts of London at present most ravaged by the Cholera. The Earl of Wilton and Lord R. Grosvenor have given their support to the scheme, and the ever zealous Mr. Leaf has consented to act as Treasurer and receive subscriptions. Upwards of £100 has been already received.

The Homœopathic Times.

The first number of a Journal bearing this title appeared upon Saturday, the 4th of August last, and has continued to be published every week since that time. Its design may be gathered from the following notation, which we take from the address in the first number:

"We shall make it our chief care that the pages of our Journal shall be such as to afford information of whatever is going on both of scientific interest and of practical utility, whether at home or abroad, in allœopathic or homœopathic medicine. Each number of the Journal shall consist of the following parts:

"1. A leading article on important topics interesting at the time of the issue.

"2. Critical analyses of books, both British and

"3. A column for zymotic, endemic, and diseases, or the prevailing disease."

We trust that this periodical will be conducted in such a manner as to the respect of all candid minds, both within and beyond the medical profession; and in so far as it does so, it will merit the adherence of homœopathy, as well as the advantages of the system, it has our best wishes.

CORRESPONDENCE.

On Self-Supporting Dispensaries.

To the Editor of the British Journal of Homœopathy.

Gentlemen,—The best mode of meeting the expenses involving, as it does the interests of the poor, [illegible]

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and of homœopathy, is a subject of such importance as to excuse me for troubling you with the following remarks. They are occasioned by Dr. Drysdale's interesting and suggestive paper in the last number of your Journal. To his exertions every homœopathic practitioner is indebted for the valuable information which has been contributed, and for a solution of a difficult problem, which, if not satisfactory to all minds, will at any rate conduce to a satisfactory result. I say not satisfactory to all minds, for it is not satisfactory to mine. To my mind the condemnation of Self-supporting Dispensaries seems mainly based on a fallacy—a fallacy which vitiates almost all the arguments used against them. This fallacy is the assumption, that when compared with the purely charitable, the partially Self-supporting Dispensaries have to do with a different and higher class of patients. In Newcastle, at least, when the change was made from the purely charitable to the partially self-supporting system, no change was made in the class of patients admitted—the only change was, that, whereas, at first none paid any thing, now all paid, except those who were receiving parochial relief, or could obtain tickets from a subscriber. I believe, also, that in Manchester, on a similar change being made, no new and higher class was admitted; and that every charitable Dispensary in the kingdom, if it were to adopt the self-supporting system, would find he materials of self-support among its own patients. It would have to to no higher and better class. Edinburgh perhaps may be an excep- but even there I have some reason for thinking that the admissions ot strictly limited to paupers. Now apply what has been stated to sdale's illustration taken from Manchester. In page 371, the passage occurs: "Let us take for example the Manchester thic Dispensary: at the end of 1847 that establishment was in *factory* state for all parties concerned as a purely charitable See in what a state it is now! and to which of the parties is ? Let us take them in turn. 1st. To the subscribers it satisfactory to see that while they still contribute to the 7, they have only 655 really poor patients instead of above , and, therefore, its functions as a charity are greatly the honorary medical officers it is far from satisfactory they willingly and cheerfully give the above stated the really poor, after it is all done only a fifth part of charity. 3rd. To the house-surgeon it can n he reflects that if he chose to practise inde- tioner, and receive from those same patients given to him far more willingly than to a ve the whole amount instead of the por- the patients themselves it is any thing it is no charity, and they naturally d to go to a charitable institution, t satisfactory state at the end of

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1847, be meant that it was well supported and vigorous, let us turn to page 366, where we read that about this very time "the income fell off so much below the expenditure that the committee deliberated whether the dispensary should be *given up* or carried on as a Self-supporting Institution." If, however, by "satisfactory" is meant, well attended by patients of the lower classes, it is as satisfactorily attended now; and if the statement above made be correct, by the very same classes. The only difference is, that whereas 2961 under the old plan paid nothing, the establishment not paying its expenses, and the question of its dissolution being agitated, the same number now pay £161; the income far exceeds the expenditure, and everything is thriving. If the subscribers know this, and know it they must, they have every reason to be satisfied. That a man pays a small fractional amount, say one-fifth of the value of what he receives, does not disprove his being a recipient of charity as far as the four-fifths, the amount of the remainder. Of this, both subscribers and the honorary medical officers are aware; they gladly allow the man's good feeling to support the Institution which benefits him to the extent of his means; they cheerfully supply his deficiency and are satisfied. The House-Surgeon too, knows that but for the institution he would not have been able to commence practice; here he finds a guaranteed salary, lodgings, a position, means of experience, and a circle made for him which he could not have made for himself. He too has every reason to be satisfied. The poor man too who pays, has no reason to be dissatisfied; certainly does not feel insulted—he is thankful to be allowed to contribute his mite to the Institution which benefits him; is thankful that it liberates him from the curse of the poor man's life, the exorbitant medical bills—bills so exorbitant that his good sense tells him they ... been meant to be paid. It was but yesterday that a colleague ... me that the poor took him up with, "Its only ... were surprised he should expect them to pay it. ... the medical bill is not a fair expression of the service ... received, but it is utterly disproportionate to the ... sessed by the working class. In my opinion the present ... the profession and the working classes cannot be maintained ... not to continue—with Dr. Drysdale I think the best ... part of the difficulty is the formation of clubs.

But this expedient only partially meets the difficulty. ... prior to the occurrence of sickness, by the healthy, ... number of cases of sickness are few in proportion to ... scribers, and a small payment, therefore, on the part ... makes a good sum for each case of sickness. Now ... in the families of the working class who are never ... victims of chronic disease: these cases would not be ... and what is to become of them?—they cannot pay ... on the present rates of charge, and cannot be admi...

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is this class of cases that constitute nine-tenths of the patients at every dispensary, whether charitable or self-supporting, and in giving them relief the dispensary is meeting a great public want which could not be met in any other way. It would be useless to wait till such a class combined among themselves; the opportunity of combination must be afforded them, and their small payments (at Newcastle only one shilling a-month), taken together with the subscriptions of the charitable, not only suffice for their own relief, but for that of as many paupers as will come, supporting also the house-surgeon, and remunerating a dispenser and chemist. Even to those who pay, this mode of obtaining treatment is a charity, for they feel they do not pay the full value of the services rendered; at the same time the feeling of receiving charity is sweetened by the feeling that they have done all they could in the way of remuneration. Nor is the institution, as contemplated by them, such a mere abstraction as to afford no pleasurable object of contemplation to its supporters: they look at it in the benefits it bestows on the public, on themselves, on the gratuitous class, and on all connected with it, and rejoice in supporting it. I do therefore firmly believe that mixed dispensaries, such as are partially gratuitous and partially self-supporting, are best calculated to meet the necessities of the case, the wants of the pauper class, and of those in the working class labouring under chronic disease. They appear to me to combine help to the distressed, with just such a cultivation of the principle of independence as the nature of the case allows. They also allow the physician to be extensively useful, without the odium arising from a reduction in his fees. The conscious feeling of disinterestedness also makes him more comfortable in his endeavours to spread homœopathy in neighbouring towns than he could otherwise be. An instance has occurred [illegible] own experience. For a long time such a number of patients had [illegible] this dispensary from Sunderland and its neighbourhood, as to [illegible] that an ample field for the relief of suffering lay in that [illegible] ving tried in vain, for half-a-year, to stir up the friends of [illegible] that quarter to form a committee and collect subscriptions [illegible], I determined to wait no longer. Accordingly rooms [illegible] every Friday since the month of February, Mr. Elliott, [illegible], a dispenser, and myself, have regularly attended. [illegible] re a shilling a month, and paupers alone were admitted [illegible] results are that twenty new cases are seen every [illegible] is consequently crowded, and the treasurer, at the [illegible] a little sum to hand over to a committee, when [illegible] wo Sunderland will offer a sufficiently impor- [illegible] ract the attention of a practitioner, and our [illegible], however, and Shields, remain to be taken [illegible] o place homœopathy in all these places. [illegible] Dispensary is its adaptation to the [illegible] the ready-made houses on wheels

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in which the Americans make their onslaught on the wilderness: it takes its stand at once, on its own merits, independently, in its new location. It asks no patronage, requires no help, but itself becomes the patron and the parent of homœopathy. Nor do I think these institutions will be of merely temporary utility. Chronic cases in the working classes will never be able to remunerate the general practitioner for his trouble, and such institutions as the Self-supporting Dispensaries seem to present as good a way of bringing together the greatest amount of medical talent that can be devised. They are better than the purely charitable dispensaries, for the experience of the past has shewn that continuous pecuniary aid from such a small community as the homœopathic cannot be relied on. There is a charity, we are told, that "never faileth," but unfortunately this is not the kind of charity with which we have to do. Dr. Drysdale has proved that our kind always does. But the Self-supporting Dispensary strikes its roots into the necessities of the case, finds its source of supply in the same quarters from whence come the wants it relieves, takes its place, therefore, in the great chain of cause and effect, and will therefore last as long as it is wanted. As long as it cures disease it will have cases to cure, and the means of existence with the cases. It is a beautiful exemplification, too, of the right action of an intelligent benevolence in the richer classes towards the poorer—help as far as it is wanted, and no further. It smothers no independence, for it encourages its exercise as far as is possible, while it tolerates no want which the exercise of that independence cannot remove.

I am, gentlemen, your obedient Servant,
THOMAS HAYLE.

[While we have thought it fair to Dr. Hayle to give a place to his letter in the Journal, as an able exposition of the views entertained by himself in common with other physicians, we feel assured that all the arguments he adduces were present to Dr. Drysdale when he wrote the article which called forth this letter, and were in fact used by him in favour of private dispensaries; and we are confident that if any of our readers will attentively peruse that article he will find a satisfactory reply to all Dr. Hayle's objections either distinctly stated or implied.]—EDITORS.

HOMŒOPATHIC DISPENSARIES; CHARITABLE, SELF-SUPPORTING, AND REMUNERATING.

To the Editors of the British Homœopathic Journal.

Gentlemen,—Soon after the introduction of homœopathy into this country, the physicians who practised it instituted dispensaries for charitable advice to the poor. The object of these dispensaries was to give the poor the benefit of homœopathy, to demonstrate to enquirers the homœo-

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pathic mode of treatment, to increase the physician's experience, and, it may be, to add to his reputation. These dispensaries were mostly originated by the physicians themselves, who became responsible for all expenses, were self-appointed to the medical office, and by their influence and solicitations subscriptions and donations were obtained from the patrons of homœopathy for the support of the establishment. At first patients were admitted at the recommendation of the subscribers, but as this was found too tardy in filling the rooms, the admissions became in most of them unrestricted.

A very few years have sufficed to shew that these institutions were not wisely calculated to meet the end in view. In many instances they have lamentably failed; in few have they been successful—not through any deficiency in the medical system;—indeed the very successfulness of the medical treatment, by inducing an overwhelming number of applicants, was one great cause of their failure. The influx of patients soon swelled the expenditure beyond the receipts, and pecuniary difficulties were early and inseparable attendants upon them. From this cause, too, the physician was unable to do justice to the applicants; he was forced into a routine practice, to his own professional injury, while every failure—and failures ensued where success might reasonably be expected—was loudly bruited to the world to the discredit of homœopathy. Thus the very object for which they were instituted was foiled, and after pecuniary sacrifices on the part of the medical officers few are now in existence; those which remain are struggling against accumulating difficulties, an increasing expenditure, and a failing revenue.

There were two grades of society whom inability to meet the physician's ordinary fees, and the desire for homœopathic treatment, brought to these dispensaries. One was that class that exults in charity and dependence upon others for everything; the other that class which, though contending with nearly the same difficulties, takes pleasure in self-support and independence. The former sought assistance willingly; the latter with reluctance and shame. Nothing but urgent necessity would have induced the latter to submit to be crowded with multitudes of poor and wretched applicants, in an unwholesome room, there to abide the physician's curt and hasty questions, his summary prescription, and his abrupt dismissal. Freely would these people pay a small sum for better attention and a little more respect and consideration, but the institution being purely charitable it could not be accepted, even though the institution might be embarrassed to meet its necessary expenses.

Within the last three or four years several homœopathic dispensaries have been opened on the self-supporting system. At these the patients pay a small monthly subscription during their illness. In some instances the contribution is fixed at a shilling, in others at two, and in others at half-a-crown per month; subscriptions are also received which entitle the

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subscriber to send patients for gratuitous advice. Many persons of moderate means also subscribe and become themselves the patients. I believe all these institutions are in a flourishing state, and can shew a long balance sheet in their favour. They are free from most of the objections urged against the purely charitable dispensary. The patients are generally of a better class, more intelligent, likely to do the physician greater justice by attention to his instructions; they are fewer in number, though still sufficiently numerous, free from the degrading stain of charity; and proportionately greater numbers are cured. The duties of the physician are much more agreeably discharged; he has now the opportunity of gaining experience, and with it an extended reputation.

One and only one objection applies to the self-supporting dispensary: it is, that the institution is maintained *solely at the expense of the physician.* His influence procures subscriptions, his medical skill attracts patients, his talents, labour and time are the support of the establishment. The patients feel that their obligation is cancelled by the small sum they pay, yet the physician is not the richer. The public erroneously suppose that he has some compensating advantage, or he would not take the trouble, whereas he is probably at a great pecuniary loss.

I conceive it to be only just and reasonable that the medical officer or officers should receive the surplus accruing from these institutions, which are in reality associations for cheap medical advice, since in case of any deficiency of funds he would assuredly have to disburse them. Why should the medical profession do what no other profession does? We should be just to ourselves before we are generous. Is it just to ourselves to work a self-supporting institution to a flourishing pitch with a surplus of 50 or it may be £100 per annum, at our personal risk if it fail, at the expense of our skill and labour if it succeed, and then decline to accept the fruits of so much labour? Is it not a fraud upon the profession, since we neither accept the fees nor let any one else have them? I contend then, in this country and in the present state of homœopathy, that remunerating dispensaries or institutions are the best, the most equitable, and will prove the most successful.

I remain, Gentlemen, yours most respectfully,

J. EDWARD NORTON.

[We have to apologize to Dr. Norton for the delay that has occurred in giving insertion to this letter, which has been excluded from the last two numbers solely from want of room. We received about the same time another letter from Dr. Norton on the homœopathic pilules. Since the date of that letter the usefulness of the pilules (which, if we mistake not, were first introduced in the practice of this country by Dr. Norton himself) has been pretty generally acknowledged, and are now habitually employed by many homœopathic practitioners. We may quote from Dr. Norton's letter the following arguments in their favour.—"The cus-

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tom in our dispensaries of giving medicated powders for solution in water is on many grounds objectionable: the uncleanness of the vessel that may be used, the impurity of the water—including every variety of impregnation,—the liability that there is of the whole being drunk at one draught by mistake, its unmedicinal appearance, the indefinite quantity of water, the variety of size of the spoon that may be used, are a few, but not all of the disadvantages which attend this mode of dispensing in our dispensaries. The history of one of these powders would be interesting if traced through all its hair-breadth escapes and accidents. I have seen them deposited in every kind of earthenware vessel. Once I heard of an Irish patient who had mixed her medicine in a chamber utensil! Such vile company may our infinitesimal doses be doomed to keep! The most serious objection, however, to this mode of dispensing, is that water holding sugar of milk in solution will not keep sweet in warm weather longer than two or three days, and yet the time that some of these solutions are in use is frequently, I may say generally, a week or more. I have frequently met with these solutions giving out unmistakeable proofs of putrefaction. The pilules are free from all these contingencies. In Mr. Kidd's *Irish Mission* he says, 'After much trouble in each case, even in procuring vessels to contain the medicine, and loss of time in cleansing them myself, I was able to leave what was most appropriate.' Had he been provided with pilules he would have found them an inestimable convenience. The pilules again are serviceable inasmuch as *one* always suffices for a dose. With the globules the number that constitutes a dose is always an embarrassment to the public. Our domestic books of medicine have added to this confusion, some advising two globules as a dose, others three and some four. Not only is it desirable in a scientific point of view, but patients must prefer precision and uniformity of dose, and not to be left in doubt as to what quantity they must take. Moreover, the smallness of the globules leaves an uncertainty as to whether they have been swallowed or not; they may have lodged in a carious tooth, or they may lie hid in the crevices of the mouth. The thick-skinned hand of the artisan cannot feel them; the imperfect sighted cannot see them. For these reasons, and for many others, the pilules under certain circumstances admirably supply the place of globules."]—EDITORS.

To the Editors of the British Journal of Homœopathy.

Gentlemen,—If you think the following observations calculated to be useful, I shall be happy to see them inserted in the Journal: if they appear adapted only to keep up unprofitable discussion, pray sentence them to the just doom of all such communications.

In the July number of the fourth Vol. of the Journal occurs a correspondence between Drs. Guinness, Henderson, and Drysdale, and in the

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October number a letter from Dr. Walker to the Editors, on the question whether a homœopathic physician is at liberty to treat a patient allopathically "*at his own request:*" and in more recent numbers have appeared communications on an allied subject, but in a different form, viz. the propriety of employing certain allopathic auxiliaries.

Now though these two questions are widely and essentially different, I apprehend that they may be resolved by one and the same consideration—that is, by simply enlarging to a universal rule of duty that which is stated, in the Editors' note to Dr. Walker's letter, as an exceptional case: "We can conceive that the case may occur in which a surgeon's duty as a man is superior to his duty as the partisan of a special therapeutic truth." Now, for my part, I cannot conceive a case where it is otherwise. We are bound constantly to remember our graduation oath, "to recommend that which we believe to be best for the patient;" and therefore, whenever consulted we are held by the most solemn duty to dismiss every party question, every question of personal interest or reputation, and to consider what, in this particular case and in these particular circumstances, is the best thing to do or to advise. Let this be our constant rule and guide, and then our hands are free. If we adopt any other guide—as that of consistency, party spirit, or self interest, we instantly degrade ourselves into sectarians, and instead of holding the position of true physicians, guided as we believe by the one only curative law (a law which may have proclaimed its existence by its results, where we may not have been able to trace its characteristic feature), we become the members of a small and (if thus influenced) a very unworthy sect. But I have never acknowledged, and I trust I never shall acknowledge homœopathy to be a sectarian doctrine;—if I discover it to be so, I hope I shall have grace to relinquish it.

This appears to be the real and only theoretical answer to the question: but the practical application of it to individual cases may not be free from difficulty.

I remember having proposed the question to the Venerable Founder of our method (whom we, a disjointed band, follow at so great an interval and with such tottering and unequal steps), whether in *any* case we ought to resort to *bleeding?* He answered, with his wonted animation, "Jamais! Jamais!" and in further conversation on the subject he came to the conclusion that if the homœopathic physician could not dispense with this operation, "C'est un mauvais homœopathe." And here lies the whole truth of the matter; it is our deficient knowledge and unskilful application of the homœopathic method and resources that keep us in difficulty—"Nous sommes de mauvais homœopathes," and the deeper we feel it and the more frankly we own it, the better. I do not mean to insinuate that those who adopt means called allopathic are inferior to those who do not; far from it; my impression is rather the reverse, because the former are

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less likely to be sectarian than the latter: my practice certainly is guided by no such conviction; but I think we are taught by every day's experience to walk with increasing humility and to treat with increasing respect and courtesy those who have not received what we reckon the universal law of cure, but whose resources we are constrained, from time to time to borrow. And, in general, when *practicable*, I would suggest it to be highly *expedient*, when our methods fail, and we are in consequence inclined or rather constrained to adopt others, that we should consign the case to a practitioner of the ordinary school, who, by reason of frequent use, is much more likely to handle his weapons skilfully than *we* who take them up merely occasionally and as a last resort.

I remain, gentlemen, yours very truly,

G. M. SCOTT.

Glasgow, July 12, 1849.

MISCELLANEOUS.

Recommendation of the use of Arseniuretted Hydrogen and of Bichromate of Potash in certain stages of Cholera, by Dr. Drysdale.

During the present epidemic in Liverpool it has appeared to us that unequivocal evidence of the beneficial effect of these powerful agents has been obtained. This will be detailed in a complete form in due time when the results are more numerous and complete, but in the meantime I think it right to call the attention of our colleagues in other places to the use of these remedies, in the hope they may be more extensively used before the present epidemic of cholera is past.

From the first it has seemed to me that the Arseniuretted Hydrogen was likely to be one of the most powerful agents against the disease, and I requested my colleague, Dr. Russell, to try it, as he had the first opportunity of doing so. In Edinburgh, however, the apparent difficulty of administering it by inhalation without the conveniences of an hospital seemed an insurmountable barrier to its practical utility, so that it was not tried. As the same fear may be deterring others, I take this opportunity of detailing the plan adopted here, and by which it is found to be so easily used that even children can inhale it without difficulty, and the apparatus can be carried in the pocket and employed in the most comfortless abode.

After various trials, made with the aid of Mr. Waldie, the scientific and accurate chemist of the Apothecaries' Hall, it was concluded that the simplest plan was to disengage as small a stream of Hydrogen as would be quite sufficient to combine with all the Arsenic, in a small chamber, through which the air to be inhaled was drawn by each inspiration,

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instead of having a large inhaler into which a certain quantity of the gas should be introduced and mixed with air. Accordingly, the following is the plan of the apparatus now in almost daily use at our dispensary. The chamber consists of a common large milk-bottle, with the top aperture sufficiently large to allow a full stream of air to pass, so as to allow breathing comfortably: into the large side-aperture is fitted a common flexible tube with a mouth piece and ball valve, such as was used in the Æther inhalers (in fact, it was the tube of an Æther inhaler).* When used, a few fragments of purified Zinc are put into the chamber, and on this poured half an ounce of water, with one drop of strong Sulphuric acid. This is sufficient to disengage a small continuous stream of Hydrogen; and when that begins to rise, pour in five to ten drops of the 3rd centesimal dilution (aqueous) of Arsenious acid. In about a minute this will be combined with the Hydrogen and diffused (the top aperture being, for the time, closed with the finger) through the chamber and tube, and may be inhaled in a few inspirations. When used as above directed, the glass bottle can be held in the operator's hand while with the other he applies the mouth-piece to the patient's mouth. When used several times in succession within an hour or two, the Zinc and acid may be kept in action, and fresh portions of Arsenical solution added at each inhalation. Especial care must be taken to have both the Zinc and the acid quite pure, as in the ordinary state both these substances often contain Arsenic in considerable quantities.

This inhalation has never been the sole treatment in any case, as indeed it could not well be, seeing that it would require the constant presence of the medical man; nor is it necessary, as in most stages of the disease the medicine will do quite as well in the liquid form. It is of course not recommended in any case where Arsenic is not indicated as the homœopathic remedy; but when we wish the rapid and intense action of Arsenicum in those cases where the collapse sets in very soon and asphyxia is impending, it may be used two or three times at intervals of a quarter of an hour, and then the Arsenicum (or other remedy if then indicated) can be left to go on with in the usual liquid form. In such cases we have several times seen the heat of the breath return, and a slight revival of the pulse, even within ten minutes after an inhalation. In cases also in which the vomiting is very constant and the retching distressing, the inhalation might be used with advantage two or three times. I think also that it should not be restricted to desperate cases, but that it would be a good plan in almost all cases where Arsenicum is indicated during the second stage of cholera, to give the first dose by inhalation, and leave the medicine to be given afterwards in the usual way. This would not consume more time than an ordinary visit.

* This apparatus was made by J. Edwards, Chemist, (12, Berry-street, Liverpool,) who can furnish similar ones when required.

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The Bichromate of Potash. It is always satisfactory to be able to recommend from experience or propose for therapeutic investigation a remedy for some well defined morbid state, characterized by a small group of easily recognised symptoms: and this I am about to do, in calling the attention of homœopathists to the action of the Bichromate of Potash in the suppression of urine, which is a prominent feature in some cases of cholera. During the first twenty-four hours of the disease, while the enormous discharge of the fluid part of the blood by vomiting and purging is going on, it is not a matter of surprise that little or no urine should be secreted, and in many cases it is a matter of little importance, the secretion returning spontaneously when the characteristic discharges from the alimentary canal cease. But there is a certain number of cases in which all the morbid symptoms seem to have given way, the bowels begin to secrete natural fæcal motions or bile, and the stomach is quiet or there is only a little retching with greenish scanty ejection; the natural heat is restored; the patient has slept, and feels altogether so well that he imagines all danger over, and even desires food; but on enquiry it is found that no urine has been secreted. The aspect of the case soon alters, and the patient becomes feverish; restless; complains of pains in the loins; has distressing retching; then occasional delirium; drowsiness; typhoid symptoms; and, finally, dies comatose in three to five days.

We have lost three or four cases in this way after almost counting on them as recoveries. We have tried the various remedies usually employed in homœopathic practice, such as Canth., Digit., Nux, Tereb., Merc., and Arsen., but have not been able to obtain decidedly beneficial results from any. This induced me to turn to some of the untried remedies of our ample Materia Medica, and Kal. Bich. seemed the most suitable, from the following group of symptoms produced by it:—

"A dyer, in a fit of rage, took a piece of Bichromate of Potash, dissolved it in water, and swallowed the solution. Nausea immediately came on; and, after copious draughts of milk, soap-water, and oil, violent vomiting was produced. The night was passed quietly. Next morning he felt such weakness that he was obliged to lie down again; the belly was neither swelled nor painful; the pulse quiet but small. The patient felt only some shooting pains in the back and in the region of the kidneys, and a feeling of scraping in the throat: he had several stools of natural colour and consistence, but did not pass a drop of urine. The second night was somewhat restless, and next morning the patient was very much weaker; he had scarcely power to rise, and trembled greatly on making the attempt, but without, however, feeling any increase of pain. The debility increased to such a degree that the patient died sleeping calmly, in fifty-four hours after taking the poison, as if from pure exhaustion. Some hours before death the white of the eye became yellow; and shortly before death spasmodic contraction of the hands was observed. On dis-

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section, the stomach was found unchanged; the duodenum slightly reddened; the liver coloured yellow; the spleen gorged with blood; the kidneys were large, and when cut open deeply marbled red, filled with frothy blood; bladder empty."—(*Brit. Journal of Homœop.* April, 1844, p. xcix, App.)

This history resembles very closely the second part of a case of cholera, in which the characteristic affections of the alimentary canal and circulating system have been recovered from, but the patient dies with suppression of urine. As many of the finer symptoms of K. Bich., obtained by the provings with small doses, also correspond to the above morbid state, we have been induced to give it, and trust to it alone in several cases. We have had three or four cases which much resembled the above described one, and in them the secretion of urine has returned while this medicine was given alone, though other medicines were afterwards given for other symptoms. It was given in the 3rd or 2nd trituration, a grain every two hours or every hour. It is not necessary to give it so often as the medicines required for an earlier stage, and it should be persevered in for 24 or 36 hours. In the limited number of cases we have as yet used it in, the secretion was restored within 12 to 18 hours.

I hope that other homœopathic practitioners will put it to the test, as a more extended experience is wanted to establish the utility of a remedy in such an important and hitherto unmanageable symptom.

Cases of Cholera treated at the Liverpool Homœopathic Dispensary, from the 25th July to the 15th September 1849.

Age.	Cured.	Died.	Total.
Below 15	24	11	35
From 15 to 50	77	16	93
From 50 to 70	18	16	34
(Average age being 57.)			
	119	43	162

On the prophylaxis and treatment of Cholera, by Dr. Schneider, of Magdeburg, in the third Epidemic. (From the *Allg. hom. Zeitung*, vol. xxxvi, p. 273).

PROPHYLAXIS.—For subduing the *epidemic predisposition to cholera* I have given Veratrum as a preventive in the families that I attend habitually. In all those families there has been only one case of cholera, which occurred in a scrofulous child which had been treated for inclination to diarrhœa with various medicines for several weeks, but being better latterly had received no medicine, and had not taken the prophylactic remedy. Although very many other families in the same district, who had taken no preventive, remained also free from the disease, and

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thus I cannot furnish a strict proof of the protective power of the Veratrum, still it has served to confirm my belief in the same to a certain extent, and to justify my recommending it to others for trial. I used it in the same way as the Belladonna is used for scarlet fever, viz. eight drops of the 1st dilution dissolved in four ounces of water, and a dessert spoonful of this solution to be taken night and morning. This was continued for eight days, and then left off for eight days, and after that a spoonful was given two or three times a week, at irregular intervals, for some time. During the use of this preventive medicine there occurred a variety of symptoms which might be partly attributed to a somewhat lively imagination, and partly to the epidemic influence, but I never met with any ill-effects. Here I may remark that the psychical influence of the employment of a prophylactic is not to be despised. A glass of good red wine now and then, at the proper time, may also be useful.

Avoidance of the exciting causes may also do a great deal towards prevention of the cholera. Under this head are comprehended the use of moderate, easily digested meals, and avoidance of flatulent articles of diet, such as salads, fruit, cucumbers, melons, &c., and incautious or excessive drinking of beer or water.

THERAPEUTICS.—Against the *cholera-fear*, when it became an object of physical treatment, I gave Aconite when accompanied with vascular excitement; Veratr. when accompanied with rumbling in the belly and the feeling as if diarrhœa was just coming on; Ignatia in alternation with some other of the medicines when the cause was obviously some mental emotion; if the fear amounted to præcordial anguish, Arsenic. In some chronic cases, Calcarea.

Against the *cholera-fever*, Bellad., or Acon. and Bell. in alternation.

Against the *cholera-vertigo*, Bellad.

Against the *headache*, Bellad. or Veratrum, according to the description of it.

Against the *cramps in the calves of the legs*, Cuprum.

Against the *gastric disorder*, Ipec., Puls., Nux. v., Ign., according to the symptoms and exciting causes; Mercurius where there is great inclination to night sweats; Veratr. in great rumbling in the belly and inclination to looseness.

Against the *cholera-diarrhœa*, Ipec. or Veratr. and where the indications for either are undecided both may be given in alternation. In general it gave way after a few evacuations, or at any rate on the same day.

The cholerine yielded often neither to Ipec. nor Veratr. nor Phos. ac., but finally required Arsenic, and it generally lasted as long as the cholera itself.

During the cholera the practice of Dr. S. in this epidemic presents nothing different from the usual homœopathic treatment, only he seems to use Camphor less, and to rely most on Ipec., Veratrum, and Arsenicum.

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The Cholera at Honiton.

We give the following extract from a letter just received from Mr. Holland of Honiton, dated the 13th September:—

"The cholera has at length appeared in this town, and I have had an opportunity of affording to my allopathic brethren testimony of the superior success of homœopathy in that disease. Fifteen cases of the most malignant character have occurred, besides many others that have soon given way to *camphor* administered at the outset. Of these, four died under allopathic treatment, and one, to which I was called when almost dead, died in four days; the remainder were treated by myself exclusively on homœopathic principles, and all recovered, although I report those only that were in a perfect state of collapse when I saw them. I have found the *jatropha* of immense service, where *veratrum* afforded none. Should any more cases occur I will report them.

	Cases.	Deaths.	Recoveries.
"Under allopathy.....	4	4	0
"Under homœopathy	11	1	10."

Peruvian balsam in Itch.

Dr. Bosch asserts that after having been much disappointed with the usual modes of treating itch, he found that it yielded readily to the above remedy. He gives night and morning two drops of the 1st dilution of the *Balsamum Peruvianum nigrum*, and rubs the balsam into all the parts affected by the disease, also night and morning. The cure is thus effected in from eight to fourteen days, without ever being followed by any bad consequences.—*Allg. Ztg. f. Hom.* May, 1849.

Calcarea arsenica in Epilepsy.

In a letter lately received from Dr. C. Hering, of Philadelphia, he says: "Prepare some Calcarea arsenica and potentize it up to the 12th centesimal dilution, put a drop of it in a tumbler of water, and give of this a tablespoonful every day to epileptic patients, especially when the precursory symptoms are violent pains on the left side, or heart-symptoms. From no remedy have I obtained such good results in cases of epilepsy."

CLINICAL RETROSPECT.

(*Continued from page* 131.)

Marasmus infantilis.

A male child, had enjoyed good health till he was 7 months old, when it was attempted to wean him, but he got so ill that a nurse had to be procured, when he soon recovered, and was very well till 17 months old,

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when he was finally weaned. Scarcely a week elapsed, however, when he was seized with diarrhœa, stupor, and convulsions, which were only augmented by an allopathic treatment of three weeks. When seen the following is the state: 18 months of age, extremely emaciated, the skin completely withered, retaining any folds that may be made upon it, eyes dim and sunken, face earthy and wrinkled; frequent stools day and night, liquid, greenish, preceded and followed by plaintive cries; dry and burning heat; pulse quick and small; great thirst, but vomiting the instant he has drunk, sleeplessness, great restlessness; erythema in the hips and thighs, with excoriation of the epidermis in several places. For three days the mucous membrane of the mouth, including that of the lips is covered by a soft pultaceous substance, of a whitish yellow colour like caseine; before that time the interior of the mouth was bright red, with here and there a white point, these have gradually run together to form the present appearance. *Borax* $^{2}/_{12}$, in water, a dose every four hours, for nine days. After the first doses the diarrhœa increased, the abdomen swelled, the vomiting was aggravated. When the medicine was finished the mouth was found to be clean, the mucous membrane smooth and bright red; the diarrhœa has ceased, one formed stool per day; less thirst, no more vomiting, he has taken some soup with pleasure; he is still very thin, ill-humoured, has great agitation with grinding of the teeth day and night; convulsive motion of eyes on going to sleep; he awakes frequently groaning and crying. *Bell.* $^{1}/_{30}$. A week afterwards no more convulsive movements, bowels regular, no grinding of teeth, great appetite, restlessness. No medicine. Seen a week later, it was found that for four days there had been a return of the diarrhœa, glairy stools with tenesmus, more frequent by night than by day. *Merc. sol.* $^{1}/_{30}$. Nine days subsequently the only complaints were restlessness, a red patch on one of the cheeks, disturbed sleep. *Cham.* $^{1}/_{12}$. Nothing more occurred to disturb the cure, the child soon picked up flesh and continued in perfect health.—Chargé, *Rev. hom.*, vol. I, p. 457.

Diabetes Mellitus.

Adam E., dyer, residing in the neighbourhood of Munich, aged 49, has been ill the whole winter, and under allopathic treatment during that time. He is of a thin, bony frame, blond, and of a sallow dry skin. At present, April 31, 1847, his appearance and symptoms are as follows: the whole body emaciated and feeble, with his large bones standing out in great contrast to the wasted muscles; eyes hollow, tongue uniformly red and clean, moderate appetite, great thirst, urine yellowish green, and exceeding the quantity of fluid drunk. The pulse somewhat frequent and spasmodic. The most troublesome symptoms to the patient were the loss of strength, rendering him unable to work, and a swelling of the [illegible] to the ankles. As the diagnosis depended entirely on the anal[illegible]

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urine, the patient received a dose of *arsenicum*, and was directed to bring a bottle of the urine. The chemical analysis having shown that the case was one of diabetes mellitus, the patient received on the 4th May, *ammonium carb.*, dil. 2, in the dose of two drops night and morning. At the end of May the patient felt better in himself, and in the middle of June the hectic state was abating, nutrition was more regular, his appearance improved, the muscles fuller, he was somewhat stronger, and the urine contained considerably less sugar (42·4 per 1000 in May, 29·0 in June). During the whole time, alterations of the diet had no influence on the course of the disease, although at one time animal and at another vegetable diet was chiefly adhered to. At the beginning of August the inferior lobe of the right lung exhibited signs of inflammation, with slight dyspnœa, much inclination to cough, with tough bloody sputa. These had quite subsided by the 17th, but during their presence the diabetic affection continued unabated. *Squilla* 2, was given every four hours. Afterwards the *ammon. carb.* was again resorted to. Towards the end of September the urine had quite lost its greenish yellow tint, and contained scarcely any traces of sugar. At the end of October the patient was muscular and fit for work, the appetite, thirst, urine, and function of the skin were normal, but his complexion still remained earthy.—Maier, *Allg. Ztg. f. Hom.*, I, p. 50.

Rheumatism.

A married lady, aged 38, of lymphatic nervous constitution, blonde, lively, impatient, sometimes choleric, very sensitive, but usually enjoying good health, was affected in damp cold winter weather with rheumatism. After a fortnight of allopathic treatment with leeches and low diet, which did no good, she placed herself under homœopathic treatment. She complained of acute pain occupying the lumbar region and extending to the left buttock, its origin being in the sacro-iliac synchondrosis; she has similar pains in the left knee and ankle, which are swollen and red, without much heat; motion does not aggravate them, but in the evening and night they become unbearable; the pain, which is of a tearing character, forces her to cry out, and she can only obtain a little relief by getting out of bed. She is feverish, pulse 108, the fever increases about 6 P.M., and lasts almost all the night; face red, animated, mouth dry, thirst considerable, no appetite, torpid bowels. She got *cham.* 12, one dose. The next day she was much better in regard to the pains and fever. She now got for the fever that remained *acon.* $^3/_6$, in water, a spoonful every three hours. The third day she was free from pain, no fever, appetite returned. The fifth day a slight attack of the pains at night, which, however, went off in the morning. She got no medicine. The sixth day a similar nocturnal attack. She now got a dose of *merc. sol.* 12, and was in a few days quite well and able to go about her usual affairs; a bruised pain in

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part of her leg, which occurred some days afterwards, having yielded to a dose of *arnica*.—Rampal, *Rev. hom.*, vol. I, p. 534.

A lady, aged 40, short, robust, high-complexioned, of lymphatico-sanguine constitution, was attacked in the moist weather of spring with rheumatic fever. She was twice bled, leeches were applied to the affected joints, as also opiate cataplasms, without other result than that the pain passed from one joint to another. On the 12th day she put herself under homœopathic treatment; her state was then as follows: pain in the left shoulder of three days duration, which had somewhat diminished on the occurrence of pain in the right knee. The pains were much aggravated at night. She feels a constant sensation of gnawing and drawing, fever high, pulse tense, 128, skin in general hot, sometimes dry, sometimes slightly moist. Face red and injected, tongue moist, white, taste insipid, thirst moderate, urine not copious, no motions of the bowels since the beginning of the illness. She got *acon.* 6, one drop in six ounces of water, a tablespoonful every four hours. Next morning she was found bathed in perspiration with less pain. The third day still better, some appetite. The fourth day the pains in the feet and the swelling are almost gone, fever nearly ceased, but during the night the pain came into the hip joint and was very acute, allowing no rest, but not increasing the fever. She now got *puls.* 12, one dose, which was repeated on the ninth day, and in a few days more she was perfectly well.—*Ibid.* p. 537.

Pemphigus squammosus.

A child aged 8 had been affected with this disease from infancy, before vaccination, which had resisted all the appliances of allopathy. The skin of the body was dry like parchment, covered with thin scales like those of a fish, which on falling off left the epidermis slightly moist; intolerable itching at night; it had two or three attacks each month, and the disease was particularly bad at the new moon. *Sarsap.* 5, 12, and 24, was prescribed for six weeks, and produced a most favourable change; then, as a syphilitic taint was surmised, *merc. dulc.* 12, 24, and finally *merc. viv.* 30 and less than two months the cure was complete.— 558.

Pustula maligna.

A veterinary surgeon had been engaged in dissec died of a gangrenous affection. A few days after great itching on the dorsal aspect of the wrist, whose This pimple gradual the surrounding part swollen, and hot, and t its appearance symptoms increased to such bed. Mercurial frictions w

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increased. On the fourth day the swelling was of a deep red colour, the centre of the pustule was blackish, and surrounding it were a number of small vesicles. A crucial incision was now made, and butter of antimony employed to cauterize it. Notwithstanding this, the gangrenous process went on increasing, and the constitutional symptoms increased; his nights were very bad. On the fifth day decoction of bark was used externally and internally. On the seventh day Dr. Vespier was called in, who ascertained that during the night he had been very restless. The pulse was extremely quick and weak; face anxious; constant nausea, and frequent bilious vomiting for twelve hours, which had been rather aggravated than alleviated by sulphate of quinine and camphor pills. The affected extremity was enormously swollen, of a violet red colour, covered with phlyctenæ; the swelling extended over the whole of the left side of the chest, and to the hip. The burning, shooting pains from the pustule to the other parts of the arm were horrible. The wound occupied about a third of the dorsal aspect of the hand and wrist. He got *arsen.* $^1/_{30}$ in four teaspoonfuls of water, one every half-hour. A short time after the first dose the vomiting and nausea ceased, and he could take a small quantity of beef tea. The pulse became firmer, and the same medicine was ordered to be given every three or six hours. On seeing him again on the eleventh day of his illness, Dr. V. found the sufferings much diminished, the swelling of the body almost gone, that of the arm much abated, the wound in the hand increased in size, the pulse good. For 24 hours he had a flow of blood, fetid and black, from the left nostril, which could not be checked. He got now *bellad.* $^3/_{30}$, in eight teaspoonfuls of water, a spoonful every half-hour. After the second dose the epistaxis ceased. On the sixteenth day, as the wound did not seem disposed to heal, although the swelling was much diminished, *secale corn.* $^3/_{30}$ was sent to be taken in three doses; he only got one dose, however, as it was followed by heat of the belly, colic, diarrhœa and tenesmus, and extraordinary excitement of the genitals,—so much so that the patient thought cantharides must have been given. These symptoms yielded readily to *merc. sol.* $^2/_{30}$. An extensive ulceration of the medius finger remained, which he was counselled to have amputated; but the unhealthy character of the ulcer yielded to a weak solution of Iodine, and in a few days it was perfectly healed.—*Rev. hom.* vol. i, p. 196.

Singing Delirium.

A woman 25 years old, suckling her first child of five months old, had been confined to bed some days for an irritation of the bowels, which was treated with low diet and leeches to the epigaster. The appetite being good, she took in the afternoon too large a meal, which was followed by vomiting of the food, and voluble talking of nonsensical rhapsodies; the pulse was calm. Nothing was prescribed, as her regular medical

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attendant was not present. The night passed without sleep; in the morning complete taciturnity had succeeded to the loquacious raving, when all at once she commenced to sing unconnected words, continually elevating her voice, not noticing anything about her, but trying to seize hold of everything within her reach. It was proposed to give *belladonna*, to which her allopathic attendant consented; a fraction of a grain was dissolved in water, and this given in spoonfuls every three hours, with orders to be given less frequently if amelioration should ensue. But though the patient grew more calm towards the afternoon the medicine was continued as before, and the consequence was that about midnight she began to sing more than ever. The medicine was then discontinued, and the following morning she was quite well.—Sollier, *Rev. hom. du Midi*, March, 1848.

Loquacious Delirium following Erysipelas.

A gentleman aged 44 had had erysipelas of the face for six days, which had been treated with venesection and revulsive applications to the lower extremities; when desquamation commenced, he became affected with very gay, loquacious delirium. When seen, he had been so affected for two days. *Belladonna*, as in the last case, was given him, and he had not finished the mixture before he was perfectly well.—Sollier, *ib.*

Encephalitis.

A boy, aged 8, dark and ruddy complexioned, of lively sensitive character, good constitution, and lymphatic sanguine temperament, had been all day exposed to the summer sun, flying his kite. On coming home he complained from time to time of violent headache, would eat nothing, and wished to go to bed. He soon afterwards became comatose; fever came on, and increased towards evening. Leeches were applied to the neck, and cold wet cloths to the head; but the next day there was no improvement. He only rouses from his stupor from time to time to give vent to piercing cries, and talks incoherently. Leeches were now applied to the temples, and ice to the head; but by the evening no change for the better had ensued. The parents now determined to have recourse to homœopathy. He was then perfectly comatose, nothing could rouse him; about every quarter of an hour he starts up, utters shrill cries, and talks incoherently; he puts his hands to his head; the pupils are unequally dilated, the right more so than the left; the face red; skin and palms hot; much fever; pulse 120. *Bell.* $^6/_6$ and *acon.* $^6/_6$ were each mixed with six ounces of water, and a spoonful of each given alternately every two hours. In a few hours a copious perspiration broke out, which lasted all night; the child was more tranquil, and awoke next morning as if from a deep sleep, sat up, and asked for food. The next day he was quite well. —Rampal, *Rev. Hom.* vol. i, p. 547.

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Epilepsy.

A labourer, aged 20, and stout, had been subject to epilepsy from the age of 12, the consequence of a fright and blows on the head. He had been dismissed from an hospital as incurable, and was about to be shut up in an asylum for idiots. He got *bellad.* 6 and 12, *hepar* 12 and 24, *silicea* the same, and *lachesis* the same, a drop of each given once a fortnight; and at the end of three months he was perfectly cured, and is now a grenadier in the Republican army.—Perussel, *Rev. Hom.* vol. i, p. 560.

Temporal Neuralgia.

A young gentleman, aged 25, stout and of good constitution, of lymphatic-sanguine temperament and calm, tranquil character, had suffered for two months from this affection, the consequence of a chill, for which he had been bled, leeched, purged, blistered, and so forth. The pain occupies all the right temporal region extending to the occiput, penetrates into the auditory canal, and thence descends to the side of the neck, it is of a shooting, boring character, as if the skull were pierced with a gimlet, it is bearable during the day, but becomes so much increased in the evening and night that it does not permit of the least rest. During its continuance the head is stupid, and the mind is incapable of any labour. All the other functions are intact. He got *puls.* $^{2}/_{24}$, in six ounces of water, a tablespoonful every morning, and before he had finished the solution he was perfectly cured.—Rampal, *Rev. hom.*, vol. i, p. 546.

(To be continued.)

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Notes on Homœopathy, by J. Loftus Marsden, M.D. London: W. Headland.

CORRIGENDUM.

In Dr. Drysdale's paper on the Dispensaries in last number, Dr. Chapman's name was inadvertently omitted in connexion with the Liverpool Homœopathic Dispensary. In fact, up to 1847, the Dispensary was carried on entirely by Drs. Drysdale and Chapman.

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